Volunteer presentation notes

Slide 1: Welcome and introductions

Slide 2: History of EAAA

* Germany started its own air ambulance in 1973
* The first UK air ambulance was established in Cornwall in 1987. Initially they received some government funding, but within six months this was withdrawn and the Cornwall Air Ambulance Trust was established to fund the aircraft. This paved the way for other air ambulance organisations to be introduced throughout the country
* In 2000, East Anglia still didn’t have an air ambulance, but two events led the way for East Anglian Air Ambulance to be founded:
	+ Among others, world famous jockey, Frankie Dettori, was involved in a plane crash just after leaving Newmarket. While the jockey escaped with a broken ankle, the pilot was killed in the accident. Frankie was transported to hospital by RAF Search and Rescue and saw first-hand how beneficial a dedicated air ambulance service would be to the region. He was among those who launched an appeal to establish East Anglian Air Ambulance, alongside the then Chairman of the East of England Ambulance Service NHS Trust Andrew Egerton-Smith (who became the Chairman of EAAA Trustees until 2015 and is now the Honorary President) and other influential people within the area
	+ In the same year, the AA (roadside recovery) sponsored air ambulances across the country. The organisation recognised the importance of the service and aimed to replicate the German system of a percentage of car insurance premiums going towards the funding of the air ambulance. They sponsored £14m, of which EAAA received £500,000. If you have ever wondered why our helicopter is yellow, there’s your answer – AA colours! Some other air ambulances have changed, but we’ve stayed with the yellow and it has become synonymous with us
* Alongside this sponsorship, we created an appeal to raise the £300,000 needed to launch EAAA and the £600,000 a year needed to operate it
* By the end of 2000, we had enough money to launch East Anglian Air Ambulance. We commissioned a Bolkow 105 aircraft from Sterling Aviation with a call sign Anglia One to fly from Norwich Airport
* We began flying in January of 2001 covering Cambridgeshire, Norfolk, and Suffolk
* We initially flew one day a week, on a Friday: statistically this was the busiest day
* By March 2001, we were flying five days a week (Monday to Friday) and by July of that year we were able to fly to seven days a week
* In 2007, Anglia Two began operations from RAF Wyton, moving to Cambridge Airport in 2010. We also extended our coverage into Bedfordshire as part of a national effort to ensure every area within the country was covered by an air ambulance (locally, Hertfordshire and Bedfordshire weren’t covered so we took on Beds and Essex Air Ambulance became Essex and Herts Air Ambulance Trust to look after the two counties)
* We now fly seven days a week, 365 days a year
* We have flown over 23,000 missions since inception
* After 18 months of hard work and training, in May 2013 there was another major advancement to the organisation when we became the first air ambulance service in the country to fly to unsurveyed and unlit sites in the hours of darkness
* Our first night flight team was available and ready to fly on 24 May 2013
* Both our helicopters are equipped and capable to undertake night time HEMS missions (helicopter emergency medical service). Anglia Two is the only dedicated night-time helicopter emergency medical service in the area, so we cover the whole of the East of England. We are often tasked to go further afield into Lincolnshire and the greater London area
* Anglia Two operates from 07:00 until 23:59 every day of the year. The specialist medical team remain available until 01:30 via our Rapid Response Vehicles. Anglia One operates for 12 hours a day from 07:00 until 19:00 (extended in May 2014), with single CCP cover during the night
* In 2017 we attended 253 missions in the hours of darkness

EAAA timeline

**August 2000: launch**

Appeal launched by Andrew Egerton-Smith MBE with the help of Italian horse jockey Frankie Dettori MBE.

**January 2001: the first Anglia One**

Enough money had been raised to commission a Bolkow BK105 from Sterling Aviation to fly one day a week from Norwich Airport with the call sign *Anglia One*.

**March 2001: five days a week operation**

The air ambulance increased to flying five days a week.

**July 2001: seven days**

Another increase to seven days a week.

**August 2001: lottery**

The East Anglian Air Ambulance Lottery was launched.

**March 2003: Anglia Lift Off**

Due to the increase in our supporters, we released our quarterly newsletter Anglia Lift Off.

**November 2006: Bolkow BK117**

The Bolkow BK117 is ordered from Germany and we end the year with the service becoming ever busier with missions up by 20% on the previous year.

**April 2007: Bedfordshire**

An appeal is launched to extend the service to Bedfordshire. The service became operational just four months later with a second BK117 in place, covering Bedfordshire and Cambridgeshire five days a week with the call sign *Anglia Two*.

**October 2007: Cambridge Airport (Marshalls)**

Cambridge Airport (Marshalls) offers us permanent overnight base for Anglia Two, with daytime operations occurring from RAF Wyton. We ended the year operating both Anglia One and Two seven days a week.

**July 2009: critical-care paramedics**

A dedicated team of critical-care paramedics were appointed to work solely on the aircraft.

**August 2010: ten years of saving lives**

We celebrated our ten year anniversary with increased fundraising activities, a gala ball, and a cookbook supported by top chefs and celebrities in our region.

**December 2010: flying doctors and Cambridge base**

Paid doctors seconded from NHS began to crew the helicopters. This guaranteed the best possible clinical service 365 days a year. Anglia Two started operating out of Cambridge Airport.

**March 2011: Bond Air Services**

We moved from Sterling Aviation to Bond Air Services to start flying the Eurocopter EC135 after an interim period of returning the Bolkow 105s.

**September 2012: EC135 T2**

EC135 T2, a full night-capable helicopter is delivered to Cambridge to become the new Anglia Two.

**May 2013: the hours of darkness**

EAAA is the first air ambulance service in the country to fly to unsurveyed and unlit sites in the hours of darkness. Anglia Two begins flying 07:00 until 23:59 every day of the year.

**May 2014: Anglia One**

Anglia One’s operational hours are extended from ten to 12 hours to cover between 07:00 and 19:00.

**April 2015: H145**

EAAA receive the UK’s first H145, improving our operational capabilities. The EC135 T2 is moved to Norwich to replace Anglia One.

**May 2015: LIBOR**

EAAA is successful in application for LIBOR funds to secure a second H145 to replace Anglia One in January 2016. This went into operation in March 2016.

**December 2015: Cambridge base**

The Charity’s clinical, operations, and communications teams based at Cambridge, move into the new base at Cambridge Airport (Marshall).

**December 2016: Mission milestone**

20,000 missions flown since the Charity’s inception in 2000.

Slide 3: Why we are needed?

* There are 20 air ambulance charities in England and Wales, with over 30 helicopters between us
* We provide a Helicopter Emergency Medical Service (HEMS) to the victims of accidents and medical emergencies in East Anglia
* We work towards to providing advanced medical care within the ‘golden hour’. The ‘golden hour’ refers to the first 60 minutes after someone falls seriously ill or suffers a serious accident/injury, if prompt medical treatment is received the likelihood of a fatality occurring reduces
* To offer this advanced care we carry a highly skilled doctor and critical-care paramedic on board. This allows us to provide a range of time critical, and often lifesaving, procedures. We also carry a range of specialist medical equipment on board
* It is not just about getting to the scene quickly, it’s about the expertise, experience and equipment we are able to provide when we arrive
* This standard of care is usually only found in hospital itself. It is like taking A&E to the patient
* We can also transfer patients to hospital quickly and are able to reach anywhere in the region within 25 minutes. Not only can we fly them quickly to hospital but we can also transfer them to the most appropriate hospital for their needs. The doctor can make an informed decision at the scene of the incident as to which hospital will best suit the patient’s treatment requirements. For example:
	+ Trauma cases: The Norfolk & Norwich Hospital or Addenbrooke’s (major trauma centre for the region)
	+ Brain trauma: The Neurology department at the Royal London Hospital (also home to the London Air Ambulance)
	+ Cardiac arrest/ heart problems: Papworth Hospital - one of a small number of specialist Cath labs within the region. Papworth Hospital, the UK’s largest cardiothoracic hospital
	+ Burns victims: Broomfield Hospital, Chelmsford
* Not all of our patients are airlifted to hospital for a variety of reasons. For example, Anglia One tends to airlift the majority of their patients due to the rural location of Norfolk whereas Anglia Two is closer to major hospitals. If taken by a land ambulance our medical crew will usually stay with the patient until they arrive at the hospital to ensure the patient is monitored, assessed and sometimes treated during the journey, and to ensure a thorough handover process to the hospital team
* It is also determined by whether the patient’s condition is stable enough to fly. Limited space on board the aircraft limits the interventions which can be carried out in flight e.g. if a patient had a heart attack whilst in the air it would be more difficult to perform procedures necessary to save their life, whereas a land ambulance can pull over and is more spacious
* It is this combination of specialist, advanced medical care at the scene of the incident, and the rapid onward transfer that is vital in saving lives or reducing the long term effects of a person’s injuries/illness

**Slide 4: How we are called out**

* We play an important part in tasking the HEMS crews across East Anglia with some of our CCPs doing a regular shift on the region’s critical-care desk based in Chelmsford
* Emergency 999 calls come into the call centre and are monitored by highly trained and experienced dispatchers and HEMS CCPs. Each call that comes into the centre is given a CAD number which means computer aided dispatch. These calls are then given a code which dictates the response required by the East of England Ambulance Service. The critical-care paramedics use their experience and clinical skills to determine whether a HEMS crew is needed. As well as looking at the CAD information the CCPs often contact the crew at the scene to establish the exact needs and condition of the patient
* This enables a HEMS crew to be tasked more quickly, often saving vital minutes in providing A & E level care to the scene of medical emergency or trauma. It is an extremely proactive desk where the CCPs constantly scan the CAD to find patients who may have a clinical need for the critical care provided by the HEMS crews across the region. The road crew at the scene can also make a request for the advanced skill of a HEMS crew
* Once it has been determined an air ambulance is required, the nearest crew to the scene is tasked. This can sometimes be an out of area HEMS crew that is on its way back to base from a previous mission that might happen to be the closest
* We work closely with Essex and Herts Air Ambulance and Magpas Helimedix to provide extensive coverage across the six counties

Tasking criteria

* The injury or medical emergency is so severe that a doctor and CCP are urgently needed at the scene to provide pre-hospital emergency medical treatment and administer drugs or life-saving treatment to the patient(s) before they are transferred to a hospital
* The patient is located in a place that is difficult to reach by land ambulance and the delay could cause further harm to the patient
* The nature of the injury or medical emergency means that the patient needs to be transferred to a specialist hospital a considerable distance away
* The road crew at the scene request specialist pre-hospital medical assistance

Slide 5: The region we serve

* We predominately cover an area of over 5,000 square miles, looking after the 3.5 million people of Norfolk, Suffolk, Cambridgeshire and Bedfordshire
* At night we extend our coverage into Essex, Hertfordshire, and Greater London. We are the only service available in the East of England to fly at night. However Essex and Herts Air Ambulance have introduced a car service to provide a Medical Team on certain nights
* Our helicopters are based in Norwich and Cambridge

 The area we cover

* East Anglia is one of the most rural areas in the UK, made up of many inaccessible locations, narrow roads, farming land and activity, and coastlines. We also have very few major road networks and in some places a journey to hospital can take up to an hour by road – past the patient’s ‘golden hour’
* We can reach anywhere within the region within 25 minutes and, as long as we have approximately the space of a tennis court to land, we can land as close to the patients as possible regardless of where they are located. We do not need to receive permission prior to landing however if we are landing on a road we need to be sure that it has been closed and have been given the go-ahead to land safely
* As an emergency response we receive priority over the airspace when required. We are in constant communication with air traffic control, local airports, RAF bases etc. to enable us to cross certain air paths if needed

**Slide 6: Our missions are increasing**

* Why? Because everyone now has a better understanding of what we can bring to a patient and the impact our expertise and equipment has on patient outcomes

**Slides 7 and 8: Statistics and mission types**

 2017 statistics

* We have flown over 20,000 HEMS missions since inception in 2000
* we were called out to 2844 missions, assisting a total of 1,762 patients
* 253 of these were carried out in the hours of darkness by Anglia Two.
* Road traffic collisions, cardiac arrests, and falls remain the highest type of incidents we are called out to
* Road traffic collisions were historically the most common call out but now we are being called to almost as many cardiac arrest cases. This is a result of us carrying specialist medical equipment on board, the specialist care our medical crew can provide, and a rise in awareness of bystander CPR.

Slide 9: Cardiac arrest patients and the Lucas 3

Note: Abbreviations used in the slide are CA = Cardiac arrest, EoE = East of England

* Cardiac arrest outside of hospital is a common medical emergency experienced by about 60,000 people a year in the UK. Fewer than 10% survive to discharge from hospital. EAAA attended 457 cardiac arrest patients in 2017. We conducted a data based analysis of the patients we took to Papworth and of those 66% went home well.
* We want everyone to know the importance of, and how to do bystander CPR in order to keep the patient (your loved one) alive until the emergency services arrive
* EAAA clinicians are able to work with ambulance crews to offer advanced CPR and defibrillation at the scene. They can also give other lifesaving treatment by administering drugs, such as those that can keep blood pressure up and help to stabilise the heart rate. They also have access to advanced equipment, such as automated compression devices, sophisticated ventilators and infusion pumps. The EAAA medical team can intubate patients at the scene, and therefore take over a patient’s breathing; a procedure that may require an anaesthetic or sedation. This is called Rapid Sequence Induction (RSI)
* Our medical crews from Anglia One and Anglia Two carry an automated compression device called Lucas 3. It’s a non-invasive cardiac support pump that does automatic chest compressions to improve blood flow around the body. It can continue giving chest compressions while the patient is being transported to hospital, whether that’s in a helicopter or by road; which means the doctor and paramedic can concentrate on other lifesaving treatment, greatly improving the patient’s chances of survival

Slide 10: Helicopter costs

* Babcock Mission Critical Services Onshore Limited are our aircraft operators and we work very closely with them to ensure we have the best technology to provide a first-rate emergency service
* Our two helicopters cost roughly £400,000 a month to run
* This covers the full running costs of the aircrafts; the pilots, maintenance, back up aircraft if needed (if the helicopter has to be taken offline), and fuel
* The cost of fuel is around £200 alone for an hour’s worth of flying
* Each mission we attend costs on average £3,500
* Between the two helicopters we attend on average 8 missions a day
* Through your donations we carry a wide range of lifesaving devices not found on a road ambulance
1. The old helicopters

Over the past 16 years we have had several different models of aircrafts using the call signs Anglia One and Anglia Two. We regularly upgrade them to ensure that we can provide the best possible care to our patients

* **2000: Bolkow 105**

Our first helicopter which was a commonly used aircraft for air ambulances.

* **2006: BK 117**

A bigger aircraft with more space and better performance.

* **2007: two BK 117’s**

With the introduction of Anglia Two flying from Cambridge we had two BK 117’s.

* **2011: Temporary helicopters – Bolkow 105’s**

When we finished using Sterling Aviation as our aircraft operators, we temporarily went back to using two red Bolkow 105’s. This is the only time that our helicopters have not been our usual yellow colour.

* **2012: EC135**

With a new contract with Bond Aviation (now known as Babcock Mission Critical Services Onshore Limited), we adopted two EC 135s.

* **October 2012: EC 135 T2**

Anglia Two was upgraded to this specific model in order to make it night capable.

* These carried a 3 person crew; a pilot, critical-care paramedic, and doctor.
* The critical-care paramedics were trained in flight navigation and would sit in the front with the pilot to help navigate.
* Space in the back of the helicopter was limited and there was not a lot of room to treat patients in-flight

Slides 11 and 12: H145

* In April 2015 we became the first in the UK to take delivery of the new H145 aircraft, after 4 years of waiting. This replaced the EC135 T2 at Cambridge (Anglia Two) and in February 2016 Anglia One was upgraded to the same model
* Means we now have two night capable helicopters (although we still only fly out of Cambridge in the hours of darkness)
* We now carry a 4 person crew; two pilots, one critical-care paramedic and one doctor
* There is also room for two extra people enabling us to train medical personnel and, where appropriate, take a family member/ guardian
* The aircraft has greater power, more space, and greater endurance, but most importantly enhances our delivery of clinical expertise to patients. We can train medical crew, more can be done to help the patient during the transfer process, and inter-hospital transfers are now a possibility
* Capability of two pilot operation means the clinicians can focus on the medical concerns of the incident on route to the location
* The H145 is a development of the BK 117 series (previously used from 2006), providing us with the same internal space without the helicopter as a whole being too large: if the helicopter is too big then we cannot land close to the patients due to down draught
* Travels at a speed of 150mph (130 knots)
* It carries enough fuel for over 2 hours with a range of nearly 300 nautical miles. In comparison, the EC135 T2’s carried fuel for 90 minutes and 186 nautical miles
* The money to take on the second H145 to replace Anglia One came from a grant awarded by Chancellor George Osborne in May 2015, in relation to the LIBOR Trust Fund. The LIBOR Trust Fund was set up using fines from banks who had rigged interest rates in regards to the London Interbank Offered Rate (LIBOR). We applied for, and were awarded £1.7 million to take on the initial leasing costs

**Slide 13: Rapid Response Vehicles (RRVs)**

* We also have rapid response vehicles (RRV) at the Cambridge and Norwich bases which are used at times where clinicians are available but the helicopter cannot fly, for example poor weather conditions
* They enable our doctor and critical care paramedic to get to the scene of the incident to provide specialist pre hospital medical care
* We also use the RRV if it is easier or quicker to drive to a location, for example in a city centre where landing the helicopter would be difficult
* The RRVs carry all the same equipment as the helicopter
* When we order new equipment we order 5 sets; one for each helicopter, one 1 for each RRV and a spare

Slide 14: Meet our crew - Pilots

* Our pilots are highly skilled and come from both commercial and military background
* They have all undertaken specific training in order to fly HEMS missions
* They are supplied by Babcock Mission Critical Services Onshore Limited, our aircraft providers
* Pilots on Anglia One operate a 12 hour shift from 07:00 to 19:00
* Pilots on Anglia Two cover a 17 hour operation day over two shifts

**Slide 15: Meet our crew – Doctors and Critical Care Paramedics**

* Our doctors are made up of a team of specialists in pre-hospital emergency care. This includes emergency medicine and anaesthetics
* It is their presence that allows us to provide the specialist, and often lifesaving treatment e.g. provide on-scene surgical interventions if necessary
* Our doctors are employed by other organisations either the NHS or other European Air Ambulance organisations. We have separate contracts with each of our doctors.
* All our doctors receive specific initial training in pre-hospital emergency medicine (PHEM), undertake regular practice review and attend clinical governance days
* We fly a doctor and critical-care paramedic crew – the ‘golden standard’ for air ambulance
* Before 2010 we used voluntary doctors supplied to us by Magpas however we wanted to ensure that we had a doctor present on board every mission to guarantee the best possible clinical service. We therefore took the decision to pay our doctors, moving away from volunteers
* Our critical-care paramedics (CCPs) are highly skilled, having undertaken further specialist training to be able to deal with the serious, and often traumatic, incidents they attend every day. This training includes a Master’s Degree in critical care.
* CCPs have achieved the highest rank within their profession
* CCPs are permanently seconded to us from the East of England Ambulance Service NHS Trust

**Slide 16: Patient Story**

There are 4 stories to choose from and the corresponding information can be found on the volunteer portal

* Signpost the audience to the EAAA website where they can find other patient stories

Slide 17 : Future of EAAA

* Throughout the past 18 years we have strived to offer the best service we can and we have steadily and consistently developed and improved. We are continuing to seek improvements and to remain at the cutting edge of pre-hospital emergency medicine.
* We have upgraded both our helicopters to brand new H145s, with Anglia Two (G-HEMC) in operation in Cambridge, and Anglia One (G-RESU) operating from Norwich. This means we now have two night capable helicopters.
* Currently working towards (5 year strategy)
* Improving outcomes for our patients including seeking to work with hospitals on improved helipads and promoting CPR training to highlight the value of bystander CPR
* To become financially sustainable by controlling our costs and developing our donor base
* To maintain our professional reputation through compliance with all regulations and being open in all our communications

**Slide 18: Looking ahead**

* Our plans and aspirations for the future
* The **Aftercare Team** support former patients and their family’s post incident.

They help explain what happened, and can put patients in touch with the crew who treated them, and direct them to other organisations who may be of additional support.

They also support families who have lost loved ones, providing someone to talk to, and where appropriate, answer questions.

* **RePHILL**: Blood on Board Project

 – a little bit technical, but interesting!

* EAAA clinicians will be taking part in a ground-breaking new study to investigate the effectiveness of giving patients blood products immediately after a major injury – before they reach hospital. The trial is being led by a group of researchers based in Birmingham.

* The most important factor in treating shock is stopping the bleeding. There is no point in filling the bath if the plug is not in position! But sometimes plugging the holes immediately after injury is impossible and without some volume replacement the patient would die. Generally, we keep the blood pressure low and do our best to augment the patients clotting ability and get the patient into the operating theatre as quickly as possible.

* A lot of military research into the early use of blood products was done in Afghanistan but this did not show whether or not there was any clear advantage to its use. Although blood is used by several prehospital care providers there is still no clear evidence that it benefits the recipient. Indeed, the more blood that is used, the more likely the patient is to die. However, we believe that in a small number of patients, giving blood and freeze dried plasma may just be critical.

* In the trial, air ambulances will be randomly stocked with or without blood products. Therefore, for eligible patients, the receipt of blood products prior to hospital admission will be determined by what the team that attends to them is carrying.

* The research team, will then look at a number of outcomes, including physical and biochemical evidence of the effectiveness of resuscitation, in order to determine whether there are any differences between those who receive blood products and those who receive clear fluids.

* EAAA Medical Director, Alastair Wilson said: ‘We currently do not know if giving blood and plasma early in the course of injury aids survival in spite of much military research on the topic. This trial which we are performing with several other air ambulance services including MAGPAS and EHAAT will determine whether this strategy is effective or not. As such East Anglian Air Ambulance is delighted to be taking part in this very important trial’.
* **Mission 24/7 Lighting your Darkest Hour**
* East Anglian Air Ambulance plan to become a 24/7 helicopter emergency service across East Anglia from 2020. This will make critical care more available to people when they need it most and ultimately, enable us to save more lives.
* There is a whole document on the volunteer portal explaining this in much more detail.

**Slide 19: 100% charity**

* We receive no regular Government funding
* We rely solely on public donations and community fundraising
* In 2019 we need to raise at least £13 million to keep our service flying.
* It is thanks the generosity of local people that we can keep our two helicopters in the skies

How we raise funds

**Slide 20: Lottery**

* The EAAA lottery is an easy and sustainable way to support the charity and it brings in about 40-45% of our annual income
* Drawn weekly, it is just £1 for every ‘chance’
* There are 18 prizes weekly with the top weekly prize being £1,000
* No need to check numbers, if you are a winner a cheque will be sent out to you first class after the numbers have been drawn on a Friday afternoon
* Automatically entered into the accumulator, which if not won will go up by £500 each week until £25,000
* We employ canvassers through a company called Engage to help us sign up new participants. This has proven to be hugely successful with over 90,000 entries weekly
* The EAAA lottery is not the same, or a part of, the national lottery

N.B. It is always a good idea to have lottery leaflets to hand out.

**Slide 21: Donations and collections**

* We are kindly supported by individuals who sign up to give regularly to the charity through regular donations
* One off donations are also common with people holding things like quiz nights to raise money or simply just to give a donation. Sometimes we receive just a cheque in the post and have no idea who or why it was sent!
* Our fundraising teams are kept busy throughout the year organising and attending street and store collections throughout the region
* We have hundreds of collection boxes in various pubs, shops and businesses in all 4 Counties which help to bring a regular income from people’s spare change
* We can also benefit from the recycling of various items such as old mobile phones, used toners and cartridges and stamps
* We have recently launched a campaign called Any Currency Any Age which is asking people for their obsolete and foreign coins and notes. It has been a huge success with over £25,000 raised in under two years!
* We also work with Salvation Army who organise the collection of clothing bags on our behalf
* Any donation, big or small, can really help to make a huge difference
* All the equipment on board our helicopter that you wouldn’t find on a normal land ambulance we have to provide and we have to kit our crew out appropriately.
* Typical costs:

£5,000: Ultrasound machine to help us identify a range of conditions including cardiac problems and abdominal injuries

£15,000: Ventilator for use on board the air ambulance

£5,000: An iStat, used to determine levels of toxins within the blood

£3,500: Funds one lifesaving mission

£1,500: Provides a flight helmet to protect a member of crew on board the helicopter

£1,000: Equips one of our clinicians with everything they need to wear - a flight suit, high visibility jacket, boots, undergarments and gloves

£30: Adult defib pads

£10: A donation of just £10 can help to pay for the cost of the drugs drawn up each morning/ before each mission which can help save time when we arrive. It includes anaesthetic, sedation and pain relief e.g. Fentanyl and Ketamine

£3: 4 suction catheters used to help clear patient’s airways

* If everyone in East Anglia gave just £3 a year, we would reach out target to keep our crew in the air and saving lives!

**Slide 22: A gift in your will (legacy)**

* 1 in 4 of our missions are funded by gifts left to us in a Will
* We are honoured that people think about us at this time, and it is the last charitable gift that you can ever give
* Obviously family and loved ones come first
* A gift to EAAA, no matter what the size, will help to save lives in the future
* Making or updating a Will is straightforward however, we advise you to contact your legal advisor before doing so

**Slide 23: Events**

* Our fundraising teams also attend many different events all year round, either organised by ourselves or at third-party events organised by supporters
* Summer is particularly busy and often referred to as ‘silly season’ where we attend various community county shows and fayres. These are great for us to raise awareness of the charity, promote upcoming events and our lottery, and to sell merchandise and raise funds by holding tombola’s etc.
* We also support people who have chosen to take on a challenge to raise sponsorship for example parachute jumps, marathon

**Slide 24: Volunteers**

* Without our wonderful team of volunteers we simply wouldn’t be able to do what we do
* With a team of over 250 volunteers across the region their time and effort is invaluable to us, and they are worth their weight in gold
* They help us in various different ways e.g. helping on fundraising stalls, doing collections outside shops, looking after collection boxes, and helping out in the office
* Volunteering can be a great opportunity to:
	+ Share your skills or expertise
	+ Gain some experience and build your CV
	+ Support a community based charity
	+ Do something different
	+ Meet new people
	+ Have fun!
* We are always looking for more volunteers so if you are interested then please come and talk to me afterwards.

N.B. It is always a good idea to have volunteer leaflets to hand out.

**Slide 25: Questions from the audience**

**Slide 26: Thank you and contact information**