

Each year we publish Our Annual Review - a summary of the past year at East Midlands Ambulance Service. This complements our full Annual Report which can be read at www.emas.nhs.uk

We can provide this information in other languages and formats upon request.

Our Annual Review

2010/2011

A review of the EMAS year from April 2010 to March 2011.



Scan here to find out more about your local ambulance service

Getting in touch with EMAS

In the event of an emergency - always call 999

We are the NHS organisation with the largest geographical spread in the East Midlands. We cover Derbyshire, Leicestershire & Rutland, Lincolnshire, North Lincolnshire, North East Lincolnshire, Northamptonshire and Nottinghamshire.

As a regional organisation, we are able to achieve the benefits of scale. But we also value the ability to be local where this matters. We achieve local responsiveness by having five geographical divisions with devolved responsibilities and budgets. These divisions work closely with our central headquarters which is responsible for overall strategy and some support services.

Our Assistant Directors of Operations are the senior EMAS person in each of our five divisions and each is supported by a small team of co-located specialists, many of whom deliver care to patients as part of their role.

Our senior team All details correct as at September 2011

Title / area	Name
Chief Executive (Acting) and Director of Strategy & Workforce	David Farrelly
Medical Director	Dr James Gray
Director of Nursing & Quality	Karen Glover
Interim Director of Operations	Peter Ripley
Director of Finance	Brian Brewster
Acting Trust Secretary	Neil Konieczny
Assistant Director, Communications	Robert Walker
Derbyshire, Assistant Director	Simon Harris
Leicestershire & Rutland, Asst Director	Richard Clayton
Lincolnshire, Assistant Director	Pete Jones
Northamptonshire, Assistant Director	Richard Clayton
Nottinghamshire, Assistant Director	Richard Henderson

Email name.surname@emas.nhs.uk to contact EMAS people directly.

Contact EMAS

Telephone	0115 884 5000
Visit us at	www.emas.nhs.uk/contact
Email	communications@emas.nhs.uk
Write	Trust HQ, 1 Horizon Place, Nottingham Business Park, Nottingham, NG8 6PY

If you have a comment, concern, complaint or compliment about our service, please contact our Patient Advice and Liaison Service (PALS) on 0845 299 4112 or email pals.office@emas.nhs.uk



Engaging with local people

We want to serve our patients in the best ways possible. One of the ways in which we achieve this is by going out and talking to communities and groups – to ask about their needs and to explain what we can do for patients.

This type of engagement work is becoming more and more embedded in all parts of EMAS. Each of our divisions now holds an annual engagement event – a large set-piece activity, sometimes covering more than one location. They draw in members of the public, EMAS patients and service users, third sector groups and our EMAS members to provide an opportunity where people can meet our staff, learn about our work and share their views about how best we can help them.

We also go out and make contacts with communities. Over the year we have worked closely with people from a wide variety of backgrounds including gypsies and travellers, people with a learning disability, people who are deaf, young carers, Local Involvement Networks (LINks), refugee groups and asylum seekers, faith groups, race equality councils, groups of disabled people, schools and colleges, lesbian, gay, bisexual and transgender people, carers, support groups for people subject to domestic violence, and older persons' forums.

Views from our patients

Ms H, healthcare worker: "Feedback from people with a learning disability at our Big Health days shows an improvement in people's confidence in calling 999 and in the service that they will receive. Your work has helped improve knowledge and understanding of how and when to use the ambulance service, including the information people will need to answer questions and when to manage something at home or go to see the doctor."

Ms M, Leicestershire: "I wanted to find out [at this EMAS event] what are your mental health and LGBT interests. I'm a transgender person myself and it is very important that we are treated right and equally."

Mr S, visitor to Leicestershire: "I've learned that this organisation is going into the community and actually going out of its way to develop links. This is something I can take back to the ambulance service in my region and say look this is what they are doing in the East Midlands, how about in our region, what about yourselves?"

999 emergency calls

How many do we get and how quickly do we respond?

999 emergency calls received during 2010/11		
723,519 calls taken - on average, we took a request for help every 44 seconds, 24/7 and 365 days of the year. We prioritised these as shown below to ensure that patients in serious and immediately life threatening situations are attended to first:		
Category A The patient's condition is serious and may be immediately life-threatening.	Category B The patient's condition is serious but not immediately life-threatening.	Category C The patient's condition is not life-threatening or immediately serious.
National annual performance target		
75% within 8 minutes	95% within 19 minutes	No national target during 2010/11
EMAS performance in 2010/11		
72.4% achieved	88.3% achieved	N/a

These results were deeply disappointing for the Trust and no doubt for our patients too – the previous year's figures were 74.9% and 95.3% respectively, which included an externally-agreed adjustment for the harsh winter. Despite extreme winter weather for a second consecutive year in 2010/11, we decided not to seek an adjustment for this year's figures.

But behind the headline figures there are some interesting statistics: because we saw a 10% rise in our responses to 999 calls over the previous year, we actually saw just under 11,000 more patients within 8 minutes in 2010/11 when compared to the previous year.

Also, we reached the 75% target for Category A calls at 8 minutes 41 seconds.

Our Category B performance fell as we focussed our energies on the 999 calls that related to immediately life-threatening circumstances.

Improvement since March 2011

We have acted decisively on the disappointing results at the year end in March 2011. Since then we have introduced a number of changes, whilst maintaining our Category A focus, and despite a further rise in the number of calls relating to immediately life-threatening situations, as at 1 September our year-to-date figures stood at 75.6% for Category A8 responses, above the national target.

Changes to measuring ambulance service performance

In April 2011 all ambulance trusts in England moved to a new way of measuring performance. Whilst the Category A target continues unaltered, Category B has given way to a new range of measures which detail how we treat patients and the outcomes of that treatment. The aim is to provide a comprehensive view of the quality of care that we give to our patients.

Find out more about the new clinical quality measures - and our performance against them - on our website at www.emas.nhs.uk

Taking care forward

We have made huge progress with our ToughBook electronic patient record project - using portable computer technology to help us to deliver safe and high quality care.

The ToughBooks are ruggedised laptop computers that can cope with the rough and tumble of fast-paced, mobile emergency activity. They are taking the place of paper records with a number of advantages. 999 crews can record observations and information about their patient's condition - including clinical diagnostic information from ECG traces from a defibrillator. This information is sent through to hospital staff so they can access it immediately and directly before the ambulance even arrives at the hospital - giving them the vital data they need to prepare for the arrival of an emergency patient and to organise ongoing healthcare whilst the patient is still travelling in the ambulance. But it does not stop there. The information can also be relayed to the patient's GP thereby ensuring continuity of care when the patient leaves hospital.

We began in Derbyshire and during 2010/11 we rolled out the system to Nottinghamshire and Lincolnshire, and we are on course to cover Northamptonshire and Leicestershire and Rutland by October 2011. This involves training our crews, equipping vehicles and working with acute hospital and GP colleagues to achieve a joined-up approach.

To date we have implemented the system at Royal Derby, Chesterfield Royal, Bassetlaw General, Kings Mill, Queens Medical Centre Nottingham, Scunthorpe, and Diana Princess of Wales Hospital, Grimsby. We go live at Kettering Hospital in September 2011 and are in discussion with Leicester Royal Infirmary, Northampton General and Boston Pilgrim Hospital. Over 4,000 patient records per week are now being processed via our ToughBooks.

We plan further developments including accessing patients' summary care records held by GP's so that our crews know about pre-existing medical conditions, medications and any allergies as they treat the patient in an emergency.

Stop press, September 2011: Our ToughBook project has been shortlisted for the 'Best use of mobile technology in healthcare' award in the Electronic Health Insider Awards 2011.



EMAS People

Delivering care

In previous editions of our Annual Review we have introduced readers to some of our staff who deliver frontline care through our Accident & Emergency teams and our Patient Transport Service.

This year we introduce some EMAS roles which are less visible or less frequently encountered by members of the public, but which are no less crucial when it comes to patient care.

Here are some views from one of our three Education and Development Centres where staff refresh learning and gain new skills; from one of our two Emergency Operations Centres, where we take all our 999 calls for help; and from our Hazardous Area Response Team, created to work in the kind of extreme conditions that few people are ever likely to experience.

Anne-Marie Chatwin Clinical Education Manager (Pre-Registration)



Can you tell us about your role?

My role is quite an eclectic mix and there are a number of aspects to my position – firstly I am the lead for pre-registration education – that means any and all of the education that our staff undertake prior to registering as a paramedic. I have also a Trust-wide and external engagement role in 'soft skills' areas such as learning disabilities, safeguarding, dementia and mental health. Day to day I manage our Kingsway Education and Development Centre in Derby and the team of clinical tutors and administrators that work here - facilitating education for our Derbyshire and Nottinghamshire Divisions. One of the biggest parts to my role at the moment is preparing for the transition of paramedic education away from vocational education and towards diploma degree level via Higher Education Institutions. This is going to be a big shift in the next 3 to 5 years.

What brought you to work at Kingsway in Derby?

I started my career in the ambulance service as an ACA (Ambulance Care Assistant) in Derbyshire and soon after became a Technician and then Paramedic. But during that time I also took on an Associate Tutor role in education. From there I have continually developed and gained experience so that I could work my way up through the tutor role pathway to where I am today. I am also a Community Paramedic so I still respond out on the road and care for patients.

Which of the EMAS Values means the most to you?

We value all of them really but if I had to pick one it would be **Respect**. If you start there then the others will follow.

Rita Varnam

Clinical Education
Development Specialist



Can you tell us about your role?

Day to day I am based here at Kingsway and deliver education courses as required – this can vary considerably as there are so many courses that are run here. One of the main areas of my role is the practice placements, so I organise all of the hospital placements for Paramedics and Community Paramedics. Another focus of my role is paediatrics – as my career background is in the area, I'm responsible for keeping abreast of developments and sharing these with colleagues and then building the latest practice into our training. For example the advanced life support guidelines in the area are changing so we need to keep staff up-to-date on this.

What brought you to work at Kingsway in Derby?

I was looking to get into education as my role in nursing touched on this and I became particularly interested in it. I happened to see this role at EMAS advertised and seized the opportunity to change. The advert specifically asked for knowledge of paediatrics so I thought it suited me well – I applied right there and then but I've never looked back as it turned out to be the right opportunity at the right time.

Which of the EMAS Values means the most to you?

They are all important and they are all part of a whole. If we work by the principles of **Integrity, Contribution, Teamwork** and **Competence** then I think **Respect** from others will follow.

Andrew Sutherland

Clinical Education
Development Specialist



Can you tell us about your role?

A lot of my role is clinical tuition and I'm course director for the current paramedic course. I'm also involved in the delivery and design of a range of courses such as Emergency Care Assistant, A&E Clinical Student and Essential Education. My role also focuses on Community Paramedics, higher education and mentorship.

What brought you to work at Kingsway in Derby?

Initially it was for the Clinical Practice Tutor role and then I applied for the specialist role I have now. I used to work in Oxford, as a Technician, then Paramedic and then Clinical Supervisor. It was in that role that I had input with students from Oxford Brookes University and from there education became something I'm interested in. So when I saw the EMAS education role advertised I decided to apply. At first I had to commute from Oxford everyday but thankfully I now live locally!

If you could improve services to patients in one way, what would that be? It would be nice to open up more referral pathways for our Community Paramedics so that there are more options for patient care than just A&E. This would make better use of their professional clinical judgement and would also mean better treatment for the patient.

Which of the EMAS Values means the most to you?

Teamwork – without all of the different elements of EMAS working together we would not be able to do what we do.

Meet more of our team over the page >>>



EMAS People

Delivering care

Lesley Mullard

999 Control Performance
Delivery Manager (PDM)

Can you tell us about your role?

As PDM at our Nottingham 999 Control Centre I am the leader of a team of Emergency Medical Dispatchers, Team Leader Control Dispatchers, the Community First Responder desk and Desk Assistants. I answer enquiries, deal with performance issues, liaise with operational staff, as well as day-to-day management of staff including ensuring the health and wellbeing of team members. I try to be an all rounder and support my team whenever I can – if I'm needed on dispatch then I do that, if I'm needed to take calls then I do.



What brought you to work in 999 Control in Nottingham?

I left my previous job to care for my father who had lung cancer. During that time I came into contact with the ambulance service and wanted to get involved, and so I became a Voluntary Car Driver. I loved that role and that side of the ambulance service so when I decided to go into full time work I knew I wanted to work for EMAS in Control. My husband had also decided to pursue a new career and became a Paramedic for EMAS. It was quite a career change for us both but it was definitely a good move.

What do the EMAS Values mean to you?

Teamwork means a lot and is prominent for me – we have to work as a team to function. **Respect** is also important. I don't believe you are given respect - you earn it - and that is what I try to achieve.

Nigel Gilmore

999 Control Dispatch Officer

Can you tell us about your role?

Basically I dispatch resources - such as ambulances and fast response vehicles – to emergency and urgent situations. That could be anything from a cardiac arrest to a fall or a cut finger. I work as part of a team of three. The Control room is split into different dispatch areas and I work on the Leicestershire and Rutland desk. We have two dispatchers, one for the city area and one for the rural area, supported by one desk assistant.



How would you improve EMAS services to patients?

Having more ambulances especially in the rural areas would reduce any delay in patients getting to hospital. Working in dispatch you see what resources are available in each area and how quickly our resources all become allocated. Some more resources would certainly help.

What do the EMAS Values mean to you?

Respect is very important to me – as is teamwork. You need both as part of this job. **Competence** is also important to me as I always want to do the job well.

Chris Davey

Hazardous Area Response
Team (HART) Leader

Can you tell us about your role?

I am responsible for managing a team of six on an operational basis. This could involve any scenario from routine ambulance work to more serious or complex jobs such as HAZMAT (hazardous materials), CBRN (chemical biological radiological and nuclear) and jobs that involve heights or going underground - any jobs that road crews feel are inappropriate for them. We respond throughout the region. We also have a national remit to respond to wherever we are needed – we have to back up other HART teams nationwide. We are all trained in the same way and use the same equipment so that we can work together well. I have also completed the national police CBRN trainer certificate which allows me to instruct on police and HART courses.



How would you improve EMAS services to patients?

I would change the emphasis from performance time to patient outcomes and clinical care. For example, if a crew get to a cardiac arrest patient in six minutes it is seen as a success even if they don't survive. But if the crew get there in 9 minutes it is seen as failing even if they save that person's life.

What do the EMAS Values mean to you?

In my job it has got to be **Teamwork**. We have to work very closely together so teamwork is very important.

Chrissie Yeomans

Hazardous Area Response
Team (HART) Paramedic

Can you tell us about your role?

We provide pre-hospital medical care in hazardous or hostile environments with the use of extra skills and equipment. We have different training and personal protective equipment which means we can respond to jobs with police and fire. We can now go into 'hot zones' at the centre of incidents whereas before we couldn't. Day to day we have to respond to normal 999 jobs as well as being available for major incidents – we could end up at anything.



Can you tell us about a memorable call?

I had to go down a mine in Welbeck, Nottinghamshire and I had to go down the mine shaft for one hour to get to the patient. We treated the patient down there as he was quite severely injured. We made him stable and then monitored him on the way back to the surface. We have specialist kit to be able to respond in this way. The call was at the end of the shift at about 5:30am – it was quite a surreal job.

What do the EMAS Values mean to you?

Definitely **Teamwork**. There is a big emphasis on teamwork in this job – we know each other's strengths and weaknesses and what is expected of each other.

Foundation Trust



Moving EMAS forward

We are continuing our work to become an NHS Foundation Trust (FT). We aim to achieve FT status in early 2013.

Becoming an FT will bring greater local influence through our membership, greater control over our finances and a brighter future as we plan our affairs with greater certainty.

But we must go through a rigorous assessment process. We must be able to demonstrate that we have a clear strategic direction of travel, by having a five year Integrated Business Plan. We must show that we are financially viable and can remain so, by having a Long Term Financial Model. And we must have robust governance arrangements in place to guide us in what we do.

NHS Foundation Trusts remain part of the NHS and if successful we will continue to be subject to NHS standards, providing care paid for by the NHS, to NHS patients.

One of the advantages of FT status is the ability to recruit members and governors. We have commenced the recruitment process and are pleased to have recruited over 17,000 members. Members are predominantly local people recruited through outreach projects and by attending public events. Our membership profile broadly reflects the demographic profile of the East Midlands, including North and North East Lincolnshire.

Members are invited to special events and this year we have held joint events with other NHS organisations promoting, for example, stroke awareness and how to access emergency care. Members are able to influence what we do via our Membership Engagement Group, from helping to define and prioritise our quality agenda to offering a user-perspective in the design of our latest ambulances.

Members receive a regular magazine, FT Matters, featuring lots of information such as how to keep well and first aid basics.

If you would like to join us, please call us or visit www.emas.nhs.uk/ft



“Thank you EMAS”

We are proud of the many compliments that our crews receive for the care they provide. Some examples from letters we have received this year are shown here.



Mrs B, Leicestershire: "I would like to give my thanks to your staff who cared for me in January. My husband rang 999 as I was in a good deal of pain and the first lady paramedic arrived very quickly and was very reassuring and caring. The ambulance was not far behind her and the lady and gentleman were also very kind and caring to me and helped with the pain and got me into the Leicester A&E straight away. Once again my thanks to your staff for the care and reassurance they gave me."

Dr W, Nottinghamshire: "I would like you all to know how profoundly grateful I am for the superb care you gave my late husband who was suffering from cancer of the oesophagus and brain secondaries. On both occasions the crews showed superb expertise, but they were also so kind and considerate to me. They made me proud of our ambulance service."

Mr D, Lincolnshire: "Last November I was seriously ill with a blocked aortic heart valve. At the start of my illness I had severe breathing difficulties and my wife rang 999. The paramedic was at our house in just over 2 minutes and the ambulance in less than 5 minutes. I was admitted to hospital but was released after 10 days. In December I was getting very poorly and needed the ambulance again, it too was at our address in a few minutes. In all 3 cases the paramedics and ambulance crew were on time and brilliant with their care. I say well done to our paramedics for the dedication they show and the professionalism they practice."

Mr J, Northamptonshire: "I would like to thank and congratulate your team for the tremendous effort they all performed when my wife suffered a cardiac arrest in our back garden in August. The 999 operator gave clear and precise instructions to my granddaughter on life saving chest compression procedures until the paramedic arrived to take over. He acted in an absolutely professional manner and I am certain his initial actions and use of a defibrillator gave my wife a chance of survival. I am happy to report that she is now well on the way to a full recovery. Thank you again for your superb response when we needed your services."

Mr H, Derbyshire: "On 26 February 2011, my partner Heather went into labour much more quickly than anticipated and we had to call out an ambulance to assist her. The ambulance crew were very helpful and ended up delivering our baby daughter and we would very much like to give them our thanks."

Mr R, overseas visitor: "I'm not superstitious but on Friday 13 August I was on holiday in England with my wife and two children, having not had a day's illness in 15 years. Whilst in a supermarket, I experienced severe palpitations and was close to losing consciousness. It was a strange experience for me as I am a paramedic myself and specialise in assessing paramedic quality! Your crew who attended me were very professional and human and I was very satisfied with the care they gave to me and also to my wife and children, especially my son who was very concerned."

Chief Executive and Chairman retire

After 36 years in the ambulance service, and 11 with EMAS, Chief Executive Paul Phillips retired in May 2011. We are grateful to Paul for EMAS' many achievements and the tremendous amount of care delivered to patients during his time as Chief Executive. We extended our thanks to Paul for all that he has done for the Trust, as well as our best wishes for the future upon his well-earned retirement.

Professor Tamar J Thompson OBE became our Interim Chief Executive through to the end of August, guiding our continued development. Our recruitment process for a substantive Chief Executive is underway as this review is being written in September 2011, with Trust director David Farrelly stepping into the Acting Chief Executive role until that appointment is made.

Chris Faircliff also retired at the end of June 2011. Chris became Chairman of EMAS in 2003 and guided the Trust through our successful growth to become a regional ambulance service, with a consistent focus on the needs of patients and our clinical development.

We wished Chris well in his retirement and in July welcomed Jon Towler as our Interim Chairman. Jon joins us from a business and NHS background for an initial two year period.

As others see us

Observing EMAS in action

Year 4 medical students from Leicester Medical School at the University Hospitals of Leicester NHS Trust have been spending a day on the road with EMAS crews. Here are some of the reflections that students have shared – showing what we do day-to-day through the eyes of others.

“The ambulance team's commitment in providing first line medical treatment, ensuring emotional support and inspiring confidence in patients was brilliant. East Midlands Ambulance Service is an indispensable asset for the NHS. Not only is the entire unit professional and dedicated, they have impeccable driving skills, are approachable and extremely welcoming – all highly commendable at 5:30 in the morning!” [which is when this student medic's shift commenced.] **NV**

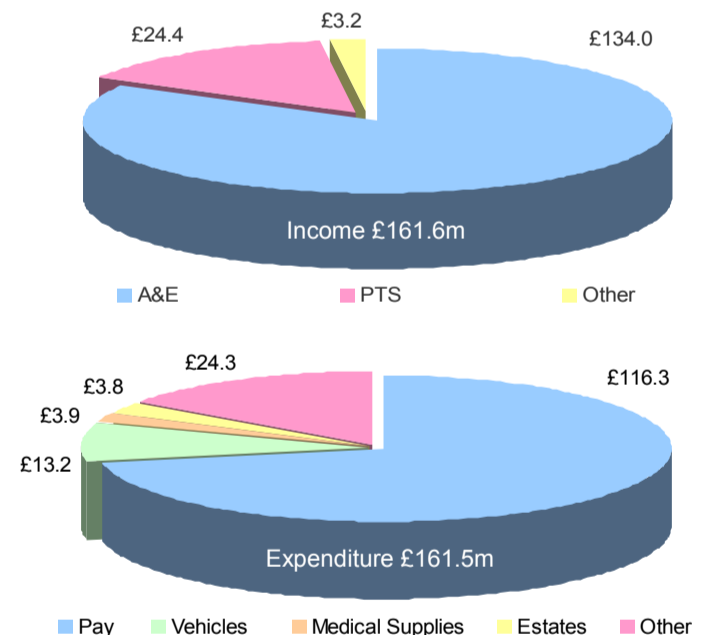
“Spending the day with the paramedics showed me the variety of problems they deal with. In one day I had everything from road traffic collisions to psychiatric patients, gallstones to collapses. I realised that very few healthcare professionals could cope with this diversity and dealing with it in adverse conditions, I now fully appreciate the day of a paramedic and the vital role they play in the NHS.” **ANON**

“My respect for paramedics is now not only for their ability to handle vast acute medical situations but also to handle 'the regulars' in a compassionate and practical way.” **VR**

“Overall, the day really got me thinking about team working. During the early part of the day I had felt empowered by the crew and made to feel part of the team. Maybe, as doctors, we need to reflect that kind of attitude back to the paramedics... to empower everyone in the team to feel like their contribution is appreciated.” **PM**

Our finances in 2010/11

Here is where our finding came from and what we spent it on:



“Sorry, EMAS”

Sometimes we receive letters from patients who have misused our services - these can be as heartfelt as the ‘thank you’ letters we receive, as this selection shows.

Mr G, Derbyshire: "I would like to apologise for being the patient of your superb ambulance service after stupidly taking a so called 'legal drug'. The paramedics in the ambulance were absolutely first class and dealt with me in a professional way. I realise the ambulance service does not need people like myself being patients when there are so many people out there who would have genuinely required your help on that evening. After what I have done I have learnt a valuable lesson in life and cannot praise your ambulance paramedics highly enough."

Mrs B, Nottinghamshire: "Please accept this letter as my sincere apologies. I understand that in the early hours of Thursday a 999 call was made requesting an ambulance to attend to me at my home address. When your crew arrived and tried to tend to me I was abusive to them. I would like you to believe that when I do not drink an excessive amount of alcohol I do not behave in this way and am thoroughly ashamed of my actions. I understand that your service has a very difficult job to do and the fact that people are abusive makes the job even harder."

Mr S, Lincolnshire: "I am writing this letter to apologise for all the trouble I caused when I hoax called you in March. I now realise that it was a very stupid immature thing to do. I don't know why I did it, but I did. I can only put it down to not taking my tablets for ADHD, but I know this is not a good enough excuse for my actions. I am so very sorry for wasting your time when you could have been needed somewhere else. I am truly sorry for all the time and money wasted you spent looking for an emergency that never was."



Patient care and safety



Taking good care of those who need us

This year we have introduced patient safety champions into each of our divisions and they have led a number of safety projects as part of our Patient Safety Strategy. This features four work streams: safe care, safe service, safe fleet and safe staff.

We have developed our safety culture to Trust Board level which now features patient stories and sees Board Members go on monthly patient safety visits to ambulance stations and hospital emergency departments, as well as shadowing crews responding to 999 calls.

We have also added extra resources to good effect in our safeguarding work – that is, protecting from the risk of serious harm or abuse those people who, for whatever reason, are not able to protect themselves. We have awareness campaigns and training sessions for crews and have introduced a dedicated phone line for crews to ensure efficient, effective and timely referrals to partner organisations.

Our staff education programmes promote the values of dignity and respect and support the care of patients with learning disabilities, dementia and mental health issues – and these are for all staff, not just those delivering care on the frontline.

We continue to deliver continuous improvement in our infection prevention and control practice. We developed our existing audit tools and devised a new audit programme, focusing on the cleanliness of our premises, vehicles and observed practice of staff. We have achieved consistently positive audit results though 2010/11.

We are compliant with Care Quality Commission requirements on infection prevention and control and an independent clinical governance review commended us on our achievements over the year.

Views from our patients...

Mr M, Leicestershire: "I didn't want to go in an ambulance because I was frightened of infection. What I have seen and heard [at this EMAS event], including how ambulances are inspected, has given me a lot of confidence back so if something happened now I'd be a lot more confident going in an ambulance."

Ms Y, Leicestershire: "There has been a lot in the papers recently, so I thought I'd come along [to this EMAS event] and find out for myself. It has answered a lot of questions and has been worthwhile. It was very interesting to learn how the ambulances were cleaned and how often."

Our pledge to you

Quality and EMAS: Our pledge to patients

From August 2010 we worked on the production of our second annual Quality Account, which we published in June 2011.

This document exists to provide the public with information about our past, present and planned activities in relation to the vital subject of quality. We broke quality down into three areas: patient safety, clinical effectiveness, and patient experience.

This year we went out into the community and invited patients and the public, including representative groups and our members, to tell us what quality meant to them, and what we should prioritise for action during 2011/12. Similarly, we gave our staff the opportunity to contribute.

Our published document reflects what we were told and is available on our website. This year we have produced a summary leaflet of our Quality Account – we are the first ambulance service to do so. This is something that community representatives told us would be valuable and we are pleased to have acted upon this advice as we feel that this makes the topic accessible to a wider range of people.

Views from our patients

Local Involvement Network 1: We are pleased to see that EMAS have implemented a 'more mature safety culture' and are excited about projects being undertaken over the coming year and look forward to seeing the outcomes... the inclusion of case studies recounting less than acceptable service displays a thoughtfulness in the production of the quality account – this measure is a valid admission that Safety and Service are key drivers.

Local Involvement Network 2: The [LiNK] members felt that EMAS achieved all five of its priorities, particularly treating patients with dignity, respect, care and compassion.

Living the EMAS Values

Our team share a set of values which underpin everything we do, how we provide care and how we work with each other:

- Respect** - Respect for our patients and each other
- Integrity** - Acting with integrity by doing the right thing for the right reasons
- Contribution** - Respecting and valuing the contribution of every member of staff
- Teamwork** - Working together and supporting each other
- Competence** - Continually developing and improving our individual competence