Public Board Meeting 08.04.2026

Wed 08 April 2026, 09:30 - 12:30

Agenda

09:30 - 10:00
30 min

1. Opening Administration

1.1. Welcome

Information *Trust Chair*

1.2. Apologies for Absence

Information *Trust Chair*

1.3. Declarations of Interest

Information *Trust Chair*

1.4. Patient Story

Discussion *Chief Paramedic and Director of Quality*

- Patient Story.pdf (3 pages)
- Maternity Board Story.pdf (2 pages)

1.5. Trust Chair and Non-Executive Report

Discussion *Trust Chair*

- Trust Chair and Non-Executive Report.pdf (4 pages)

1.6. CEO Report and Regulatory Update

Discussion *Chief Executive*

- CEO Report.pdf (6 pages)

1.7. Minutes of Previous Meeting

Decision *Trust Chair*

- Draft Public Board Minutes 11.02.2026.pdf (14 pages)

1.8. Matters Arising and Action Tracker

Discussion *All*

- Public Board Action Tracker 08.04.2026.pdf (1 pages)

10:00 - 10:35
35 min

2. Patients

Olatunji,Adeola
01/04/2026 17:25:35

2.1. Board Assurance Framework Summary

Discussion *Chief Paramedic, Medical Director, Chief Operating Officer*

- Board Assurance Framework Summary Report.pdf (4 pages)

2.2. Integrated Performance Report

Discussion *Chief Paramedic, Medical Director, Chief Operating Officer*

- Coversheet - Integrated Performance Report.pdf (3 pages)
- Integrated Performance Report.pdf (52 pages)

2.3. CQC Update

Discussion *Chief Paramedic and Director of Quality*

- CQC Report Update.pdf (4 pages)

2.4. Patient Plan

Information *Chief Paramedic, Medical Director*

- Patient and Partnership Plan Update.pdf (2 pages)
- 20260110 - Trust Board - Patient Partner Plan.pdf (6 pages)

2.5. Quality Governance Committee Assurance Report

Discussion *Committee Chair*

- QGC Report to Board 25022026.pdf (4 pages)
- Quality Governance Committee Agenda Plan 2026-27.pdf (2 pages)
- DRAFT 2026-27 Terms of Reference for Quality Governance Committee.pdf (8 pages)

10:35 - 10:50
15 min

3. Partnership

3.1. Board Assurance Framework Summary

Discussion *Director of Strategy, Transformation and Governance*

3.2. Integrated Performance Report

Discussion *Director of Strategy, Transformation and Governance*

10:50 - 11:00
10 min

Break

11:00 - 11:50
50 min

4. People

4.1. Board Assurance Framework Summary

Discussion *Director of Strategy, Transformation and Governance*

4.2. Integrated Performance Report

Discussion *Director of Strategy, Transformation and Governance*

4.3. Annual Staff Survey Report and Plan

Discussion *Director of Strategy, Transformation and Governance*

- Coversheet - Staff Survey Report.pdf (6 pages)
- EEAST National Staff Survey results 2025.pdf (16 pages)
- EEAST National Staff Survey results 2025 BANK.pdf (10 pages)

Olatunji,Adeola
01/04/2026 17:25:36

4.4. Freedom to Speak Up Report

Discussion *FTSU Guardians*

- Coversheet - FTSU Report.pdf (4 pages)
- BI-Monthly FTSU Report EEAST March 2026_.pdf (6 pages)

4.5. Remuneration Committee Assurance Report

Discussion *Committee Chair*

- Remuneration Committee Assurance Report 300326.pdf (1 pages)

11:50 - 12:15
25 min

5. Productivity

5.1. Board Assurance Framework Summary

Discussion *Chief Finance Officer, Director of Digital Innovation*

5.2. Integrated Performance Report

Discussion *Chief Finance Officer, Director of Digital Innovation*

5.3. NHSE Funding Update

Information *Chief Finance Officer*

- NHSE Funding Update.pdf (2 pages)

5.4. Audit and Risk Committee Assurance Report

Discussion *Committee Chair*

- Audit and Risk Committee Assurance Report 25022026.pdf (4 pages)
- Audit and Risk Committee Agenda Plan 2026-27.pdf (3 pages)
- DRAFT 2026-27 Terms of Reference for Audit and Risk Committee.pdf (12 pages)

5.5. Performance Committee Assurance Report

Discussion *Committee Chair*

- Performance Committee Assurance Report 01042026.pdf (3 pages)
- Performance Committee Agenda Plan 2026-27.pdf (1 pages)
- DRAFT 2026-27 Terms of Reference for Performance Committee.pdf (7 pages)

5.6. Finance and Sustainability Committee Assurance Report

Discussion *Committee Chair*

- Appendix 2 FAS - Finance and Sustainability Agenda Plan 2026-27.pdf (2 pages)
- DRAFT terms of reference for Finance and Sustainability Committee.pdf (8 pages)

12:15 - 12:20
5 min

6. Closing Administration

6.1. Items Referred To/From Other Committees

Information *Trust Chair*

6.2. Meeting Reflections

Discussion *NED-OS*

6.3. Any Other Business

Information *Trust Chair*

Olatunji,Adeola
01/04/2026 17:25:3

12:20 - 12:30
10 min

7. Corporate Trustee

7.1. Minutes of Previous Meeting

Decision *Trust Chair*

Corporate Trustee Minutes 11.02.2026.pdf (2 pages)

7.2. Charity Annual Accounts

Discussion *Chief Finance Officer*

Charitable Funds Annual Report and Accounts 2024 25.pdf (3 pages)
EEAST Charitable Funds 202425 Annual Report.pdf (21 pages)
EEAST_Charity_Impact_Report_2024_25_accessibility_checked.pdf (11 pages)

Olatunji,Adeola
01/04/2026 17:25:35

NHS
East of England Ambulance Service
NHS Trust

Meeting:	Trust Board – Public Meeting	**Date:**	08/04/2026
Report Title:	Patient Story – Maternity		
Agenda Item:	PUB26/04/1.4		
Author(s):	Victoria Boyce, Patient and Public Engagement Manager		
Lead Director:	Simon Chase, Chief Paramedic/AHP and Executive Director of Quality		

Purpose:	Decision Approval			Discussion Review		X	Information Noting		
Assurance:									
	None		Limited		Reasonable	X	Substantial		

Link to CQC domain:		**Link to EEAST's Strategic Missions:**	
Caring	X	Patient Mission	X
Responsive	X	Partnership Mission	
Effective	X	People Mission	
Well Led		Productivity Mission	
Safe	X		

Link to Strategic Risk:									
SR1	X	SR3		SR5		SR7		SR9	
SR2		SR4	X	SR6		SR8		SR10	

Equality Impact Assessment:	**YES**		**NO**	**X**

Previously considered by:

This patient story has previously not been viewed and consent has been received from the patient and her husband to share her experience with Trust Board.

Purpose:

The purpose of this patient story is to share the experience of a patient who needed the service when they went into labour at home. Maternity calls are often high-pressured environments, whilst naturally occurring, when issues arise, they can have devastating impact on patients, family, carers and staff. The story shows the actions being taken by the Trust in striving to improve our ability to equip our staff to undertake maternity emergencies with confidence whilst learning from events both internal and external.

Recommendation:

To share the experience of a patient who went into rapid labour at home and to learn from the positive experience of care. Update the public in the further work that is underway by the Trust to improve staff education and training through regulation, and continuous improvements.

Executive Summary:

This patient story provides a powerful reflection on the lived experience of a woman (Adele) who went into rapid labour at home and required urgent support from EEAST. The account demonstrates compassionate, highly responsive care delivered under time-critical conditions and illustrates the positive impact of skilled early intervention by our clinicians. It also highlights areas of operational and clinical risk, alongside clear opportunities for continued improvement in maternity-related urgent and emergency care.

Olamiji,Adele
07/04/2026 07:25:36

Adele's labour progressed unexpectedly quickly, leading to an unplanned home birth scenario.

The call handler provided initial advice; however, some guidance (e.g., suggestion to lie on her back) conflicted with antenatal education, creating uncertainty for the patient.

A Rapid Response Vehicle arrived within four minutes, quickly followed by a DSA crew – enabling safe delivery of the baby within 17 minutes of staff arrival.

Post-birth, Adele experienced blood loss and a drop in temperature. EEAST staff acted promptly, administering appropriate medication and ensuring safe conveyance.

Adele and her husband described their care as reassuring, calm, and confidence-inspiring.

Introduction / Background:

This is an interview with Adele and Rob. Adele went into labour while at home. Her labour progressed swiftly and it soon became clear she would not make it to hospital in time for the birth. Rob called 999. This was Adele and Robs second child and they knew something was not right with how quickly the labour was progressing.

The first crew to arrive with the couple was a paramedic in an Rapid Response Vehicle (RRV) in approximately 4 minutes, shortly followed by a Double Staffed Ambulance (DSA) crew who had been at another call at an address nearby.

While waiting for assistance the call handler gave advice over the phone recommending that Adele lay on her back. Adele found this confusing as it seemed the opposite of advice they had been given in antenatal classes. When the paramedic arrived, she assisted Adele into a more comfortable position.

Adele and Rob's baby was delivered 17 minutes after the arrival of EEAST staff. Adele lost some blood and felt quite cold after the birth. EEAST staff gave her medication to help with this. She was then conveyed to the hospital with her baby.

Adele and Rob feel their experience with EEAST was overall positive. They praise the care they received from EEAST staff and they were particularly impressed with the support and reassurance they received at what was a frightening time despite being their second baby.

Key Issues / Risks:

Variation in Telephone Triage Advice
Differences between call-handling guidance and contemporary maternity best practice can create confusion for patients, particularly around positioning in labour.

Thermoregulation Challenges in Prehospital Care
Despite existing equipment (warming mattresses), hypothermia risk remains for newborns and birthing persons in uncontrolled environments.

Maternity-Specific Skill Fade for Clinicians
Due to low frequency but high acuity, maternity emergencies remain a clinical risk area requiring ongoing training, simulation, and decision-support tools.

Navigation and Pre-Alert Communications
Variability in maternity unit access routes, signage, and pre-alert contact lines continues to present operational risk for timely handover.

Olatunji Adeola
12/01/2026 17:25:35

Options:
N/A
How does this report link with EEAST's vision, purpose and values? *https://www.eastamb.nhs.uk/about-us/our-corporate-strategy*
This links with EEAST patient mission: To provide high-quality urgent and emergency care that is fair, responsive and focused on patient need.
Summary:
Opportunities for Improvement include: • Strengthening the Maternity Care Bundle Implementation - Continued rollout of MEWS and standardised obstetric pre-alerts (Element 2) will reduce variation and improve safety in prehospital–hospital interfaces. • Enhancing Staff Confidence and Competence - Expansion of LOM obstetric emergency training, joint maternity simulation events, and promotion of the RC-UK OHNLS course will further support staff capability and reduce anxiety around rare high-risk scenarios. • Improving Thermoregulation Outcomes - The pilot introducing newborn thermometers and insulating wraps offers an opportunity to better understand temperature trends and refine the use of warming equipment. • Strengthening Public and Patient Information - EEAST's contribution to national guidance, including materials available through MAMA Academy in >100 languages, supports better antenatal preparation for families who may need ambulance support. • Improving Call-Handling Alignment with Clinical Guidance - There is an opportunity to work with partners to review maternity-related scripted advice to ensure consistency with updated clinical standards and antenatal teaching. This patient story reflects a highly positive experience of EEAST maternity care and demonstrates the professionalism, compassion, and technical skill of our staff. At the same time, it surfaces important learning and opportunities to reduce maternity-related risks through clearer communication, continued education, systemwide collaboration, and ongoing refinement of the Maternity Care Bundle. The Trust's current and planned work shows a strong trajectory of improvement, supporting our mission to deliver safe, responsive, high-quality urgent and emergency care for all mothers, birthing people, and babies.

Olatunji,Adeola
01/04/2026 17:25:35

Maternity Care Bundle (Element 2) External HSSIB Recommendation

NHS England » The Maternal Care Bundle

East of England Ambulance Service NHS Trust

2.1 Implement the national maternity early warning score (MEWS)

Maternity Decision Tool

	High concern (red flag)	Medium concern (amber flag)	Low concern (green flag)	Medium concern (amber flag)	High concern (red flag)
Respiratory Rate (/min)	Below 7	7-8	9-21	22-24	Above 24
SpO_2 (%)	Below 95% Any oxygen requirement	N/A	95-100%	N/A	N/A
Pulse Rate (bpm) during pregnancy and up to 48 hours after birth	Below 63	63-70	71-112	113- 121	Above 121
Pulse Rate from 48 hours AFTER birth (bpm)	Below 51	51-57	58-98	99-107	Above 107
Systolic Blood Pressure (mmHg)	Below 94	94-100	101-135	136-144	Above 144
Diastolic Blood Pressure (mmHg)	Below 57	57-61	62-88	89-96	Above 96
Temperature (°C)	Less than 35.7	35.7 - 36.1	36.2-37.2	37.3 - 37.4	Above 37.4

Nationally produced tool within JRCALC –We've socialised in multiple formats & will be in ePCR as mandatory field

Catherine.adeoye 21/08/2024 17:25:35

2.2 Implement a standardised pre-alert communication system between the ambulance service and labour ward

OBSTETRIC PRE-ALERT TOOL:
combined for ambulance crew and maternity units

CALL	Date:	Time:	Call initiated/received by: inc grade:		
PATIENT	IDENTIFIER: Name, Hosp Number or D.O.B:				
SITUATION	Antenatal ☐	Postnatal ☐	Labour ☐	Birth Imminent ☐	
	OBSTETRIC CONCERN:				
	Breech	Vaginal bleeding:	Pregnant:	After birth:	
	Cord Prolapse	Shoulder Dystocia		Abdo Pain	
	Eclamptic Seizure:	Time of Onset:	Number of Seizures:		
BACK GROUND Only if reasonable to obtain in emergency situation	Gestation: (in weeks)	Parity: (First baby?)	Singleton/ Multiple Pregnancy (circle as appropriate)		
	Baby Date and Time of birth:		Type of birth: (Previous pregnancies)		
	Estimated blood loss:		Please collect all blood loss where possible to be weighed at hospital		
	Allergies?	Regular Medications?	Other? i.e. Diabetes/ complications etc		
ASESSMENT and TREATMENT Indicated/ Given	Maternal: Observations				
	BP:	Sats:	Pulse:	Resp:	
	Temp:	BM:	GCS:	MEWS total:	
	Maternal Medications administered				
	Medications: Time if given	TXA	Misoprostol	Fluids	Other
	IV Access?		Oxygen?		
	Neonatal: Observations				
	Heartrate:	Resp:	Temp:	Sats:	BM: if indicated
RECOMMENDATION (circle as appropriate)	Time critical transfer? Yes/ No				
	Priorities during transfer? Don't delay on scene		Yes/ No		
	Position for transfer	Left lateral	Sitting	Exaggerated sims	
DESTINATION Clarify to avoid confusion	Maternity Unit:	Emergency Department: All ongoing NLS including ventilatory support only to ED. All patients with Airway or breathing compromise to ED			
	Estimated time to destination:	Meet at the entrance?: Crews may be unfamiliar with the maternity unit location, therefore someone may be required to meet them at the entrance to A+E/ Mat unit			
ALERT TIME ALERTED	Midwifery Team	Obstetric Team	Neonatal Team		
	Theatre team	Emergency Department	Major Blood Loss		

East of England Ambulance Service V1.4. November 2024

EEAST produced pre-alert tool with Regional Maternity team NHS England -

Red Pre-alert phones



Adequate signage and access for labour wards



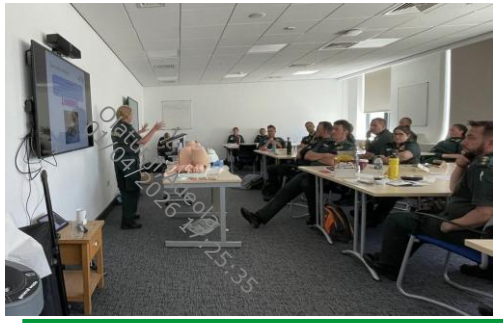
Innovation/Collaboration

Maternity - Insulating wrap and warming mattress



Introduction of newborn thermometers and insulating wraps

As part of TTL- 120 LOMs received a day's obstetric emergencies training on the LOM clinical Leadership course







EEAST have facilitated joint maternity training events for our staff across the region



EEAST facilitated one of the first RC-UK Out of Hospital Newborn Life Support Course for Paramedics & midwives

jrcalc PLUS

Have contributed to JRCALC maternity national guidance

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EEAST has contributed to a national guidance supporting women and birthing persons accessing the ambulance services when planning a birth at home or in a midwifery led birth centre, the information features on the MAMA academy website and is available in 104 different languages.

Meeting:	Trust Board – Public Meeting	**Date:**	08.04.2026
Report Title:	Trust Chair and Non-Executive Report		
Agenda Item:	PUB26/04/1.5		
Author(s):	Mrunal Sisodia, Trust Chair		
Lead Director:	Mrunal Sisodia, Trust Chair		

Purpose:	Decision Approval		Discussion Review		Information Noting	x		
Assurance:								
	None		Limited		Reasonable		Substantial	x

Link to CQC domain:		**Link to EEAST's Strategic Missions:**	
Caring	x	Patient Mission	x
Responsive	x	Partnership Mission	x
Effective	x	People Mission	x
Well Led	x	Productivity Mission	x
Safe	x		

Link to Strategic Risk:									
SR1		SR3		SR5		SR7		SR9	
SR2		SR4		SR6		SR8		SR10	

Equality Impact Assessment:	**YES**		**NO** x

Previously considered by:

N/A

Purpose:

To update the public board on chair and non-executive director activities since the last public board.

Recommendation:

N/A

Executive Summary:

Report identifies

- Key areas of board focus since the last report
- Key areas of board focus in the coming months.
- Non-Executive Director additional activities providing wider assurance and Board visibility.
- Key activities by the Chair since the last public board

Introduction / Background:

At the last public board meeting, I announced that after much deliberation I had made the difficult decision that I would stand down as Trust chair. Before I depart at the end of May, there are a few tings that I want to make sure are progressed well to ensure that I am able to leave a strong legacy and starting point for my successor. Foremost amongst these is our work on refreshing our current strategy that runs our this year and making sure that we have a clear programme of work to take us to 2030.

Stephen Adeoye 01/04/2026 09:38

Our strategy has been developed in coproduction with our staff, patients and partners who tell us that we need to continue to our strategy to deliver patient care through supporting the navigation of urgent care across a complicated health and care system, responding directly to emergency care

incidents that need an ambulance response and working with our partners across the system to ensure patients in the community who do not need an ambulance response, get a co-ordinated community response.

We have framed this strategy into 4 categories – the "4 Ps" – Patient, Partnership, People and Productivity.

Patient and Partnership

There is widespread support for our approach from patient plan from all quarters. However, what is very clear is that we cannot do it on our own, We are operating in a complex and often fragmented health and care system and the only way we can deliver for the public is through increased collaboration. The work of the unscheduled care hubs (that are now completing over 2000 calls a month) is an example of this. We will need to go further with this and our teams are looking at better integration of 111 and 999 services and the role of urgent and unscheduled care in the neighbourhood health agenda. Over the last month, I have met with ICB, community and hospital trust chairs to outline what they and their boards can do to support this strategy.

People

The listening we have done over the last year, gives us some clear messages about the experience of working at EEAST. We have head about a difficult working environment – one in which system pressures mean working at EEAST is hard (late finishes, long hospital handover delays, missed meal breaks); where cultural issues and bullying and harassment persist; and one in which people are not always put first. As a board we have tried to put in place the levers to address this working with our partners to address system issues, provided training and support to help those who want to change the culture do so and we have taken a strong line on those who are not willing to change their behaviours. The people plan will tackle these challenges head on. A key change that we will be making is in the way in which we engage with our staff. For too long the culture (like many blue light services) has been top down – we will be seeking to change that and adopting a more collaborative and coproductive approach. This will not be easy, but it is necessary.

Productivity

We have made astonishing productivity gains over the last year. It was reported recently that EEAST had seen an almost 10% improvement in productivity year on year. This has not been by chance – we have invested heavily in data and insights to enable us to understand, measure and manage how we are doing. Moreover, the time to lead and leadership development framework have given our leaders the capacity and capability to do this. There is, as ever, more to do particularly in the area of logistics and with the opportunities that digital and AI offer the service.

Changes in the board

I am sorry to report that George Lynn, our audit committee chair, will be stepping down at the end of this month due to ill health. George has been a constant source of calm wisdom and challenge at the board and I would like to take this opportunity to thank him from all of us here at EEAST and wish him the best. We are in the process of agreeing George's replacement and I hope to have the details confirmed in the next week or so.

Signature Applied
01/12/2025 11:25:35

This is my last public board report at EEAST. I have given all that I can and I hope that I leave the trust in a better place than I found it with a strong foundation for my successor. I am delighted that I am leaving with the trust having achieved its headline C2 performance target and without a financial deficit. However, I am also aware that despite progress we still have much to do across many areas (notably those mentioned above) and EEAST remains very much a work in progress.

I would like to thank the many people across the organisation and the NHS who have supported me and in particular the patients and staff who were so generous with their time in helping me to be a small part of the vital work we do.

Staff and Stakeholder engagement

The NEDs and I undertook the following activities since the last public board meeting over and above our core board, committee and working group commitments:

	Activity
Internal engagement and activity	• Monthly meetings with the BLMK sector leadership team • Regular meetings with Executive and non-executive colleagues • Met with Director of System Partnerships • Met with union representatives • Attended EEAST Leadership day
Board / Committee (in addition to regular board and committee meetings)	• Attended Audit Committee • Attended Finance and Sustainability Committee
External Governance and events	• Attended BLMK and Cambridge and Peterborough ICB chairs meeting • Met with ICB chairs – Central East, Essex and Suffolk & Norfolk to discuss EEAST partnership plan • Visted Bedford Hospital ED • Met with chair of Bedford and Luton Hospital • Attended AACE Council meeting • Regular meetings with NHSE regional director, Clare Panniker • Chaired the Southern Ambulance Services Collaborative meeting • Met with local MPs
Activity by other NEDS Olatunji,Adeola 01/04/2026 17:25:35	Catherine Glickman had the following engagements: • Meeting with FTSU Guardian • Meeting with CPO to discuss Remcom proposals • Meeting with Head of Operations HWE Julie Thallon • Supporting the governance team, recruitment of new company secretary

	• Development of new group assurance reports Omid Shiraji • Briefings and meeting with the REACH network • 1:1 with Deputy Director of Strategy • 1:1 with Director of Strategy Transformation and Governance Susan Wilkinson had the following engagements: • Ride out with a crew from Stevenage station • Meeting with the deputy director for system partnership and integration	

Olatunji,Adeola
01/04/2026 17:25:35

NHS
East of England Ambulance Service
NHS Trust

Meeting:	Public Board	**Date:**	08.04.2026
Report Title:	Chief Executive's Report		
Agenda Item:	PUB26/04/1.6		
Author(s):	Liz Cunnell, Chief of Staff		
Lead Director:	Neill Moloney, Chief Executive officer		

Purpose:	Decision Approval		Discussion Review		Information Noting	**X**		
Assurance:								
	None		Limited		Reasonable		Substantial	

Link to CQC domain:		**Link to EEAST's Strategic Missions:**	
Caring		Patient Mission	**X**
Responsive	**X**	Partnership Mission	**X**
Effective		People Mission	**X**
Well Led	**X**	Productivity Mission	**X**
Safe			

Link to Strategic Risk:

SR1	**X**	SR3	**X**	SR5	**X**	SR7	**X**	SR9	**X**
SR2	**X**	SR4	X	SR6	**X**	SR8	**X**	SR10	X

Equality Impact Assessment: YES		**NO**	**X**

Previously considered by:

N/A

Purpose:

The purpose of the report is to provide an update from the Chief Executive to the Board of Directors on the activities of the Trust since its' last meeting.

Recommendation:

Board members are asked to note the report.

Personal Reflection:

In recent weeks the onset of spring has been very welcome, with longer days and blue skies. Reaching the end of the financial year has provided the opportunity for reflection on what the organisation has achieved in the last 12 months. As a team we have made huge improvements, with significant year on year improvements in response times for our sickest patients. Our Hear and Treat rates have increased to 18% meaning that more of our patients are receiving the right care at the right time and in the right place. Equally important our operational support teams have halved the Vehicle Off Road percentage, helping ensure that our crews have ambulances to get them to our patients.

Together we have worked on our productivity achieving a 10% improvement which is significantly more than the NHS average. We have recognised the importance of utilising public money efficiently whilst still delivering a better service to patients.

These achievements have only been possible because of the exceptional work of all our teams at EEAST. I would like to take this opportunity to say thank you to all our people, across all our departments for the care and commitment they demonstrate to ensure our patients receive the best care.

Olaoluwa Abeni
08/04/2026 17:25:35

Organisational Performance

The Trust continues work to strengthen patient care and service delivery, supported by an increase in Patient Facing Staff Hours (PFSH). Performance to patients improved in February 2026, with faster response times across both Category 1 and Category 2 incidents. The current year end averages now stand at 8 minutes 44 seconds for Category 1 and 36 minutes 31 seconds for Category 2, showing improvement on last year (C1- 9 minutes and 88 seconds, C2 - 42 minutes and 49 seconds).

Our fleet workshop teams continue to make steady progress in reducing Vehicle Off Road (VOR) levels, directly supporting our commitment to increasing PFSH and strengthening our response capability. VOR performance has improved consistently month on month since October 2025, with the monthly average now around 18%.

Call handling performance across the Emergency Operations Centre (EOC) remains consistently good with continued delivery against both national and local standards. For January and February 2026, the mean 999 call answer time was 1 second, with 95th percentile performance (measure of the longest waiting 999 calls) at 0 seconds in both months. These results demonstrate month-on-month improvement supporting timely patient access and reflects the ongoing productivity improvements in place and highlights the effort of our call handling teams.

Within the Clinical Assessment Service (CAS), progress continues to increase Hear and Treat (H&T) opportunities through a combination of productivity improvements and targeted workforce expansion. Recruitment of additional EOC clinicians is being accelerated to build a sustainable pipeline and rapid onboarding. Clinical validation and enhanced triage remain central to EOC operations, ensuring patients are directed to the most appropriate care pathways. This approach supports improved patient outcomes through “right care, first time” principles, while protecting frontline ambulance resources for the most acute and time-critical emergencies.

H&T performance reached 18.30% in January 2026, followed by 17.94% in February, marginally below the 18% target, with a year-to-date average of 16.08%. The slight reduction in February reflects national seasonal trends also experienced across other Ambulance Services, including lower overall call volumes and reduced system pressure which limited opportunities for secondary triage. This shift relates to reduction in demand rather than any deterioration in service performance.

Regulatory update

Care Quality Commission (CQC)
The Trust is still awaiting publication of the final CQC report relating to the visit in November 2024, although it is understood it will be published later this month. We know this will reflect the improvement notices which we received in January 2025.

Over the past 17 months:

- We have strengthened patient safety, with over 90% of staff now compliant with mandatory training
- Response times have improved across the region, helping us reach more patients more quickly
- 999 call-handling is now among the fastest in the country, following improvements in our control centres

Qlatum/Agenda 01/04/2026 14:33:43

- Fleet availability has increased, meaning more ambulances are available when needed
- We have taken action to improve culture — including addressing bullying, harassment and inappropriate behaviour, and strengthening routes for staff to raise concerns

Time To Listen

The campaign continues to progress with senior leaders now attending listening events across the organisations routinely each month. In the month of March we have taken a different approach and held an action event to find solutions to the most common concerns raised in recent months through these listening events and other forms of engagement.

Teams gathered together in Melbourn to review suggestions and agree actions for the following commonly raised concerns:

- Annual leave availability – staff being able to book leave easily
- Rolling hours – Staff are clear on the number of hours they have worked and hours are balanced.
- Bare Below the Elbow – That this approach is evidence based and protocols are clearly communicated.
- Wellbeing – staff have access to wellbeing which is timely and appropriate

At the end of the event actions were agreed and will be communicated to staff to demonstrate our commitment to hearing feedback and using it to improve staff experience.

Big Conversation

Last year, we introduced The Big Conversation as a new way to listen more openly and understand the experiences of people across EEAST. The contributions, whether online, or in face to face discussions, gave us invaluable insight into what helps our people thrive, what holds people back, and where change is needed most.

In April we are launching year Two of the Big Conversation. Building on everything shared in our first year, we're continuing this programme because staff told us it made a difference: it gives our people a safe space to speak openly, helped leadership teams better understand real pressures, and led to actions that improved how we work.

We'll explore a single theme over two months, such as wellbeing, operational pressure, inclusion, communication, or leadership. These themes have been shaped by everything we learned last year, so we can go deeper into the issues that matter most.

Engagement

Jon Rapley

It is with great sadness that we share the news of the recent death of Jon Rapley, who was one of our longest-serving community engagement group members.

Olamide Adeola
09/04/2026 17:15:38

Jon was involved in community engagement volunteering since the beginning, and served as chair of the group for several years, when it was formally known as the Trust user group.

Jon was also our lead for the Suffolk area for many years. He will be remembered for his dedication to EEAST, his focus on how all EEAST initiatives would positively impact patient care, and his championing of improvement across all aspects of the service.

He will be greatly missed by the community engagement group and the patient and public involvement team, to whom he always provided highly valued support, understanding and wisdom.

Celebrations

Multi Faith Network and AACE

We are proud to share that our Multi-Faith Network (MFN) has been featured in an article by the Association of Ambulance Chief Executives (AACE).



Scott Owen, MFN Chair and the Trust's Pastoral Officer, reflects on how the network has become a home for colleagues of all faiths and none, celebrating the rich and diverse beliefs across our organisation.

Scott highlights the work and activities of the network throughout the past year, including the launch of drop-in pastoral support sessions, visits to emergency operations centres (EOCs) and ambulance stations, and collaboration with other ambulance service faith groups to share learning and best practice.

Award for Dedicated Paramedic

An EEAST paramedic in Suffolk has been recognised with a prestigious award at an annual ambulance leadership event.
Marcus Turner-Leeper was recognised for his outstanding service as a paramedic at the Ambulance Leadership Forum, an annual event organised by the Association of Ambulance Chief Executives (AACE).



Marcus works in the unscheduled care coordination hub for Suffolk and north east Essex, and he also provides critical support as a Hospital Ambulance Liaison Officer (HALO) at A&E departments in Suffolk hospitals, working with them to ensure patients arriving by ambulance are handed over promptly to allow crews to get back on the road.

At the Ambulance Leadership Forum in Windsor this week, Marcus was celebrated for his outstanding professionalism, leadership, and dedication to patient care.

Beyond his professional achievements, Marcus has recently embarked on a new chapter at home, having adopted two children with his husband. Despite the demands of family life, he continues to demonstrate an unwavering commitment to patient care through his work at EEAST.

Herts Knife Angel Project

Olatunji Adeola
01/04/2026 11:24:03

A team in Hertfordshire who hosted the Knife Angel in October 2025 have been recognised for its work supporting communities across Welwyn Hatfield, winning the Community Culture Award at the One Welwyn Hatfield Community Awards.

The award celebrates organisations and partnerships that help build safer, stronger communities through collaboration and community-led initiatives.

The Knife Angel project brought together a wide range of partners, including EEAST's Hertfordshire and West Essex (HWE) Community Engagement and Education Team, to raise awareness around knife crime and equip members of the public with life-saving skills.

As part of the project, the HWE Community Engagement and Education Team delivered 732 CPR workshops and 622 haemorrhage control workshops to 1,354 people, helping residents gain the confidence and skills needed to respond in life-threatening emergencies.



The initiative created opportunities for people of all ages to engage with emergency services, community organisations and local partners while learning practical skills that could one day help save a life.

The award recognises the collective effort of all organisations involved in the Knife Angel project and the positive impact the initiative had across the local community.

EEAST's Dave Merrison (left) with the Knife Angel project team receiving their award.

Community Service Award

An EEAST paramedic from west Essex has received a Community Service Medal in recognition of his leadership and patient care.

Caspar Headland, a paramedic team leader at Harlow ambulance station, was presented with the medal by Epping Forest District Council's Chairman Louise Mead and Epping Forest MP Dr Neil Hudson at the council's Civic Awards on 13 March.

Caspar has been a paramedic team leader at EEAST for 18 months, and during that time has worked with his colleagues to embed the role in other parts of the region.

In awarding Caspar the medal, Epping Forest DC said that he has "shown a strong commitment to both patient care and the wellbeing of frontline ambulance staff". In his new role, he has "ensured ambulance staff are listened to, supported, and quickly referred for help when they need it, significantly improving team health and resilience."



Prior to his career in the ambulance service, Caspar worked in the banking sector. Driven by a desire to help the public in a healthcare role, he joined EEAST as an Ambulance Support Worker, before doing paramedic training at London Ambulance Service.

Olatunji Ajiola
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He returned to EEAST 12 years ago, working out of Harlow ambulance station as a paramedic on ambulances and rapid response vehicles.

Engagement

I am committed to spending one day each week travelling around the organisation meeting with our people, listening to ideas and getting to know the patch. Thank you to all those I have met for the very warm welcome. I have visited the following stations:

- Luton
- Stevenage, West Herts and Harlow
- Chelmsford Muslim Society
- Leadership days attended by 300 leaders
- Melbourn HART, Cambridge

Given the extensive political changes across the region I have also been meeting a number of our MPs to share information and build relationships. I have met with the following MPs:

- Rachel Hopkins MP
- Regional MP briefing

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EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS,
HELD IN PUBLIC ON WEDNESDAY 11 FEBRUARY 2026 (09:30-12:30)
at EEAST, MELBOURN HEADQUARTERS, SG8 6NA

Present:			
Members	Mrunal Sisodia	Trust Chair	TC
	Darren Meads	Chief Operating Officer	COO
	George Lynn	Non-Executive Director	NED-GL
	Dr Hein Scheffer	Director of Strategy, Transformation and Governance	DoSTG
	Julie Thallon	Non-Executive Director	NED_JT
	Marika Stephenson	Chief People Officer	CPO
	Neill Moloney	Chief Executive Officer	CEO
	Omid Shiraji	Associate Non-Executive Director	NED_OS
	Sian Clark	Director of Digital Innovation	DDI
	Simon Chase	Chief Paramedic and Director of Quality	CP-DoQ
	Dr Simon Walsh	Medical Director	MD
	Steven Course	Chief Finance Officer	CFO
	Susan Wilkinson	Non-Executive Director	NED-SW
In attendance			
	Danielle Marshall	The Guardian Service *(PUB26/04/4.3 only)*	TGS-DM
	Kimberley Gillingham	The Guardian Service *(PUB26/04/4.3 only)*	TGS-KG
	Jamie O'Callaghan	Governance Improvement Specialist	GIS
	Tom Bennett	Head of Communications	HoC
Administration	Esther Kingsmill	Deputy Head of Corporate Governance	DHoCG

PUBLIC SESSION (Disclosable)	
PUB26/02/1.1	**Welcome**
1.1.1	*The meeting commenced at 09:30*
1.1.2	Mrunal Sisodia, Trust Chair (TC) welcomed those present to the Public Board meeting of the East of England Ambulance Service NHS Trust (EEAST). He advised that any questions received from the public would be addressed at the end of the meeting.
PUB26/02/1.2	**Apologies for Absence**
1.2.1	Apologies were received from: • Catherine Glickman, Non-Executive Director (NED-CG) • Chris Brook, Non-Executive Director (NED-CB)
PUB26/02/1.3	**Declarations of Interest**
1.3.1	There were no declarations of interest related to the business of the agenda.

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PUB26/02/1.4	Patient Story
1.4.1	The Trust Board heard the story of a patient who had contacted the ambulance service when they experienced a severe headache, which was later diagnosed as a brain haemorrhage. The patient had contacted the service on several occasions as their symptoms did not prompt the correct categorisation, and there was a potential risk posed to the patient from the delayed response provided.
1.4.2	The Chief Paramedic and Director of Quality, Simon Chase (CP-DoQ) advised that the principle of the Unscheduled Community Care Hub (UCCH), which the patient had been referred to, was to enable triaging and movement of lower acuity calls to ensure resources were focussed on the most-high priority cases. However, there remained occasions in which cases were incorrectly categorised, such as this case. The initial coding of the case was a C3, which based on the symptoms provided and the call navigation was accurate, but the review provided by the UCCH which provided a higher level of clinical oversight, resulted in the call prioritisation being increased to enable a more swift response. The purpose of the UCCH was to support demand management by enabling alternative clinical navigation of low acuity patients, to provide clinical validation of low acuity calls, to provide additional clinical oversight of patients transferred to the service and to maintain patient safety. Audits continued to be undertaken to assure on the effectiveness of the UCCH. The number of audits undertaken in the last 15 months had significantly increased from approx. 100 per month to over 500 audits, and the actual non-compliance rate continued to drop, providing assurance that 96% of calls validated and passed to other services via the UCCH were navigated correctly.
1.4.3	The TC extended his thanks to the patient for sharing her story and helping to support learning.
1.4.4	The Chief Executive Officer, Neill Moloney (CEO) also extended his thanks to the patient for sharing her story. He advised that he had spent some time listening to calls in the call centre to understand the navigation process for calls. If one of the call handlers believed what the patient was describing was not navigating them to the right category he enquired whether there was an escalation protocol available for call handlers. The CP-DoQ confirmed that if any call handler took a call and felt the triage system was not accurate for the case it could be flagged with team leaders to undertake clinical oversight.
1.4.5	Darren Meads, Chief Operating Officer (COO) noted the value from the audits and requested clarity on the number of patient contacts which may have been incorrectly navigated through this service resulting in adverse impacts on the patient. The CP-DoQ confirmed that since the implementation of the UCCHs there had not been a single patient safety incident raised which required further investigation due to harm coming to a patient as a result of navigation through the UCCH. There were occasionally delays reported in the callback from the UCCH due to capacity constraints.
1.4.6	Non-Executive Director, Susan Wilkinson (NED-SW) was pleased to note the positive outcome for the patient. She highlighted that as new call handlers were recruited this would dilute the skilled call handler capacity, which meant similar cases could be missed. She was concerned this was a near miss incident and enquired how learning was captured. The CP-DoQ advised that there were a number of levels of activity.

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	Within the clinical advice service senior leaders were able to review the stack and identify any concerns. Individual calls could be transitioned to the UCCH who could return this to the ambulance stack at pace if required, as was the case in this situation. Part of the training for call handlers was to ensure they followed the process at the point of the call, as human intuition occasionally had adverse outcomes, but a Datix would be raised subsequently to escalate the concern and identify any learning or system change needs.
1.4.7	Associate Non-Executive Director, Omid Shiraji (NED-OS) reflected on how call handlers could convey empathy and care to patients in their role whilst in a high demand, time critical environment. The CP-DoQ confirmed that as part of the call handler training there was exposure to high pressure calls to support an understanding of the experience and swift response required to these high-pressure calls. There was empathy shown by call handlers, but this was balanced with the pace at which calls needed to be managed resulting in calls being more abrupt than the patient may like. In terms of outcomes, there was regular reporting to the clinical best practice group which included not only the audits but also the final outcome for these patients to ensure they were coded correctly and to identify the re-contact rate from the UCCH.
1.4.8	The CEO advised that when he had visited the call centre he was impressed with the balance between empathy and the speed at which patients needed to be managed. He reflected on the quiet confidence demonstrated by call handlers, to assure the patient they were receiving the care they needed.
1.4.9	The Public Board resolved to note the patient story.
PUB26/02/1.5	**Trust Chair and Non-Executive Director's Report**
1.5.1	The TC advised that he had attended the UCCH when it opened, and more recently. He highlighted the greater range of services which could now be offered through this service. In his visits across the Trust there was clear messaging from staff who were proud of the Trust response, and their personal contribution to the operational improvement plans including reducing vehicle off road rates. However, there was frustration from staff regarding the increasing handover delays and whether they were being effectively managed. He advised that following a period of personal reflection he had made the decision to step down from his role as Trust Chair at the end of his next term in May 2026.
1.5.2	The CEO reflected on the integrity, openness and genuine care the TC had demonstrated during his time as Trust Chair. The support, challenge and reassurance provided to the CEO from the TC had been significant, he extended his thanks on behalf of the Board for the care shown.
1.5.3	John Newman, CEG Representative (CEG-JN) extended his thanks to the TC for the close involvement he had provided to the group and the public.
PUB26/02/1.6	**Chief Executive Officer's Report**

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1.6.1	The CEO provided the CEO Update: • In December 2025 there had been a significant increase in activity which surpassed expectation. Despite this, there were some substantial improvements in waiting times in December compared to previous years. This was a credit to the staff working tirelessly to deliver this every day. • There had been an improvement in call pick up times, which situated EEAST in the top two amongst ambulance services for call pick up. • Hear and treat rates continued to improve. There was an increase in PFSH and vehicle off road rates. • The biggest challenge was planning for the coming period to ensure a robust response. • The Trust was socialising business plans with a focus on reducing demand and delivering continued improvements. • The final CQC report was due imminently following the visit in November 2024. This would be considered in the Public Board once released.
1.6.2	The Public Board resolved to note the update provided.
PUB26/02/1.7	**Minutes of Previous Meeting**
1.7.1	The minutes from the meeting on 05.11.2025 were approved subject to the below amendments: • 2.1.9 – amend card to charts • 1.8.2 – the following actions were confirmed as closed: PUB25/05/10.1.2, PUB25/09/2.1, PUB25/07/12.2.2, PUB25/09/2.1, FS25/05/3.1.3, PUB25/07/9.1.1.4 • 2.1.4 – one action to review the narrative within the IPR to ensure this accurately reflected where there was a positive improvement. • 4.2.4 – The COO advised that he had discussed with ~~questioned~~ crews whether they recognised an improved ability to provide input in changes.
PUB26/02/1.8	**Matters Arising and Action Tracker**
1.8.1	The action tracker was reviewed and updated.
1.8.2	The following actions were proposed for closure: PUB25/09/5.7 PUB25/09/5.2 (x2) PUB25/11/2.1.9 PUB25/07/12.1.9
PUB26/02/2.0	**PATIENTS**
PUB26/02/2.1	**Board Assurance Framework Summary – SR1 and SR2**
2.1.1	The Director of Strategy, Transformation and Governance, Hein Scheffer (DoSTG) confirmed the Executive Leadership team had completed its first 10-week cycle of reviewing the Board Assurance Framework (BAF) in depth, which had provided peer discussion and challenge in relation to the strategic risks. It had been agreed another

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	10-week cycle would be undertaken to enable the discussion to mature and to support the alignment between the risks and the BAF supporting the strategy.
2.1.2	Simon Walsh, Medical Director (MD) presented on SR2 – Quality Governance: If clinical and operational models do not meet required standards, avoidable harm or regulatory concerns may arise: • The current score was 9 • There had been good progress to meet and exceed the operational effectiveness metrics which had helped to mitigate handover delays. There was an improvement in handover delays when Ho45 was first implemented however there had since been a significant spike in these. • A review had taken place to determine the impact of delays and how these correlated with patient harm. For the period March-August 2025 there were no harm incidents. During the festive period in 2024-25 there were 7 incidents which resulted in harm to patients as a result of delays. For the same period in 2025-26 there were 3 patient harm incidents related to delays. The Trust was clear that any harm to patients arising from delays was unacceptable. When there were not delays in handover, there was a significant improvement in C2 performance.
2.1.3	NED-SW enquired how the Trust was conveying the risk to patients as a result of delays with acute providers. The MD confirmed that the Trust had established alongside the ICBs a clinical risk review panel to assess the harm to patients in a collaborative approach with providers. The CEO acknowledged the need to communicate the harm to patients in the community more effectively.
2.1.4	The TC reflected on the discussion which had taken place before the Ho45 protocol was agreed. The Board had undertaken a forensic review to ensure this was the right thing to do for patients. He was keen to understand why this had not been as effective as anticipated in acute trusts and what more was needed to ensure handovers were effectively managed. He noted this was a critical performance issue and was keen to understand the challenges and what was needed to maximise the effectiveness of Ho45.
2.1.5	NED-OS reflected on the effectiveness of involving patients in the Board and challenged whether the Trust needed to engage more effectively with partners to communicate these issues.
2.1.6	The CEG-JN noted London Ambulance Service had been running Ho45 for a significant period of time and just did it. He enquired what the challenge was for EEAST. The CEO reflected on what 'just doing it' actually meant, and whether this meant dropping a patient in the emergency department without completing a handover to complete this. It was essential the region was prioritising this in a clinically safe environment. He acknowledged that the undifferentiated patient in the community without any support was the biggest risk. The TC requested a report back to assess why handover 45 had not embedded in EEAST, and what more was needed to ensure this was effectively embedded and driving improvements in care. **ACTION: Private Board to receive a report to identify what the challenges embedding Ho45 were and what more was needed to ensure this was effectively embedded and driving improvements in care.**

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	Lead: MD
2.1.7	NED-JT advised that in the Performance Committee it was noted that in the annual return the average handover was just below 45 minutes, so it appeared as a region that Ho45 was being achieved. However, she reflected on whether more was needed to effectively communicate the unmet needs in the community. The MD clarified that although the mean was just under 45 minutes, the regional target was lower than this, and the national standard was 15 minutes with the expectation that no handovers should exceed 45 minutes.
2.1.8	Darren Meads, Chief Operating Officer (COO) presented on SR1 - Demand & Capacity: If capacity does not match demand, response times will not improve: • The current score was 20. • The score had increased from 12 as a result of the risks posed by hospital handover delays. • The risks, controls and actions should be driving productivity improvements. • It was essential the resource availability was accurate and remained available for patients. • The COO confirmed he had met with the NHSE COO which resulted in EEAST representation on the Regulatory Oversight Group with the regulator and hospitals. This group had provided the ability to bring together the Trust with acute trusts with a view to manage demand and handovers within the system. The effective management of Ho45 would be supported through these meetings. • There had been a significant increase in C2 patient responses. • Hear and treat rates continued to increase, reporting at just above 18% in December 2025. There had been some growth in staff within the department but this was largely driven through increased productivity.
2.1.9	The CP-DoQ acknowledged the concern associated with ambulance response delays, however he highlighted that despite the increased pressures patient care remained strong. There was one area of harm associated with delivery of the cardiac care bundles and stroke responses which was being assessed to determine whether this was linked to demand. There had been improvements in cardiac arrest outcomes, in particular 30 days survival rates following a cardiac arrest. Despite the pressures he was pleased to report that mandatory training remained stable and had continued to do so for the last month.
2.1.10	NED-SW highlighted the alignment between the increasing hear and treat rates and the reducing C4 response rate which demonstrated the Trusts role as a clinical navigator. There had been a reduction in on scene targets but she suggested a review was required to ensure that where patients were conveyed this was the right decision.
2.1.11	NED-JT noted the improvements the Trust had delivered in on scene discharges, but enquired whether an assessment had been undertaken to assure that this was the right decision. The CP-DoQ confirmed that for non-conveyance incidents when the non-conveyance checklist was applied there was a clear reduction in re-contact rates. The Trust was one of the first to implement this, this would be benchmarked with other ambulance services once data was available.
2.1.12	The Public Board resolved to note the update provided.

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PUB26/02/2.2	**Integrated Performance Report**
2.2.1	The Integrated Performance Report and Board Assurance Framework were considered together due to the inter connectivities associated.
PUB26/02/2.3	**Community Engagement Group Update Report**
2.3.1	The CEG-JN advised that the group had moved into three specific work groups focussed on three programmes: young people engagement and recruitment, patient representative walkabout audits and the bystander engagement public education project. The group was gathering data on the support which could be provided to bystanders when they respond to an incident. Mechanisms were also being developed to engage the public to support prevention of an ambulance response through general awareness of personal health and wellbeing. He was keen to maximise the use of media and communications to help to educate the public.
2.3.2	The TC was pleased to note the structured programme of work for the CEG and reflected on the improvements within the group. He was pleased to note the approach to engaging young people in the ambulance service.
2.3.3	The Public Board resolved to note the update provided.
PUB26/02/2.4	**Performance Committee Assurance Report**
2.4.1	NED-JT presented the Performance Committee assurance report: • The committee had extended its thanks to staff for their delivery and focus during the high pressure winter period. • The preparation for the winter plan in 2025-26 had a positive impact during a period of exceptional demand. • There were no areas for escalation.
2.4.2	The DoSTG reflected on the limited assurance provided in the governance group assurance report. He confirmed this was being reviewed to ensure effective assurance was provided. NED-JT confirmed that assurance was required from the groups, but further work was required to ensure this met the needs of the Committee. There was also a rationalisation of the sub-group reporting into the Committees to ensure there was a strong assurance framework for all groups in place.
2.4.3	The Public Board resolved to note the update provided.
PUB26/02/2.5	**Quality Governance Committee Assurance Report**
2.5.1	NED-SW presented the update from the Quality Governance Committee: • The Committee had reviewed the IPC standards specifically related to ambulances and stations which enabled a more nuanced view. • The Committee had discussed the BAF and the controls/ risks, matching the actions to these in a smart approach. • There were no areas for escalation.
2.5.2	The Public Board resolved to note the update provided.
PUB26/02/3.0	**PARTNERSHIP**
PUB26/02/3.1	**Board Assurance Framework – SR6**

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3.1.1	The DoSTG presented on SR6 - System Partnership Working: If EEAST does not work effectively with system partners, patient flow and pathways may be suboptimal: • SR6 had a residual risk rating of 9 • An internal review of call before you convey hand been undertaken to determine how well this was embedded. • The Trust continues to engage with system partners and had published the annual survey with system partners to determine how the Trust could improve on this relationship. • Risk ratings were now being scrutinised more significantly by the collective executive team providing a multidisciplinary review. • The Trust had received the draft commissioning intentions which would be aligned with the strategy, board assurance and operational delivery.
3.1.2	The Public Board resolved to note the update provided.
PUB26/02/3.2	**Integrated Performance Report**
3.2.1	Access to the stack continued to improve with an 84.38% acceptance rate. With the new PTS contracts in place PTS was now driving a positive contribution to the organisation. The transfer of NEPTS outside of EEAST would result in a small reduction in the PTS contribution. There was a downward trend in the utilisation of community first responders, but EEAST remained one of the highest utilisers of CFRs across the ambulance services. In 92% of incidents CFRs attended, they were the first on scene. The DoSTG was keen to maximise the use of CFRs and all volunteers more effectively.
3.2.2	NED-JT noted there was a relatively small percentage of 999 calls transferred to the stack. She enquired where they should be reporting. It was confirmed that the ORH report outlined the ambition to maximise the use of UCCH.
3.2.3	The CEO acknowledged there were a number of patients who were transferred to UCCHs which was supported by non-recurrent funding EEAST had provided to these hubs in 2025-26. However, this remained a relatively small percentage of the proportion of patients transferred. There was an intention to shift some funding into the communities and he was keen to work with partners to define what could be done to shape this position.
3.2.4	The Public Board resolved to note the update provided.
PUB26/02/4.0	**PEOPLE**
PUB26/02/4.1	**Board Assurance Framework – SR7, SR8 and SR9**
4.1.1	The CPO presented on SR7 - Workforce Sustainability: If workforce plans do not support effective recruitment, the Trust may experience skills shortages and reduced resilience, SR8 - Staff Retention: If the Trust does not manage retention effectively, skills shortages and morale impacts may affect service quality and SR9 - Organisational Development: Without effective OD support, cultural development and change management may not achieve expected improvements. • The Trust was moving to a three year business planning cycle for people. • Consistent ownership of workforce planning was essential to ensure maximum effectiveness.

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	• An annual process would be aligned with business planning to ensure a consistent cycle and team. • The Trust had a high proportion of legal forms with 'unknown' areas completed. The process was being modified so that this was not an option which would provided greater clarity on the causes for legal cases. • An inclusivity workshop was held between executive and staff networks, the community engagement group etc to explore and understand the real issues behind the inclusivity plan presented. An action plan had been developed of the focus areas given the concern that there was not sufficient pace behind this. In relation to improving education for staff and managers on bias and cultural awareness there was significant discussion on micro-aggressions to understand how this had transitioned. The second element was around improving the workplace experience for diverse colleagues, and access to and use of workplace adjustments. Three task and finish groups had been established which would include network representatives to support this communication across the organisation. • There was a good completion rate of appraisals but it was evident the quality of these was not as robust as it could be. A workshop had been planned for senior leaders where this information would be shared. • A coaching academy had been established to support and guide leaders.
4.1.2	The Public Board resolved to note the update provided.
PUB26/02/4.2	**Integrated Performance Report**
4.2.1	The CPO presented on the People metrics within the IPR: • Appraisal rates were strong, reporting at 91.6%. • Turnover had improved. • Time to hire was inconsistent but showed a reduction to 7 weeks in January 2026. • The Trust was above target for recruitment in Herts and West Essex and was tracking well for A&E recruitment. • CAS recruitment was below target but there was an increase in December 2025 from 101 to 111 staff, with a strong pipeline to join the Trust. • Occupational health and wellbeing remained consistent. • ER and sickness was beginning to demonstrate a positive improvement. ER case volumes remained high but additional resource had been agreed from across operations to support. In December there was a reduction to 170 informal and formal cases. Timescales were showing a positive trajectory with 37% outside of timescale. Suspensions remained high but the trajectory was decreasing from 45 in November 25 to 35 suspensions in January 2026. • There was an increase in sickness absence by 1.57%, but this was indicatively forecast to drop in January 2026. The leading causes of sickness absence were mental health and flu and colds. A workplan for sickness had been established into the next financial year
4.2.2	NED-SW remained concerned regarding the high sickness rates and was keen to understand the triggers for these sickness absences and how this would be shifted in a sustainable approach with understanding of the root cause of absences. The TC challenged whether this risk was represented clearly enough within the Board Assurance Framework. He was also keen to understand the breakdown between short and long term sick and whether this was related to the mental wellbeing of staff. The

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	CPO confirmed there was a focus group which would include updating and improving the sickness management policy which had been benchmarked against other ambulance services, ICBs and acute trusts with the potential for opportunities to support this position. There was also an education need for senior leaders to support those who were absent due to sickness. A standardised dashboard would be developed and the workflow for both short- and long-term sick updated to support compliance. NED-SW suggested this was a very management led approach but was keen to understand how a compassionate and empathetic approach would be supported, building a culture in which people felt happy and safe to come to work. The TC enquired whether there was an understanding of the triggers and root causes of the issues. There were plans in place for a lot of areas, but it was how this was narrated to staff in a compassionate and supportive approach. NED-SW acknowledged the need to manage sickness through clear policy and process but suggested within this policy there needed to be compassion and understanding demonstrated. The COO acknowledged the challenge, he emphasised the difficult circumstances staff were working under. The Trust was working alongside the staff partnership forum to address key areas of concern including late finishes and sickness absences. The CEO reflected on the need for curiosity. The Trust was reporting a sickness level up to three times higher than other organisations. He observed this was impacted by adherence to policy and cultural changes required alongside other drivers which needed to be understood and adjusted.
4.2.3	The Public Board resolved to note the update provided.
PUB26/02/4.3	**Freedom to Speak Up Report**
4.3.1	Kym Gillingham, FTSU Guardian (FTSUG-KG) presented the report: • There were three patient safety concerns raised with the FTSUG. • In Norfolk and Waveney A&E operations was the directorate with the highest number of concerns raised, alongside the EOCs.
4.3.2	The COO noted there were two ways to consider the lower levels of reporting to the FTSU in these areas. In one of these areas he had been more active as part of time to listen and as such he was broadly assured that in these areas they were well informed of the FTSU availability. The FTSUG-KG confirmed that she was not concerned where there were lower levels of reporting as often staff felt more confident in these areas to raise concerns with local management teams, but she was keen to ensure there was a good awareness of the service across the Trust.
4.3.3	NED-SW was keen to see for areas with lower reporting whether there were other metrics which supported this position and provided assurance that the lower reporting was not due to a lack of awareness, but rather related to the culture – for instance lower sickness absences.
4.3.4	The CPO was keen to ensure the service was aligned with the organisational development plan. She noted the team worked well with leaders to resolve things within a fixed timeframe but it would be helpful to get an oversight of the local conversations with managers to ensure awareness and support in managing these concerns.
4.3.5	NED-JT noted there were more staff in Norfolk and Waveney which should be balanced with the higher reporting in this area. Systems and processes were one of the leading concerns raised and she enquired whether this was associated with a particular system

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	or the navigation of the system as a whole. FTSUG-KG confirmed this covered any process and policy across the Trust. She could provide a breakdown on the next report to provide clarity on the leading causes for these cases. **ACTION: Breakdown to be provided in the FTSU report of the causes for system and process concerns.** **Lead: FTSU-KG/FTSU/DM**
4.3.6	The CEO advised that a review was being undertaken in Norfolk and Waveney to understand the root causes of issues.
4.3.7	The TC noted that policies and processes was a recurrent theme, this was also a clear theme in the cultural workshop in which there was a clear feeling that the Trust was very process led as an organisation. The CPO confirmed this had been a leading cause of concerns for a significant period. She had worked with the FTSU guardians to understand the causes for this, which included consistency in applying policies and assumptions made regarding how a policy was applied. Feedback was often received regarding the policies which was applied as policies were reviewed, however a full overhaul of policies was not possible due to the capacity challenges this would cause. The focus was on sickness and maternity which were leading causes of concerns.
4.3.8	The TC reflected the inclusion in the report of FTSU ambassadors and the number and coverage these ambassadors had. He also requested an overview of where the FTSU had undertaken site visits. **ACTION: Update FTSU report to incorporate FTSU ambassadors and coverage of these ambassadors, and where site visits had been undertaken.** **Lead: FTSUG**
4.3.9	The Public Board resolved to note the update provided.
PUB26/02/4.4	**Flu Vaccination Programme Update**
4.4.1	The CPO presented the report: • There was a considerably higher uptake of the vaccination this year, with 30% more staff opting to receive the vaccination. • Frontline uptake was 50% vaccinated, 22% declined. • Overall uptake was 52% vaccinated, 22% declined. • Young people had the lowest uptake, alongside Bedford and Luton. • Norfolk and Waveney had a high uptake with strong local engagement. • Cold and flu absence rates increased by 58% at 1047 compared to 662 the previous year. • The length of absence related to flu increased to 5.82 days.
4.4.2	NED-SW was pleased to note 50% of clinical staff had been vaccinated, which was a key area from a patient safety perspective.
4.4.3	The CEO reflected on the learning for future years to work with local managers to better access staff in local areas. He noted the variation in Norfolk and Waveney and Bedfordshire and Luton and reflected on whether this was a local cultural issue – across the NHS vaccination levels in Norfolk hospitals were some of the highest and he reflected whether this was a local culture driven.

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4.4.4	The Public Board resolved to note the update provided.
PUB26/02/4.5	**People Committee Assurance Report including Terms of Reference and Agenda Plan**
4.5.1	NED-SW presented the People Committee Assurance Report: • The apprenticeship update provided good assurance on the work being undertaken to safeguard trainees • The armed forces network update had been inspirational. She reflected on the positive culture the armed forces brought into the organisation and how this enthusiasm could be harnessed. • The Public Board was asked to approve the People Committee ToR and Agenda Plan, as recommended by the People Committee.
4.5.2	The Public Board resolved to approve the People Committee ToR and Agenda Plan.
PUB26/02/4.6	**Remuneration Committee Assurance Report including Terms of Reference and Agenda Plan**
4.6.1	The Public Board received the Remuneration Committee assurance report: • The Committee considered the executive wellbeing support available to enable and support the executives in their demanding roles. • The Committee considered and approved an ET settlement. • The Committee considered the VSM pay framework and the options available to align this to ensure consistency in the contracting for VSM's. • The Committee recommended the Board for approval the Remuneration Committee ToR and Agenda Plan.
4.6.2	The Public Board resolved to approve the Remuneration Committee ToR and agenda plan.
PUB26/02/5.0	**PRODUCTIVITY**
PUB26/02/5.1	**Board Assurance Framework Summary – SR3, SR4, SR5 and SR10**
5.1.1	The CFO presented on SR3 - Estates: If estates infrastructure is not adequately maintained, facilities may not support safe, high-quality care and SR4 - Finance – Use of Resources: If financial sustainability is not achieved, the Trust may be unable to deliver safe and effective services: • The risks scored 16 and 12 respectively. • The focus was on the electric vehicle trial. The availability of the capital resource to build the infrastructure to support electric vehicles would be critical alongside the building of local infrastructure to support this. • Work was being undertaken through the transformation programme board to assess how the Trust worked within existing access to better utilise the resource available. • The Trust had a successful year in delivering CEP and QCIP in 2025/26 which would need to be driven through the next few years.
5.1.2	The DDI presented on SR5 - Cyber Security: If a cyber incident occurs, digital systems may be compromised, leading to patient, operational or reputational impact and SR10 - Digital: If digital systems are not modernised or integrated, they may not support efficient, high-quality care or future needs.: • Both risks had a residual rating of 12.

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	• The Trust had one cyber security incident which received a swift response and was contained at pace. • Alongside the southern ambulance collaborative a cyber security operations centre was being considered across the Trust and NHSE. • Alongside SASC the Trust was also reviewing the potential for ambient voice technology. • £15m had been allocated to EEAST to support key cyber projects. • Digital infrastructure was being reviewed across the ambulance services alongside EPCR alignment. • Wider than the SASC, AACE was looking at a unified telephony platform.
5.1.3	The Public Board resolved to note the update provided.
PUB26/02/5.2	**Integrated Performance Report**
5.2.1	The CFO provided an update on the Trust financial position: • The financial plan was for a £941k surplus, actual delivery was a £5.1m surplus. • Pay costs remained lower than planned driven by vacancies in EOC and corporate efficiencies. • The initial QCIP was for £10.95m in efficiencies, the Trust was exceeding this, but was under performing in recurrent delivery which would be mitigated through non-recurrent schemes. • The cash position was strong. • The Trust was performing well on invoices paid within 30 days.
5.2.2	The Public Board resolved to note the update provided.
PUB26/02/5.3	**Audit Committee Assurance Report**
5.3.1	NED-GL presented the AC assurance report: • Progress on the BAF and governance plans would be assessed at the next meeting. • Ensuring robust governance and assurance arrangements was essential. • The charitable funds annual accounts were accepted for adoption by the Board. • The committee had considered fraud activity for those working within the organisation whilst sick and other causes.
5.3.2	The TC enquired whether there was an update on the 90-day sprint following the governance review. The DoSTG confirmed the improvement plan would be reviewed but given the team changes underway this had not been addressed as initially anticipated. An update would be provided at the next audit committee.
5.3.3	The Public Board resolved to note the update provided.
PUB26/02/5.4	**Finance and Sustainability Committee Assurance Report**
5.4.1	NED-JT presented the finance and sustainability committee assurance report: • The surplus and financial position was discussed. The Trust reported a surplus to plan of £7m. Working with the SNEE ICB, it had been agreed to provide £2m of funding to support C2 performance, with the benefits of these initiatives to be tracked through the Performance Committee.

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	• The Trust had invested £2m in partner organisations which would report back to the performance committee to assure on the expenditure of this funding and how this had driven performance improvements.
5.4.2	The Public Board resolved to note the update provided.
PUB26/02/6.0	**CLOSING ADMINISTRATION**
PUB26/02/6.1	**Reflection on the Meeting**
6.1.1	The MD provided the reflection on the meeting. He reflected on the focus provided to the patient story and how this had centred the meeting on the patient experience and near miss learning. The structure of the meeting had improved with the BAF and IPR focus. The quality of the discussion had proven robust and the input from the CEG also helped to centre the meeting.
6.1.2	The TC noted the focus on the partnership and people mission. As the business plan and strategy was developed these would be prominent areas of focus.
PUB26/02/6.2	**Any Other Business**
6.2.1	There was no other business and the meeting closed.
PUB25/11/6.3	**Date of Next Meeting: Wednesday 8 April 2026 (09:30 – 12:30)**

The meeting closed at 12:30

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In Public Trust Board - Action Tracker for the meeting on 08.04.2026						
Ref	**Source (meeting / date / agenda item / title)**	**Action**	**Lead**	**Due Date**	**Status / Update**	**Proposed to Open/Close**
2.1.4	Public Board, 05.11.2025, PUB25/11/2.1.4, Board Assurance Framework Summary – SR1, SR2 and SR6	Narrative within the IPR to be reviewed to ensure it accurately reflects where there is a positive improvement.	CFO			O
4.3.5	Public Board, 05.11.2025, PUB26/02/4.3.5, FTSU Update	Breakdown to be provided in the FTSU report of the causes for system and process concerns.	FTSU	08.04.2026	Included in section 7 of the FTSU report **Proposed for Closure**	C
4.3.8	Public Board, 05.11.2025, PUB26/02/4.3.8, FTSU Update	Update FTSU report to incorporate FTSU ambassadors coverage, with clarity where site visits had been undertaken.	FTSU	08.04.2026	Included in section 7 of the FTSU report **Proposed for Closure**	C

Business Delegated to Public Board from Committees/Private Board						
Business Delegated to Committees/Private Board						
	Referred to Private Board Private Board, 11.02.2026, PUB26/02/2.1.6	Private Board to receive a report to identify what the challenges embedding Ho45 were and what more was needed to ensure this was effectively embedded and driving improvements in care.	MD	06.05.2026	Item not yet due	O
12.1.9	*Referred to People Committee* Public Board, 09.07.2025 **PUB25/07/12.1.9** Freedom to Speak Up (FTSU) (comms and information cascade)	People Committee to discuss leaders' responsibility for communication, specifically the cascade of information.	HoC	28.01.2026	28.01.20266: HoC - A cascade model is being developed which will report back to a future meeting of the People Committee.	O

Actions from Board Development/Service Visits

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East of England Ambulance Service NHS Trust

Meeting:	Public Board Meeting	**Date:**	08/04/2026
Report Title:	BAF Update Summary Report		
Agenda Item:	PUB26/04/2.1		
Author(s):	Colin Fensom, Risk Manager		
Lead Director:	Dr Hein Scheffer, Director of Strategy, Transformation and Governance		

Purpose:	Decision Approval			Discussion Review		X	Information Noting				
Assurance:											
	None		Limited		Reasonable	X	Substantial				
Link to CQC domain:			**Link to EEAST's Strategic Missions:**								
Caring		X	Patient Mission								X
Responsive		X	Partnership Mission								X
Effective		X	People Mission								X
Well Led		X	Productivity Mission								X
Safe		X									
Link to Strategic Risk:											
SR1	X	SR3	X	SR5	X	SR7	X	SR9	X		
SR2	X	SR4	X	SR6	X	SR8	X	SR10	X		
Equality Impact Assessment:				**YES**				**NO**	X		

Previously considered by:

Executive Directors as part of monthly BAF reviews.

Purpose:

The report seeks to provide the Board with an overview of changes to the strategic risks in the last quarter.

Recommendation:

- Review if controls and actions in place are adequate, with gaps identified.
- Check and challenge assurance sources provided if there are sufficient, duplicated or absent.
- Triangulate with other agenda items if they provide confidence on assurance, controls and actions

Executive Summary:

The Board Assurance Framework (BAF) remains the central mechanism through which the Trust identifies, evaluates and oversees the strategic risks that may impact delivery of the four strategic missions. Since October 2025, a strengthened governance approach has been introduced to start creating a clear *golden thread* between the BAF, the Integrated Performance Report (IPR) and Executive Leadership Team (ELT) discussions. Whilst early conversations show improvements, much more embedding is required.

As part of this enhanced model, the ELT has implemented a structured ten-week review cycle, ensuring each strategic risk is examined in detail as a standing element of the ELT agenda. The first full cycle has now been completed, providing improved visibility of risk, tighter triangulation between operational performance and strategic risk indicators, and more consistent oversight of assurance.

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ELT have agreed to repeat the cycle, further strengthening alignment by explicitly linking each BAF risk to the four Trust missions, key metrics within the IPR, and areas requiring heightened assurance due to risk level or gaps in control. This creates a coherent and systematic line of sight from operational data through to strategic discussion and Board-level assurance.

The revised approach, centred on integration, discipline and clarity, supports the maturation of the Trust's governance arrangements and provides the Board with increasing confidence in the adequacy of controls, the quality of assurance, and the trajectory of the Trust's highest-risk areas.

Introduction / Background:

The Board Assurance Framework (BAF) has been re-formatted over the past year to reflect learning from the EPUT governance review and to strengthen the Trust's approach to strategic risk oversight. While these improvements represent a step in the right direction, the current Excel-based BAF format is not consistent with emerging best practice across the NHS. Its structure makes integrated risk triangulation, assurance mapping and line-of-sight to strategic delivery more complex than is optimal for a mature governance system.

Recognising these limitations, further development work is now underway to ensure the BAF becomes a more effective strategic tool for the organisation. The next phase of improvement focuses on enhancing the BAF further, by moving away from the restrictive spreadsheet format toward a cleaner, more accessible design that explicitly links each strategic risk to the Trust's four missions and aligns with the delivery intentions set out in the Trust's 2025–2030 Strategy.

It is anticipated that the enhanced version of BAF will be presented to the Board in May 2026. This enhanced version will provide clearer articulation of risk, sharper alignment with mission delivery, greater visibility of controls and assurance, including identified gaps and a more intuitive structure that supports both Executive and Board scrutiny.

It is also anticipated that the IPR will by then be deconstructed to be aligned to each of the four missions, which will enable the Executive to talk, by mission, to the BAF, IPR and assurance discussions. This aligns with the Trust's shift toward a more integrated governance model, designed to provide a consistent golden thread between operational performance, strategic risk, mission delivery and Board-level assurance, as demonstrated in the graphic below:



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Summary of BAF risks – As of March 2026.

SR1 – Demand & Capacity:
If capacity does not match demand, response times will not improve. **Current Score: 16**
Status: Demand continues to exceed capacity, affecting operational performance. Actions to improve productivity, hear-and-treat rates, handover delays and fleet availability are progressing.

SR2 – Quality Governance:
If clinical and operational models do not meet required standards, avoidable harm or regulatory concerns may arise. **Current Score: 9**
Status: Quality governance arrangements remain strong, with ongoing policy updates, assurance processes and development of the Patient Plan which has now been approved.

SR3 – Estates:
If estates infrastructure is not adequately maintained, facilities may not support safe, high-quality care. **Current Score: 16**
Status: Estate condition and compliance remain high risks. Surveys, planning and modernisation work continue while long-term investment is required.

SR4 – Finance – Use of Resources:
If financial sustainability is not achieved, the Trust may be unable to deliver safe and effective services. **Current Score: 12**
Status: Financial governance remains strong while medium-term modelling continues to support future sustainability.

SR5 – Cyber Security:
If a cyber incident occurs, digital systems may be compromised, leading to patient, operational or reputational impact. **Current Score: 12**
Status: Cyber controls and monitoring remain in place, with improvements following audits and penetration tests ongoing.

SR6 – System Partnership Working:
If EEAST does not work effectively with system partners, patient flow and pathways may be suboptimal. **Current Score: 9**
Status: Collaboration with ICBs continues to strengthen, though system variability persists.

SR7 – Workforce Sustainability:
If workforce plans do not support effective recruitment, the Trust may experience skills shortages and reduced resilience. **Current Score: 9**
Status: Recruitment challenges and specialist skill gaps persist, with People Strategy work supporting future sustainability. Programmes will continue whilst people mission is developed.

SR8 – Staff Retention:
If the Trust does not manage retention effectively, skills shortages and morale impacts may affect service quality. **Current Score: 12**
Status: Retention pressures remain, with ongoing work to improve staff experience and workforce insights.

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SR9 – Organisational Development:
Without effective OD support, cultural development and change management may not achieve expected improvements. **Current Score: 12**

Status: OD programmes continue, though capacity constraints and wider transformation maintain elevated risk levels.

SR10 – Digital:
If digital systems are not modernised or integrated, they may not support efficient, high-quality care or future needs. **Current Score: 12**
Status: Delivery of the digital roadmap continues to build, but investment is required to modernise legacy systems.

The below table outlines the score risk comparison per quarter, as of March 2026:

BOARD ASSURANCE FRAMEWORK DASHBOARD 2025/26

BAF Risk	Committee	Exec Lead	01/04/25	Q1	Q2	Q3	Q4	Aspirational Target
SR1 Demand and Capacity	Performance Committee	COO	C4 x L4 16	C3x L3 9	C3xL3 9	C4x L4 16	C4x L4 16	C3xL2 6
SR2 Quality Governance	QGC	DoQ/MD	C4xL4 8	C3xL3 6	C3xL3 6	C3x L3 9	C3x L3 9	C2xL2 4
SR3 Estates	Finance and Sustainability	CFO	01/10/25 C5xL4		C4xL4 16	C4x L4 16	C4x L4 16	C2xL2 4
SR4 Finance and use of resource	Finance and Sustainability	CFO	C5xL5 20	C4xL3 12	C4xL3 12	C4x L3 12	C4x L3 12	C4xL3 12
SR5 Cyber security	Finance and Sustainability	DoDI	C5xL4 20	C4xL3 12	C4xL3 12	C4x L3 12	C4x L3 12	C3xL3 6
SR6 Partnership working	Performance Committee	DoST &G	C4xL4 16	C3xL3 9	C3xL3 9	C3x L3 9	C3x L3 9	C2xL2 4
SR7 Workforce sustainability	People Committee	CPO	C5xL4 20	C3xL3 9	C3xL3 9	C3x L3 9	C3x L3 9	C2xL2 4
SR8 Staff retention	People Committee	CPO	C4xL4 16	C4xL3 12	C4xL3 12	C4x L3 12	C4x L3 12	C2xL2 4
SR9 Organisational development	People Committee	CPO	C4xL4 16	C4xL3 12	C4xL3 12	C4x L3 12	C4x L3 12	C3xL2 6
SR10 Digital	Finance and Sustainability	DoDI	01/10/25 C5xL4		C4xL3 12	C4x L3 12	C4x L3 12	C2xL2 4

**C relates to Consequence*
**L relates to Likelihood*

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Meeting:	Trust Board	**Date:**	08.04.2026
Report Title:	Integrated Performance Report		
Agenda Item:	PUB26/04/2.2		
Author(s):	Emma Smith – Head of Information and Analytics		
Lead Director:	Steven Course – Chief Finance Officer		

Purpose:	Decision Approval			Discussion Review		**X**	Information Noting		**X**
Assurance:									
	None		Limited		Reasonable	**X**	Substantial		

Link to CQC domain:		**Link to EEAST's Strategic Missions:**	
Caring	**X**	Patient Mission	**X**
Responsive	**X**	Partnership Mission	**X**
Effective	**X**	People Mission	**X**
Well Led	**X**	Productivity Mission	**X**
Safe	**X**		

Link to Strategic Risk:									
SR1	**X**	SR3	**X**	SR5	**X**	SR7	**X**	SR9	**X**
SR2	**X**	SR4	X	SR6	**X**	SR8	**X**	SR10	**X**

Equality Impact Assessment:	**YES**	**X**	**NO**	

Previously considered by:

Executive Leadership Team

Purpose:

The purpose of this paper is to provide the Integrated Performance Report with February 2026 data. This paper enables the Board to discuss the performance areas identified and the actions offered to gain assurance and oversight.

Recommendation:

Review performance across the trust for February 2026. Note the areas of improvement and decline and seek assurance on plans to improve.

Executive Summary:

The Integrated Performance Report (IPR) this month comprises of February 2026 data across key areas of the Trust. The NHS National Oversight Framework (NOF) for ambulance trusts has now been published.

Note: throughout the IPR that any metrics that align to our NOF scoring have been highlighted, along with trust strategy metrics.

Strategic Metric Summary

Strategy mission	Areas of positive performance	Areas of focus
Patient mission - *To provide high-quality urgent and emergency care that is fair, responsive and focused on patient need*	Call answer mean performance remains under target at **1 second** in February 2026. C1 mean response time for February 2026 decreased to **00:08:45**.	Cardiac arrest outcomes decreased in performance in January 2026 (figures one month behind): ROSC for all patients was **29.2%;** ROSC – Ulstein increased to **54.2%.**

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	C2 mean response decreased by 10 minutes from Jan 26 to **00:37:11** in February 2026. Hear-and-Treat, including Access to the Stack and Urgent Care Hubs, decreased to **17.94%** in February 2026. On scene time for non-conveyed incidents had a reported figure of **01:08:50** for February 2026 remaining below the 01:10:00 target. OOS as a percentage of vehicle hours remains in special cause improvement **6.53%** for February 2026. The average number of patients seen per DSA shift in February 2026 was **3.37.**	ROSC Care Bundles remained at **92.8%** for January 2026.
People mission – *To provide a supportive, inclusive and empowering environment for our people. It will support individual and organisational performance*	As of February 2026, staff from an ethnic minority represent **6.54%** of the workforce, staff declaring disability represent **9.96%** and staff identifying as LGBT+ stand at **7.67%**. All metrics are special cause improvement. Appraisals percentage for February 2026 remains above target at to **88.59%.** In March 2025 annual survey results were published for overall learner experience, this was **69.26%** for 2024, a decrease from 76.29% in 2023.	The most recent data for the quarterly pulse survey taken in July 2025 states that the number of people who would recommend EEAST as a place to work is **35.6%**
Partnership mission – *To connect patients to the best care, at the right time, first time, every time, through working with our partners*	Access to stack for February 2026 showed a total of **3,279** calls passed. Acceptance rate regional average was **84.57%** in January 2026. **50.99%** of calls went on to be completed without an	

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	ambulance response (**1529 incidents**). C3-C5 dispatch attendance rate (8am -7pm) was **52.78%** for February 2026. C3-C5 Conveyance rate (8am-7pm) was **27.15%** for February 2026. Both metrics are special cause improvement.
Productivity mission - *To be an innovative, efficient and sustainable healthcare partner, to meet the needs of our communities within the resources available to us*	The number of 999 CAD patients managed by Robotic process automation in February 2026 was **219**. The vehicles off road (VOR) rate increased in February 2026 to **18.89%.** Financial Position (actual YTD): Income £452,408k Pay Expenditure £340,588k Non-Pay Expenditure £107,664k YTD Surplus £4,155k (£3,646k favourable to plan)

Options:

Note the areas of progress.
Consider critical issue areas highlighted to gain assurance on the plans for mitigation.

How does this report link with EEAST's vision, purpose and values?
https://www.eastamb.nhs.uk/about-us/our-corporate-strategy

The IPR provides a link to the trust strategy, identifying key metrics to demonstrate changes that impact and influence outcomes.

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East of England Ambulance Service NHS Trust

East of England Ambulance Service NHS Trust

Integrated Performance Report

March 2026 (February 2026 data)

#WeAre EEAST

Trust Strategy

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Our EEAST Strategy 2025-30 missions	Patient	People	Partnership	(Trust) Productivity
Our goals 2025-27	Respond to our patients quicker with the service they need	Provide a more supportive, inclusive and empowering environment for our people	Connect more patients to the right care, working closely with ICBs	Become a more efficient and sustainable organisation
Strategic objectives for 2025-26	**Improve our response time** [Average C2 response time to 34:55 mins; call pick to <10secs]	**Improve leadership standards and performance** [3% increase in staff recommending EEAST as a place to work in the Staff Survey]	**Improve collaboration and effective partnership working** [5% increase in Partnership Satisfaction Survey score]	**Deliver to budget** [0% overspend]
	Improve clinical outcomes [AQI clinical outcomes to >95% - all care bundle categories; >55% Utstein and >33% all ROSC (to be above UK national average)]	**Increase the diversity of our workforce** [1.5% increase in BAME, Disability and LGBT workforce]	**Reduce unnecessary ambulance dispatch** [C3-5 dispatch rate to <65%]	**Deliver our Green Plan** [>5% reduction in energy consumption]
	Deliver improved operational productivity [On-scene time (non-conveyed) to 70mins; out of service to 6% by end of year; increase in number of patients seen per DSA shift (TBD)]	**Improve our compassionate leadership culture** [Embed real teams and achieve >5% improvement in staff feeling 'We are a Team' in the Staff Survey]	**Reduce unnecessaryconveyance to ED** [C3-5 conveyance rate to <35% (A7)]	**Develop digital innovation capability** [>25% increase in use of Robotic Process Automation activity]
	Improve 'Hear and Treat' [Rate to 18.9% by end of year]	**Improve our student experience** [2% improvement in overall learner experience in NET Survey]		**Improve vehicle availability** [Sustainably reduce vehicle off road to 20% by Feb 2026]
				Develop and deliver right-sized infrastructure [fully developed demand and capacity plan]

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www.eastamb.nhs.uk

#WeAre EEAST

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information@eastamb.nhs.uk

Variance – Is the measure getting better/worse?	Assurance – Can the target be consistently achieved?			
	Consistently hit target (P)	Target not consistently achieved or failed (?)	Consistently fail target (F)	No target set
Special Cause Improvement (H / L)	**Excellent** Consistently achieving the target and metric is improving **Celebrate and Learn**	**Good** Target will not be consistently achieved but metric is improving **Celebrate and Understand**	**Concerning** Metric is improving, but target is consistently failing and won't be achieved without change **Celebrate but Take Action**	**Excellent** Metric is improving, no target has been set **Celebrate**
Common Cause	**Good** Consistently achieving the target and metric is not changing significantly **Celebrate and Understand**	**Average** Target will not be consistently achieved and metric not changing significantly **Investigate and Understand**	**Concerning** Metric not changing significantly, but target is consistently failing and won't be achieved without change **Investigate and Take Action**	**Average** Metric is not changing significantly and show levels of natural variation expected, not target has been set **Understand**
Special Cause Concern (H / L)	**Concerning** Target is being achieved but metric is deteriorating **Investigate and Understand**	**Concerning** Metric not consistently achieved and metric is deteriorating **Investigate and Take Action**	**Very Concerning** Metric is deteriorating and target won't be achieved without change of process **Investigate and Take Action**	**Concerning** Metric is deteriorating, no target set **Investigate**

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Trust Strategy

Ideally every metric should be in one of these starred boxes, which indicate the metric is either currently passing its target or is currently improving ★

Assurance Grid (SPC Charts only)

NHS East of England Ambulance Service NHS Trust
information@eastamb.nhs.uk

Data up to:
February 2026

Variance	Assurance: Consistently hit target (P)	Assurance: Inconsistently achieve or fail target (?)	Assurance: Consistently fail target (F)	Assurance: No target given
Special Cause - Improvement (L / H)	★	• Average On Scene Time - Not Conveyed • C3-C5 Conveyance Rate % (% of A7) (8am -7pm) ★ • C3-C5 Dispatch (Attendance) Rate % (% of A7) (8am - 7pm) • Call Answer Mean (A3) (seconds)	• BME Staff % ★ • Declared Disability % • Hear & Treat % (including A2S and PCT) • Vehicle off Road % – All Emergency Operational Vehicles	★
Common Cause	★	• % change in energy use compared to the same month in the previous year • OOS as a % of Vehicle Hours • ROSC - All • ROSC - Utstein • ROSC Care Bundle • Stemi Care Bundle	• C2 Mean Response Time	
Special Cause - Concern (L / H)				• Average Number of Patients seen per DSA Shift

Please note that Surplus/Deficit YTD (due to not being an SPC chart), the Falls Care Bundle, LGB Staff %, Number of 999 CAD Patients Managed by Robotic Process Automation and Team Members often meet regularly to discuss the teams effectiveness (due to not having enough data points) are not included on this page.

The NET Survey and Partnership Satisfaction Survey metric in the Trust Strategy also do not appear here due them being yearly metrics.

We note that the NET Survey result for 2023 was 76.29% and for 2024 was 69.26%

Please note that where a National target for a metric exists, this is used for determining the assurance status rather than the local target being used.

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NHS
East of England
Ambulance Service
NHS Trust
information@eastamb.nhs.uk

Operations

Director: Darren Meads

February 2026

Olatunji,Adeola
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Operations

Ideally every metric should be in one of these starred boxes, which indicate the metric is either currently passing its target or is currently improving ★

Assurance Grid (SPC Charts only)

Data Owner / Responsible Exec
Darren Meads

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Data up to:
February 2026

Variance	Assurance: Consistently hit target (P)	Assurance: Inconsistently achieve or fail target (?)	Assurance: Consistently fail target (F)	Assurance: No target given
Special Cause - Improvement (H / L)	• Daily Average Patient Facing Staff Hours (excludes PAS) ★	• Average On Scene Time - Not Conveyed ★ • C3-C5 Conveyance Rate % (% of A7) (7pm -8am) • C3-C5 Conveyance Rate % (% of A7) (8am -7pm) • C3-C5 Dispatch (Attendance) Rate % (% of A7) (8am - 7pm) • Call Answer Mean (A3) (seconds)	• C3-C5 Dispatch (Attendance) Rate % (% of A7) (7pm - 8am) ★ • Call Pickup 95th Percentile (A5) • Hear & Treat % (including A2S and PCT) • See, Treat & Convey % • Vehicle off Road % – All Emergency Operational Vehicles	• C3 Incidents ★ • C4 Incidents • C4 Mean Response Time • Calls diverted out automatically (A125)
Common Cause	• Average Handover to Clear Time ★	• % change in energy use compared to the same month in the previous year • OOS as a % of Vehicle Hours	• Average Arrival to Handover Time - % Over 15 mins • Average On Scene Time - Conveyed • C1 90th PCTL Response Time • C1 Mean Response Time • C2 90th PCTL Response Time • C2 Mean Response Time • C3 90th PCTL Response Time • C3 Mean Response Time • C4 90th PCTL Response Time • See & Treat %	• C1 Incidents • C2 Incidents • Calls diverted in automatically (A124) • Daily Average Calls (A1) • Daily Average Contacts (A0) • Incidents (A7) • Multiple Assignment Ratio
Special Cause - Concern (L / H)			• Average Arrival to Handover Time	• Average Number of Patients seen per DSA Shift

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Operations

Summary

Data up to: February 2026

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Calls & Incidents

Metric	Month	Value	Mean	Assurance	Variation
Daily Average Contacts (A0)	Feb 26	4046	4057.04		
Daily Average Calls (A1)	Feb 26	2935	2977.54		
Call Answer Mean (A3) (seconds)	Feb 26	0.69	6.96		
Incidents (A7)	Feb 26	77542	78943.33		
C1 Incidents	Feb 26	7658	8295.75		
C2 Incidents	Feb 26	41023	42126.21		
C3 Incidents	Feb 26	13483	16181.46		
C4 Incidents	Feb 26	288	461.79		
Hear & Treat % (including A2S and PCT)	Feb 26	17.94%	13.28%		
See & Treat %	Feb 26	33.16%	34.27%		
See, Treat & Convey %	Feb 26	48.9%	52.45%		
C3-C5 Dispatch (Attendance) Rate % (% of A7) (8am - 7pm)	Feb 26	52.78%	65.17%		
C3-C5 Conveyance Rate % (% of A7) (8am -7pm)	Feb 26	27.15%	34.35%		
Daily Average Patient Facing Staff Hours (excludes PAS)	Feb 26	13194.33	12452.64		
Average Number of Patients seen per DSA Shift	Feb 26	3.37	3.65		
Vehicle off Road % – All Emergency Operational Vehicles	Feb 26	18.89%	24.59%		
Average On Scene Time - Conveyed	Feb 26	2772	2773.63		
Average On Scene Time - Not Conveyed	Feb 26	4130	4166.88		
Call Pickup 95th Percentile (A5)	Feb 26	0	42.79		
Calls diverted in automatically (A124)	Feb 26	232	285.08		
Calls diverted out automatically (A125)	Feb 26	21	296.75		
Multiple Assignment Ratio	Feb 26	1.03	1.03		

Olatunji Jaiyeola
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Arrival to Handover & Handover to Clear

Metric	Month	Value	Mean	Assurance	Variation
Average Arrival to Handover Time	Feb 26	2867.61	2133.57		
Average Arrival to Handover Time - % Over 15 mins	Feb 26	77.33%	70.88%		
Average Handover to Clear Time	Feb 26	729	727.21		

C1

Metric	Month	Value	Mean	Assurance	Variation	YTD
C1 Incidents	Feb 26	7658	8295.75			
C1 Mean Response Time	Feb 26	00:08:45	00:08:56			00:09:14
C1 90th PCTL Response Time	Feb 26	00:16:26	00:16:44			00:16:22

C2

Metric	Month	Value	Mean	Assurance	Variation	YTD
C2 Incidents	Feb 26	41023	42126.21			
C2 Mean Response Time	Feb 26	00:37:11	00:39:36			00:47:04
C2 90th PCTL Response Time	Feb 26	01:19:21	01:24:29			01:16:40

C3

Metric	Month	Value	Mean	Assurance	Variation	YTD
C3 Incidents	Feb 26	13483	16181.46			
C3 Mean Response Time	Feb 26	01:59:19	02:11:35			02:41:42
C3 90th PCTL Response Time	Feb 26	04:43:15	05:12:34			04:41:43

C4

Metric	Month	Value	Mean	Assurance	Variation	YTD
C4 Incidents	Feb 26	288	461.79			
C4 Mean Response Time	Feb 26	01:54:45	03:08:00			03:24:09
C4 90th PCTL Response Time	Feb 26	05:25:14	07:40:39			06:49:13

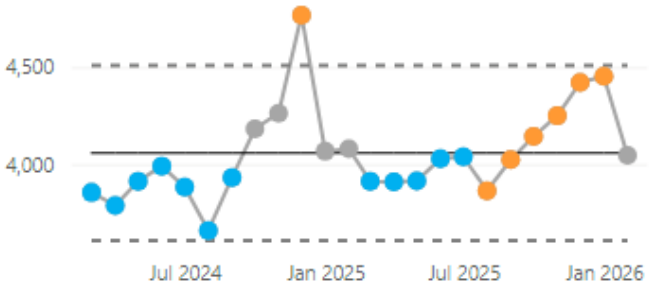
Operations
Call Volume

Data up to: February 2026

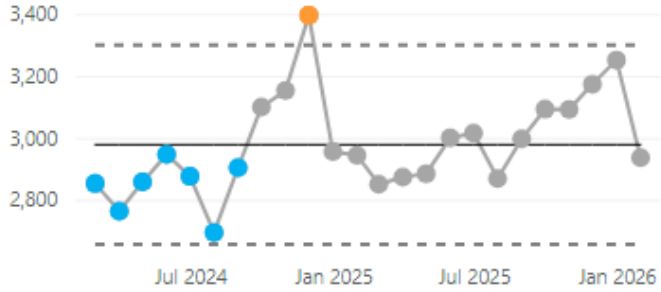
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Daily Average Contacts (A0): Trust



Daily Average Calls (A1): Trust



Metric	Month	Value	Mean	Assurance	Variation
Daily Average Calls (A1)	Feb 26	2935	2977.54		
Daily Average Contacts (A0)	Feb 26	4046	4057.04		

Intelligence Narrative	Operations Narrative
Daily Average Contacts (A0) metric shows common cause variation Daily Average Calls (A1) metric shows common cause variation Olatunji,Adeola 01/04/2026 17:25:35	Overall call demand in February 2026 showed a reduction compared with the previous reporting period. Daily average contacts (A0) fell slightly to 4,046, and daily average 999 call volumes (A1) decreased to 2,935. Across the month, the EOC handled 113,312 emergency contacts, including 82,196 BT connected 999 calls. While reduced, these figures reflect the continuation of high demand on EOC teams.

Operations

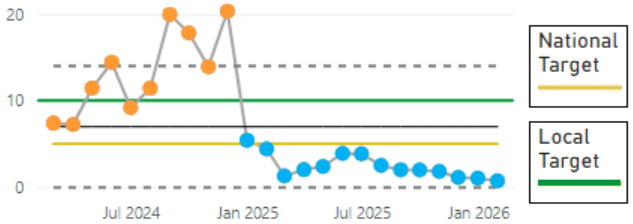
Call Pickup

Data up to: February 2026

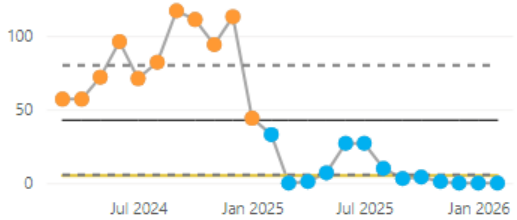
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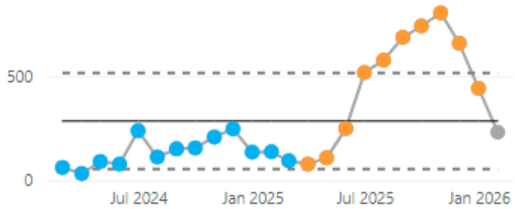
Call Answer Mean (A3) (seconds): **Strategy Metric**



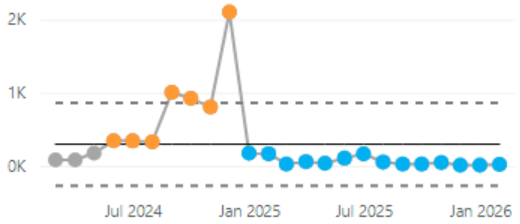
Call Pickup 95th Percentile (A5): Trust



Calls diverted in automatically (A124): Trust



Calls diverted out automatically (A125): Trust



Metric	Month	Value	Mean	Assurance	Variation
Call Answer Mean (A3) (seconds)	Feb 26	0.69	6.96		
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Calls diverted in automatically (A124)	Feb 26	232	285.08		
Calls diverted out automatically (A125)	Feb 26	21	296.75		

Intelligence Narrative

Call Answer Mean (A3) (seconds) metric shows special cause variation of an improving nature, but the metric may hit it or miss target

Call Pickup 95th Percentile (A5) metric shows special cause variation of an improving nature but the metric will consistently miss its target

Calls diverted in automatically (A124) metric shows common cause variation

Calls diverted out automatically (A125) metric shows special cause variation of an improving nature

Operations Narrative

Call answering performance throughout February 2026, achieved national and local standards. Average answer time was 1 second, with a 95th percentile of 0 seconds, demonstrating rapid call pick-up even during periods of peak demand.

BT diverted 21 calls via IRP to other Ambulance Services, while EEAST was able to support other Trusts by receiving 232 calls via IRP into the EOC.

253 WTE Call Handlers (including Team Leaders) who are workforce effective are in post supported by an improved recruitment pipeline. In addition, recent improvements in recruitment, onboarding, retention, and local mentoring continue to strengthen resilience.

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Operations

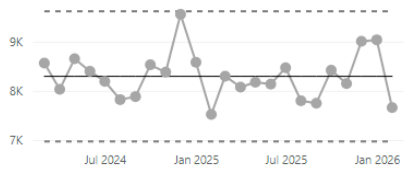
Incidents and Response Type

Data up to: February 2026

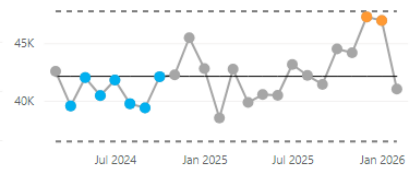
Data Owner / Responsible Exec
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C1 Incidents: Trust

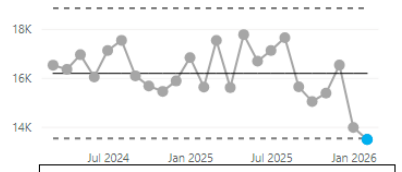


C2 Incidents: Trust

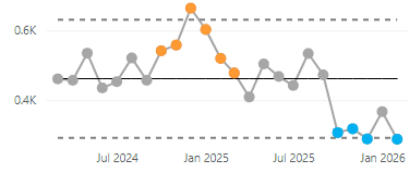


Metric	Month	Value	Mean	Assurance	Variation
Incidents (A7)	Feb 26	77542	78943.33		
C1 Incidents	Feb 26	7658	8295.75		
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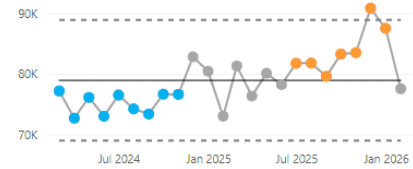
C3 Incidents: Trust



C4 Incidents: Trust



Incidents (A7): Trust



Please note: From October 2022, C3 Incidents includes C5 Incidents with a response on scene

February 2026

Split	
C1	12.26%
C2	65.69%
C3	21.59%
C4	0.46%

Intelligence Narrative	Operations Narrative
Incidents (A7) metric shows common cause variation C1 Incidents metric shows common cause variation C2 Incidents metric shows common cause variation C3 Incidents metric shows special cause variation of an improving nature C4 Incidents metric shows special cause variation of an improving nature	In February 2026, EEAST recorded 77,542 incidents (A7), a reduction from previous months but still indicative of sustained high demand. Category distribution remained consistent with previous months, with C2 incidents at 65.69%, showing a marginal decrease. C3 incidents increased to 21.59%, while C1 incidents fell slightly to 12.26%. C4 incidents accounted for 0.46% of total activity.

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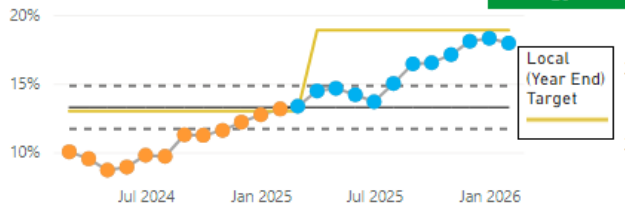
Hear & Treat, See & Treat and See, Treat & Convey

Data up to: February 2026

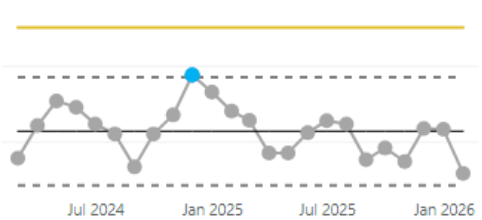
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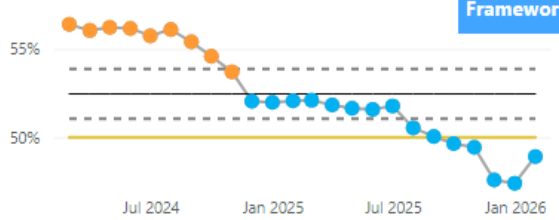
Hear & Treat % (Including A2S & PCT) **Strategy Metric**



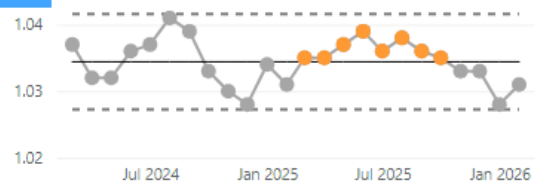
See & Treat %: Trust



See, Treat & Convey %: Trust **NHS Oversight Framework Metric**



Multiple Assignment Ratio: Trust



Metric	Month	Value	Mean	Assurance	Variation
Hear & Treat % (including A2S and PCT)	Feb 26	17.94%	13.28%		
See & Treat %	Feb 26	33.16%	34.27%		
See, Treat & Convey %	Feb 26	48.9%	52.45%		
Multiple Assignment Ratio	Feb 26	1.03	1.03		

Please note that Multiple Assignment Ratio only includes DSA, HCRT, SSA and URG vehicle types

Intelligence Narrative	Operations Narrative
Hear & Treat % (including A2S and PCT) metric shows special cause variation of an improving nature but the metric will consistently miss its target See & Treat % metric shows common cause variation and the metric will consistently miss its target See, Treat & Convey % metric shows special cause variation of an improving nature but the metric will consistently miss its target Multiple Assignment Ratio metric shows common cause variation	The H&T rate for February 2026 was 17.94% which is a decrease from the previous period and falls below target. This is likely due to a combination of reduced system pressure and fewer opportunities for telephone-based clinical assessment. Overall call volumes dropped compared with previous months which resulted in fewer incidents queued or suitable for secondary triage. Together, these factors reduced the number of cases appropriate for H&T rather than representing any decline in performance. CAS workforce capacity continues to strengthen, with 106 WTE Band 6 Clinicians and 21.05 WTE Band 7 Clinical Navigators now in post. Recruitment pipelines particularly for Band 6 roles—remain strong, and streamlined onboarding processes are supporting ongoing workforce growth and stability.

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Operations

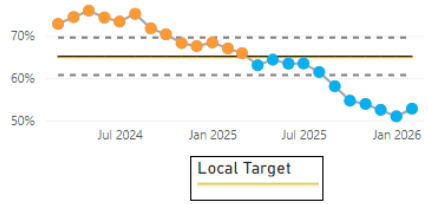
C3-C5 Dispatch and Conveyance Rates

Data up to: February 2026

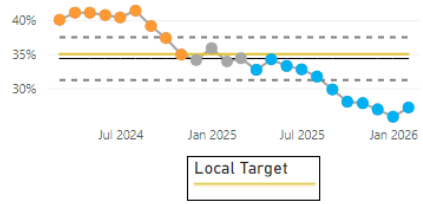
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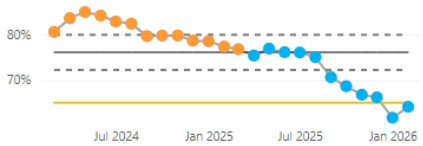
C3-C5 Dispatch (Attendance) Rate % (% of A7) (8am - 7pm) **Strategy Metric**



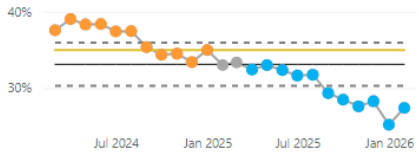
C3-C5 Conveyance Rate % (% of A7) (8am - 7pm) **Strategy Metric**



C3-C5 Dispatch (Attendance) Rate % (% of A7) (7pm - 8am)



C3-C5 Conveyance Rate % (% of A7) (7pm - 8am)



Metric	Month	Value	Mean	Assurance	Variation
C3-C5 Dispatch (Attendance) Rate % (% of A7) (8am - 7pm)	Feb 26	52.78%	65.17%		
C3-C5 Conveyance Rate % (% of A7) (8am -7pm)	Feb 26	27.15%	34.35%		
C3-C5 Dispatch (Attendance) Rate % (% of A7) (7pm - 8am)	Feb 26	64.1%	76.11%		
C3-C5 Conveyance Rate % (% of A7) (7pm -8am)	Feb 26	27.41%	33.11%		

Intelligence Narrative	Operations Narrative
C3-C5 Dispatch (Attendance) Rate % (% of A7) (8am - 7pm) metric shows special cause variation of an improving nature, but the metric may hit it or miss target C3-C5 Conveyance Rate % (% of A7) (8am -7pm) metric shows special cause variation of an improving nature, but the metric may hit it or miss target C3-C5 Dispatch (Attendance) Rate % (% of A7) (7pm - 8am) metric shows special cause variation of an improving nature but the metric will consistently miss its target C3-C5 Conveyance Rate % (% of A7) (7pm -8am) metric shows special cause variation of an improving nature, but the metric may hit it or miss target	Performance against the C3–C5 dispatch target continues to reflect both operational pressures and opportunities to increase pathway utilisation. Against a target of 65% dispatch between 08:00–19:00, performance was 52.78%, improving on the previous month but remains under target. Performance between 19:00–20:00 was 64.10% which is also an improvement on the previous month. Conveyance rates remained stable throughout the 24 hour period, with C3–C5 conveyance at 27.15% in hours and 27.41% out of hours, both improved on the previous month. Looking ahead, EEAST will focus on expanding safe redirection of suitable cases into alternative care pathways. Strengthened collaboration with partners such as UCCH and community providers, alongside optimising ITK transfer routes, will be key enablers. These actions will support further reductions in daytime C3–C5 dispatch, allowing CAS Clinicians to prioritise clinical validation and enhance Category 2 segmentation, ultimately improving patient outcomes while preserving capacity for high acuity emergencies.

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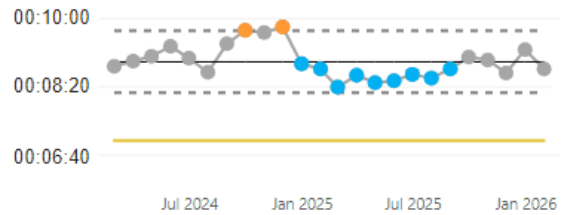
C1 / C2 Monthly Response Times

Data up to: February 2026

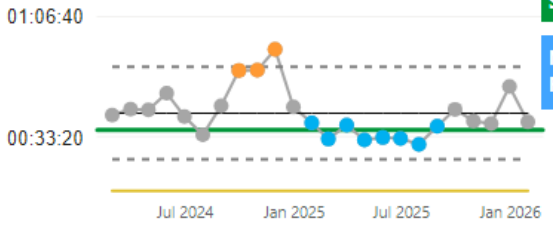
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C1 Mean Response Time: Trust



C2 Mean Response Time: Trust



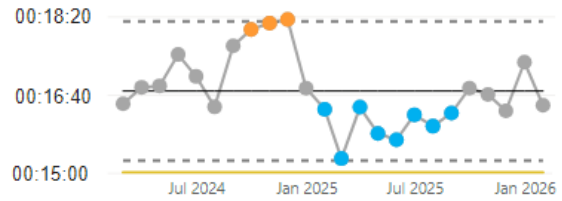
Strategy Metric

NHS Oversight Framework Metric

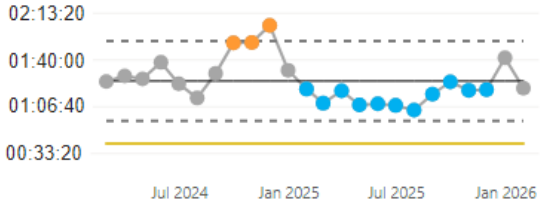
National Target

Local Target

C1 90th PCTL Response Time: Trust



C2 90th PCTL Response Time: Trust



Metric	Month	Value	Mean	Assurance	Variation
C1 Mean Response Time	Feb 26	00:08:45	00:08:56		
C2 Mean Response Time	Feb 26	00:37:11	00:39:36		
C1 90th PCTL Response Time	Feb 26	00:16:26	00:16:44		
C2 90th PCTL Response Time	Feb 26	01:19:21	01:24:29		

Intelligence Narrative

C1 Mean Response Time metric shows common cause variation and the metric will consistently miss its target

C2 Mean Response Time metric shows common cause variation and the metric will consistently miss its target

C1 90th PCTL Response Time metric shows common cause variation and the metric will consistently miss its target

C2 90th PCTL Response Time metric shows common cause variation and the metric will consistently miss its target

Operations Narrative

Response times for both Category 1 (C1) and Category 2 (C2) incidents improved during February 2026. However, this progress is set against a continued rise in hospital handover delays, which continue with long and frequent occurences. These delays limit ambulance availability, reducing the Trust's capacity to respond to new incidents and increasing risk to patient care and operational delivery.

C1 Performance: The average C1 response time improved to 00:08:45, a 29 second improvement compared with January 2026.
C2 Performance: The average C2 response time improved to 00:37:11, delivering an almost 10 minute reduction from January 2026.

Actions Underway: Operational productivity metrics continue to be monitored through check and challenge forums and dedicated Power BI dashboards, with targeted work to reduce sickness absence supported by HR teams. Efforts remain focused on maintaining Hear & Treat performance in line with planned trajectories and delivering the Vehicle Off Road reduction plan to maximise vehicle availability.

Assurance: Response impacting operational metrics remain a core priority for both the Clinical Operations Transformation Change Board and the Trust Portfolio Board. EEAST continues to work closely with ICB partners and NHS England to address and mitigate hospital handover delays.

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Operations

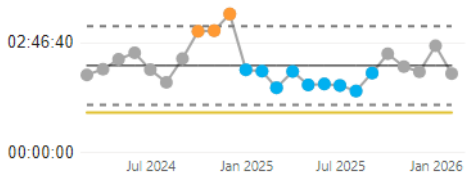
C3 / C4 Monthly Response Times

Data up to: February 2026

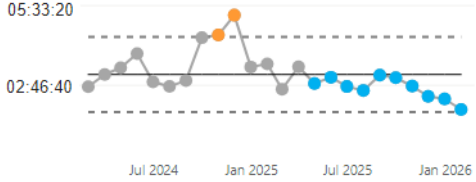
Data Owner / Responsible Exec
Darren Meads

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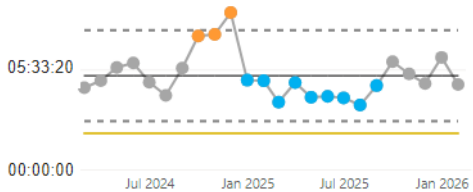
C3 Mean Response Time: Trust



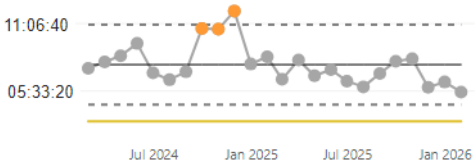
C4 Mean Response Time: Trust



C3 90th PCTL Response Time: Trust



C4 90th PCTL Response Time: Trust



Metric	Month	Value	Mean	Assurance	Variation
C3 Mean Response Time	Feb 26	01:59:19	02:11:35		
C4 Mean Response Time	Feb 26	01:54:45	03:08:00		
C3 90th PCTL Response Time	Feb 26	04:43:15	05:12:34		
C4 90th PCTL Response Time	Feb 26	05:25:14	07:40:39		

Intelligence Narrative

C3 Mean Response Time metric shows common cause variation and the metric will consistently miss its target

C4 Mean Response Time metric shows special cause variation of an improving nature

C3 90th PCTL Response Time metric shows common cause variation and the metric will consistently miss its target

C4 90th PCTL Response Time metric shows common cause variation and the metric will consistently miss its target

Operations Narrative

Response times for Category 3 (C3) and Category 4 (C4) incidents improved in February 2026 compared with the previous month. C3 response performance improved by 42 minutes 23 seconds, while C4 response improved by 22 minutes 13 seconds. However, this improvement continues to be managed against hospital handover delays, which are longer and occur frequently.

Actions Underway: Operational productivity continues to be closely monitored through check and challenge forums and Power BI dashboards, with targeted efforts to reduce sickness absence supported by HR teams. Key priorities include maintaining Hear & Treat performance in line with planned trajectories and delivering the Vehicle Off Road (VOR) reduction plan to maximise vehicle availability.

Assurance: Response impacting operational metrics remain a priority for both the Clinical Operations Transformation Change Board and the Trust Portfolio Board. EEAST continues to work closely with ICB partners and NHS England to address and mitigate handover delays.

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Operations

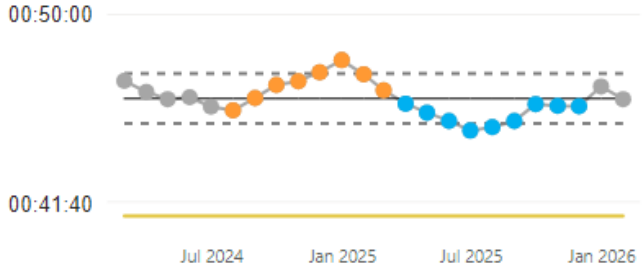
On Scene Times - Conveyed and Not Conveyed

Data up to: February 2026

Data Owner / Responsible Exec
Darren Meads

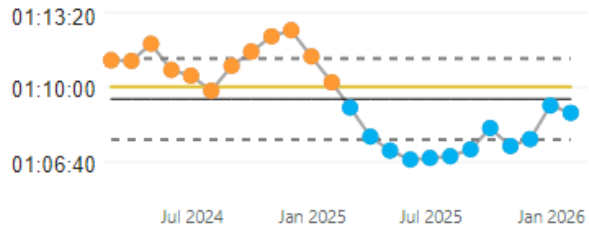
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Average On Scene Time - Conveyed: Trust



Average On Scene Time - Not Conveyed: Strategy Metric

Local Target



Please note that the above two graphs are for all categories of incident

Metric	Month	Value	Mean	Assurance	Variation
Average On Scene Time - Conveyed	Feb 26	00:46:12	00:46:14		
Average On Scene Time - Not Conveyed	Feb 26	01:08:50	01:09:27		

Intelligence Narrative

Average On Scene Time - Conveyed metric shows common cause variation and the metric will consistently miss its target

Average On Scene Time - Not Conveyed metric shows special cause variation of an improving nature, but the metric may hit it or miss target

Operations Narrative

For conveyed patients, the average on scene time in February 2026 was 00:46:14, remaining above the Trust target but consistent with previous months. For non conveyed patients, the average on scene time was 01:09:27, which continues to remain within target.

These results reflect expected operational practice, with crews spending additional time on scene to assess and activate clinically appropriate alternative pathways. The Trust's overall conveyance rate is 59.59%, achieving the target of under 62%.

Actions: Work continues to finalise regionally agreed KPIs and minimum datasets for referrals and hub call answering. Improvement activity within Call Before You Convey remains focused on reducing call back times, with a 5 minute target in place and crews instructed to leave scene after 20 minutes if no response is received.

Assurance: On scene time performance remains a priority metric and is subject to ongoing scrutiny through local performance cells, the Trust Performance Board, and the Change Portfolio Board.

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Operations

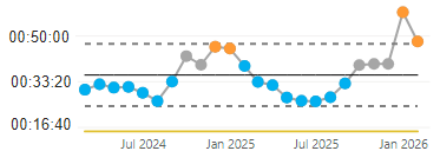
Handover

Data up to: February 2026

Data Owner / Responsible Exec
Darren Meads

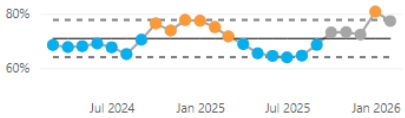
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Average Arrival to Handover Time: Trust



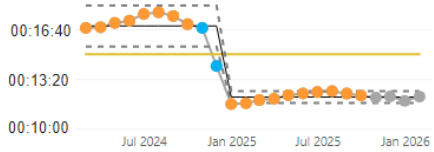
Average Arrival to Handover Time - % Over 15 mins: Trust

Target = 0%



Please note the difference in y-axis scale between the chart above and below

Average Handover to Clear Time: Trust



Metric	Month	Value	Mean	Assurance	Variation
Average Arrival to Handover Time	Feb 26	00:47:48	00:35:34		
Average Arrival to Handover Time - % Over 15 mins	Feb 26	77.33%	70.88%		
Average Handover to Clear Time	Feb 26	00:12:09	00:12:07		

Please note that Auto Clear within 15 minutes was implemented on the 19th December 2024, this explains the drop in the Handover to Clear graphs

Intelligence Narrative

Average Arrival to Handover Time metric shows special cause variation of a concerning nature and the metric will consistently miss its target

Average Arrival to Handover Time - % Over 15 mins metric shows common cause variation and the metric will consistently miss its target

Average Handover to Clear Time metric shows common cause variation and the metric will consistently hit its target

Operational Narrative

Average Arrival to Handover (A2H) time decreased in February 2026 to 00:47:48 (77% of handovers exceeding 15 minutes). This metric remains above target. Handover to Clear performance remains within the 15 minute target at 00:12:09.

Actions: EEAST continues to work closely with regional teams to meet NHSE expectations, including reducing average handover times. Focus remains on reducing the volume of >15 minute handovers across all acute sites, with targeted support and escalation for hospitals experiencing the most significant delays. Local COO>COO scrutiny will continue.

Assurance: Overall assurance remains limited as many acute sites continue to face sustained and unprecedented operational pressures. While Handover to Clear times remain on target, the persistent upward trend in A2H times requires continued scrutiny and coordinated action to prevent further deterioration.

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Operations

PFSH (Excluding PAS) and OOS

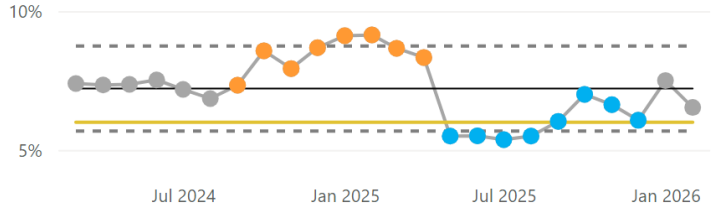
Data up to: February 2026

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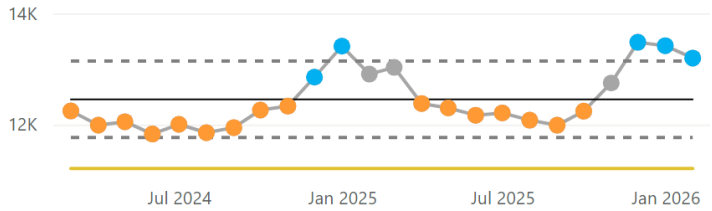
OOS as a % of Vehicle Hours **Strategy Metric**

Local Target



Daily Average Patient Facing Staff Hours (Excluding PAS)

PFSH Minimum Floor Standard



Metric	Month	Value	Mean	Assurance	Variation
OOS as a % of Vehicle Hours	Feb 26	6.53%	7.21%		
Daily Average Patient Facing Staff Hours (excludes PAS)	Feb 26	13194.33	12452.64		

PFSH includes DSA, HCRT, ITV and RRV vehicle types only

Intelligence Narrative

OOS as a % of Vehicle Hours metric shows common cause variation and the metric may hit it or miss target

Daily Average Patient Facing Staff Hours (excludes PAS) metric shows special cause variation of an improving nature and the metric will consistently pass its target

Please note the use of the term 'Target' here refers to the Minimum Floor Standard for PFSH

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Operational Narrative

Patient facing hours remained consistent throughout February 2026 and continued to meet the targets set out in the NHSE plan. Across the winter period additional PAS resources and overtime was in place to support workforce, patient safety, increase operational capacity, and reinforce overall system resilience.

EEAST continues to report Out of Service (OOS) performance using both inclusive and exclusive cohorting measures. This dual metric approach recognises that cohorting is a system level intervention outside EEAST's direct operational control and provides clearer distinction between internal operational performance and wider system pressures.

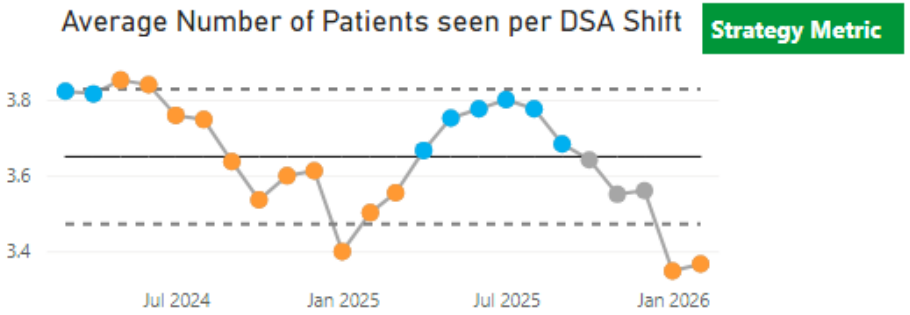
Overall OOS performance improved in February to 6.45%, with the primary driver remaining cohorting. When cohorting is excluded, OOS reduces to 4.54%, which is within target.

Operations
Average Number of Patients seen per DSA Shift

Data up to: February 2026

Data Owner / Responsible Exec
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Metric	Month	Value	Mean	Assurance	Variation
Average Number of Patients seen per DSA Shift	Feb 26	3.37	3.65		

Intelligence Narrative	Sustainability Narrative
Average Number of Patients seen per DSA Shift metric shows special cause variation of a concerning nature	This metric has remained stable over the past 12 months, fluctuating only between 3.3 and 3.8, and is consistent with the previous month. The trend indicates a clear seasonal pattern, with PPS typically decreasing during winter and improving again over the summer months. This variation is largely driven by longer on scene times and increased handover delays during periods of higher system demand, both of which place downward pressure on PPS performance.

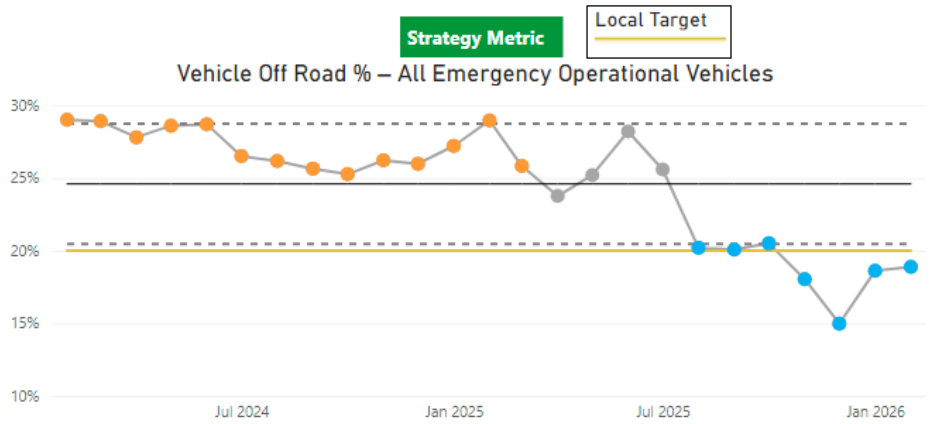
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Sustainability
Vehicle Off Road %

Data up to: February 2026

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Metric	Month	Value	Mean	Assurance	Variation
Vehicle off Road % – All Emergency Operational Vehicles	Feb 26	18.89%	24.59%		

Intelligence Narrative	Sustainability Narrative
Vehicle off Road % – All Emergency Operational Vehicles metric shows special cause variation of an improving nature but the metric will consistently miss its target	Performance February • Overall average VOR 18.89% • Average DSA VOR 19.85% Productivity measures remain in place to reduce and recover performance • Workshop booking system live throughout all workshops. • Productivity report now refined with data capture methodology approved. Workshops increased opening hours on a Saturday Fleet operations logistics • Operations Support Logistics Desk is moving from pilot phase to full implementation. Interviews are in the process of being held.

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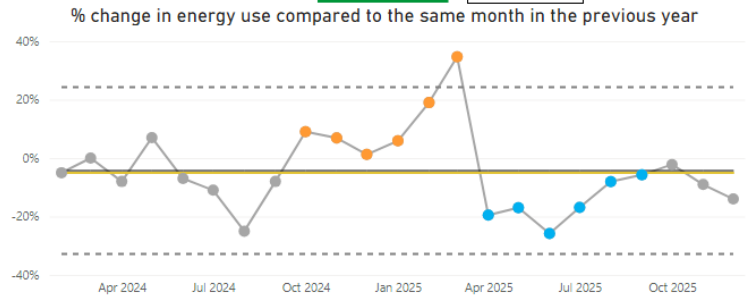
Sustainability
Energy Consumption

Data up to: February 2026

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Strategy Metric | Local Target



Metric	Month	Value	Mean	Assurance	Variation
% change in energy use compared to the same month in the previous year	Dec 25	-14%	-4.28%		

Please note that the metric on this page will be 1-3 months behind the other data in this report

Intelligence Narrative	Sustainability Narrative
% change in energy use compared to the same month in the previous year metric shows common cause variation and the metric may hit it or miss target	Summary Over the past reporting year (Jan 2025 – Dec 2025), the Trust recorded the following changes in utilities consumption: Electricity: 1% decrease, Gas: 2% decrease, Water: 4% increase. During the bill validation process: • Electricity: Consumption remained steady throughout the first half of the reporting period, followed by a gradual increase of 1% to 2% during the latter half. • Gas: Usage was generally consistent, with the largest reduction of 7% observed in May 2025. • Water: Consumption was stable for the first half of the reporting period, then showed a gradual increase of 1% to 2% in the second half. Note: Water consumption figures are based on estimated meter readings and may be revised after bill validation is complete. We have a strategic objective to reduce energy consumption by at least 5% over the 2025/26 financial year. In December 2025, we saw a 14% reduction in energy consumption compared with December 2024. For this financial year to date (M09) energy consumption reduced by 13% versus the same period in FY2024/25. Actions To support the Trust's strategic objective of achieving a 5% reduction in energy consumption across 2025/26: • The Sustainability Team has analysed the impact of 5 recent solar capital projects (solar PV with battery storage at Braintree, Weeley and Chelmsford EOC; additional PV panels at Hellesdon and battery storage for existing solar PV at Cromer). These installations have generated 78,124kWh of electricity for use on site in FY2025/26 to date. • The Team has completed energy audits across all ambulance hubs and stations. Recommendations have been submitted to management for inclusion in future capital and revenue planning. • Ongoing switch off campaigns and communications remain in place, with plans to switch off gas boilers in April 2026. Infrastructure progress includes: • The Trust is rolling out AC electric vehicle chargers across its estate. Given the anticipated increase in electrical demand, quotations are currently being secured for electrical capacity upgrades at priority sites. We are also negotiating with acute hospitals and related potential partners in the East of England to install DC chargers outside A&E Departments for EEAST use. • To mitigate increased demand, the Trust is also expanding its solar PV portfolio, with 9 installations planned for completion this financial year (including the replacement of 3 existing installations). Assurance KPI monitoring from the Energy Audits & Capital Projects and Switch-Off will continue, with regular updates submitted to the ELT Committee. Detailed reviews and follow up actions will be undertaken as required.

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People Services & Culture

Director: Marika Stephenson

February 2026

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People Services & Culture

Ideally every metric should be in one of these starred boxes, which indicate the metric is either currently passing its target or is currently improving ★

Assurance Grid (SPC Charts only)

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Data up to:
February 2026

Assurance

Variance	Consistently hit target	Inconsistently achieve or fail target	Consistently fail target	No target given
Special Cause - Improvement	• Staff Turnover Rate % ★	• Appraisals % ★ • Staff Vacancy Rate % • Time to Hire (Average Weeks)	• BME Staff % ★ • Declared Disability % • LGB Staff %	• % of All Eligible Trust Staff who have completed the Leadership Development Framework ★
Common Cause	★	• % of ER Cases Out of Timescale (% that are ER Red Cases) • Avg Working Days Suspended		• Number of OH Cases • OH - Average number of days between referral submission and first offered appointment • Sickness % - Anxiety/stress/depression/other psychiatric illnesses • Sickness % - Back problems & Other musculo-skeletal problems
Special Cause - Concern		• No of Staff on Suspension • Sickness Absence Rate %	• Employee Relation Live Cases	

Please note the above table only includes metrics which are SPC charts

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People Services & Culture

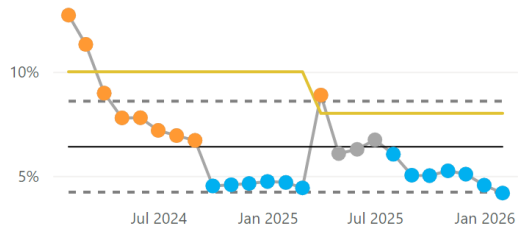
Our People

Information as at: February 2026

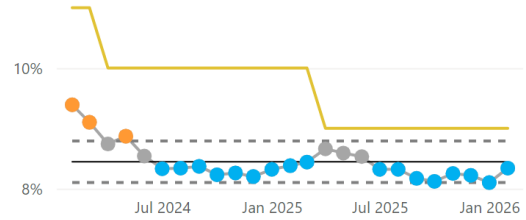
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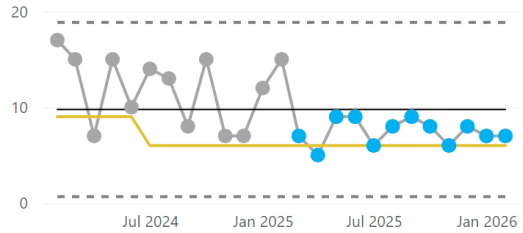
Staff Vacancy Rate %: Trust



Staff Turnover Rate %: Trust



Time to Hire (Average Weeks): Trust



Metric	Month	Value	Mean	Assurance	Variation
Staff Vacancy Rate %	Feb 26	4.17%	6.4%		
Staff Turnover Rate %	Feb 26	8.34%	8.45%		
Time to Hire (Average Weeks)	Feb 26	7	9.76		

Intelligence Narrative
Staff Vacancy Rate % metric shows special cause variation of an improving nature, but the metric may hit it or miss target
Staff Turnover Rate % metric shows special cause variation of an improving nature and the metric will consistently pass its target
Time to Hire (Average Weeks) metric shows special cause variation of an improving nature, but the metric may hit it or miss target

People Services & Culture Narrative

Summary:

The vacancy rate remains stable at 4.17%, in line with expectations as Workforce Plans and Corporate Efficiency initiatives progressed through Q4. Turnover has risen to 8.34%, though it continues to sit below the 2025/26 target and mirrors levels seen in February 2025. This reflects continued workforce stability alongside the anticipated uplift in turnover associated with the advancing Corporate Efficiency Programme. Time-to-hire has levelled at seven weeks for February 2026, with a 2025/26 average of 7.4 weeks, sustaining the positive trajectory observed throughout 2025.

Actions:

Workforce Plan Delivery
- Clinical roles: A&E positions achieved 3613 against a target of 3561.
- EOC roles: 405.99 FTE (including agency) against a target of 437.
- CAS roles: 111.79 FTE delivered toward an end-of-year target of 128.
- EOC recruitment continues to be supported through the EOC Recruitment Turnaround Plan, contributing to vacancy reduction.

Retention & Engagement
- Planning and design work for the 2026 People Mission is underway, ensuring alignment with the Patient Plan and engaging early to confirm the right workstreams.
- Reward and Recognition activities are currently under review.

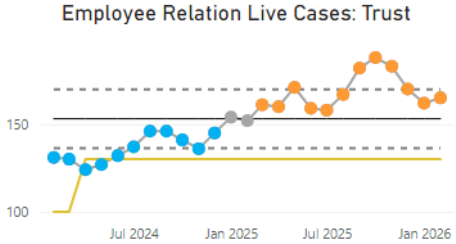
Employee Experience
- Exit and Stay Interviews are completed for all staff resignations, with ongoing efforts to enhance data quality.
- Monthly turnover trend analysis and local leaver reviews continue, alongside additional scoping in partnership with informatics.
- Regular People Reviews remain in place to support consistent engagement.
- Monthly leaver reports are provided for senior HR and Board oversight.

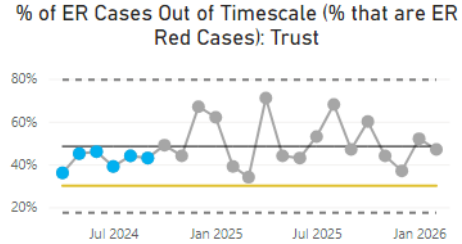
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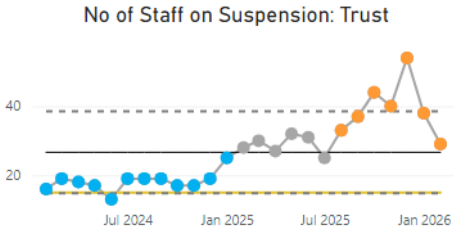
People Services & Culture
Employee Relations

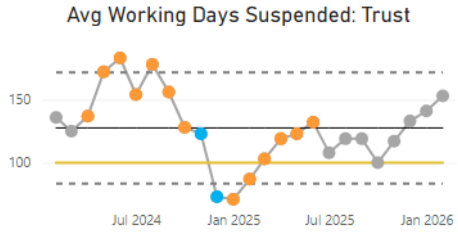
Information as at: February 2026

Data Owner / Responsible Exec
Marika Stephenson









Metric	Month	Value	Mean	Assurance	Variation
Employee Relation Live Cases	Feb 26	165	153.08		
% of ER Cases Out of Timescale (% that are ER Red Cases)	Feb 26	47%	48.43%		
No of Staff on Suspension	Feb 26	29	26.64		
Avg Working Days Suspended	Feb 26	153	127.6		

Intelligence Narrative

Employee Relation Live Cases metric shows special cause variation of a concerning nature and the metric will consistently miss its target

% of ER Cases Out of Timescale (% that are ER Red Cases) metric shows common cause variation and the metric may hit it or miss target

No of Staff on Suspension metric shows special cause variation of a concerning nature, but the metric may hit it or miss target

Avg Working Days Suspended metric shows common cause variation and the metric may hit it or miss target

People Services & Culture Narrative

Summary:

Active ER cases have risen slightly to 165, remaining above both the year-to-date average (153.08) and the target (130), though still showing strong improvement from 183 in November 2025. 47% of cases are red-rated, above the 30% benchmark but improved compared with January 2026. This proportion is expected to vary as the ER Optimisation Cell Programme progresses and case volumes fall, reflecting ongoing but gradually reducing delays against planned resolution timescales.
Suspensions have again reduced significantly to 29 in February, though this remains almost double the target of 15. The average suspension length has increased to 153 days (target: 100 days), largely due to complexity within the current caseload. Regular case reviews continue to support robust oversight. In February, 50 new cases were opened and 43 cases were closed; high overall volumes will continue while new case inflow remains at this level. Of the new cases, 30 were disciplinary, and increasing Sexual Safety case volumes are adding pressure to both formal casework and suspension decisions. Informal resolution activity remains strong, achieving a 51.2% success rate for the month.

Actions – ER Optimisation:
- Reduce active ER cases to ≤130 by 31 March 2026 through the ER Optimisation Cell.
- Accelerate case progression via enhanced senior triage and streamlined workflows.
- Strengthen external capacity by addressing training gaps among Commissioning Managers and Investigating Officers.
- Centralise case logging and improve collaboration with HRBP teams to support earlier intervention.
- Increase use of informal resolution pathways to lessen reliance on formal processes.

Objective: Reduce case volumes, sustain efficiency gains, mitigate organisational risk, and uphold the principle of preventing avoidable harm.

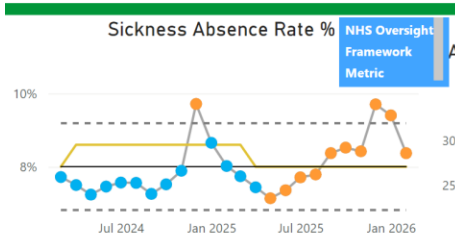
Progress: February case volume stands at 165, against a trajectory target of 142.

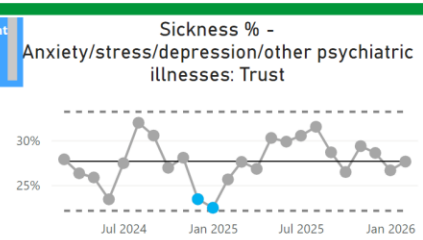
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People Services & Culture
Wellbeing - Sickness

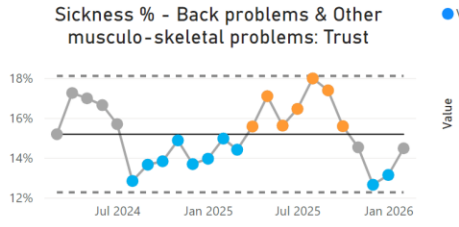
Information as at: February 2026

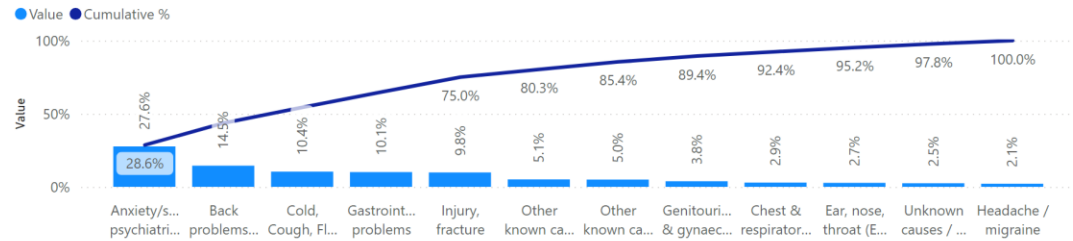
Data Owner / Responsible Exec
Marika Stephenson





Metric	Month	Value	Mean	Assurance	Variation
Sickness Absence Rate %	Feb 26	8.37%	8%		
Sickness % - Anxiety/stress/depression/other psychiatric illnesses	Feb 26	27.63%	27.66%		
Sickness % - Back problems & Other musculo-skeletal problems	Feb 26	14.47%	15.18%		





Intelligence Narrative
Sickness Absence Rate % metric shows special cause variation of a concerning nature, but the metric may hit it or miss target
Sickness % - Anxiety/stress/depression/other psychiatric illnesses metric shows common cause variation
Sickness % - Chest & respiratory problems metric shows common cause variation

People Services & Culture Narrative

Summary:

The sickness absence rate has fallen significantly to 8.37%. However, this remains unusually high for February, particularly as rates had reduced to 8.02% in February 2025 following the easing of winter pressures. While seasonal variation was anticipated, current levels remain above the Trust target of 8%. The main contributing categories are:

- Mental Health: 27.63%
- Cold/Cough/Flu: 10.49%
- Musculoskeletal (Back & Other): 14.47%

Sickness levels at EEAST continue to exceed those of other ambulance trusts, and based on trends from previous years, a further increase is expected over the Easter and school holiday period in April.

Actions:

Under the QCIP Programme, a senior leader has been assigned to work directly with managers, providing hands-on support and strengthening accountability for sickness management. Key initiatives underway include:
- Bi-weekly meetings with senior leaders to review and progress sickness cases.
- Deployment of additional trained hearing chairs and appeal hearing chairs to improve capacity for final-stage hearings.
- Targeted training for frontline managers.
- Ensuring a fair and consistent approach to annual leave.
- Encouraging colleagues to understand sickness levels and their impact on teams, services, and patients.
- Working collaboratively with staff to identify root causes and co-design better processes, culture improvements, and support pathways.
- Monthly long-term sickness review meetings with each HR Business Partnering team.
- A full review of the Sickness Management Policy, incorporating best practice from other ambulance trusts and across the NHS.
- Scoping temporary redeployment options across the Trust.
- Establishing an Absence-Related Pay Panel to review injury allowance cases, sick pay extension requests, and unsocial hours enhancement requests.
- Introducing fitness testing for new starters.
- Reviewing sickness absence targets for 2026/27 to set more ambitious performance expectations.
- Repositioning sickness absence as a management KPI, rather than solely an HR metric, to strengthen local accountability.

Targeted Mental Health Support

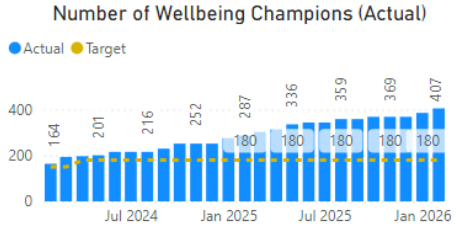
To address the high proportion of mental health-related absence, the Trust is implementing a strengthened support offer, including:
- Re-introducing an Employee Assistance Programme (EAP).
- Promoting the Time for Me app through a Trust-wide roadshow to encourage greater uptake.
- Overhauling the TRiM process to enhance psychological support for colleagues.
- Introducing Neurodiversity Champions to provide improved support for neurodiverse staff.

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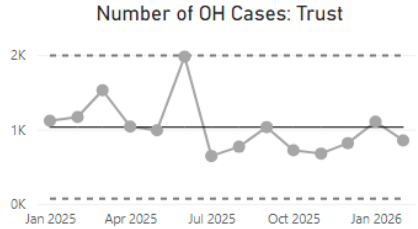
People Services & Culture
Wellbeing - Support

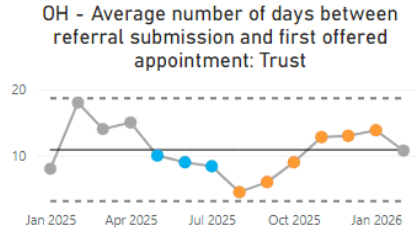
Information as at: February 2026

Data Owner / Responsible Exec
Marika Stephenson



Metric	Month	Value
Number of Wellbeing Champions (Actual)	Feb 26	407
Number of OH Cases	Feb 26	854
Average number of days between referral submission and first offered appointment	Feb 26	10.75





Intelligence Narrative

Summary:

By February 2026, 407 Wellbeing Champions had been trained, more than double the original target, demonstrating strong engagement across the Trust.

Occupational Health referrals decreased significantly to 854 in February 2026, aligning with the rise in sickness absence levels. Despite the demand, the service continues to meet key KPIs. The average wait time from referral to first appointment has reduced to 10.75 days, and performance continues to be monitored closely.

People Services & Culture Narrative

Actions:

Wellbeing Training Events
• Managing Anxiety, Better Sleep & Building Resilience sessions
• Health & Wellbeing Conversations & Support Pathways for Leaders
• STOP Suicide Training Courses
• Wellbeing Champion Training
• Financial Wellbeing Sessions
• Menopause Mentor Training

Wellbeing Initiatives
• Time for Me
o Integrating My Money Matters and GoodDOG resources
o Triangulating insights with Speak Up Guardian feedback and Staff Survey data
o Ensuring safe, anonymous data use
o Increasing visibility and financial wellbeing support within EOC
o Analysing trends alongside sickness absence data
o Developing a post-shift check-in specification
o Producing monthly executive summaries
o Exploring links with wider workforce datasets
o Implementing the 2026 communications plan

• Ongoing improvements to workplace adjustments to enhance employee experience.
• Resilience/Mental Fitness e-Learning Project
o Development is in collaboration with BDLD.
o Working closely with EOC leads to ensure alignment with the pilot resilience programme, TITEN, currently being rolled out for EOC staff.

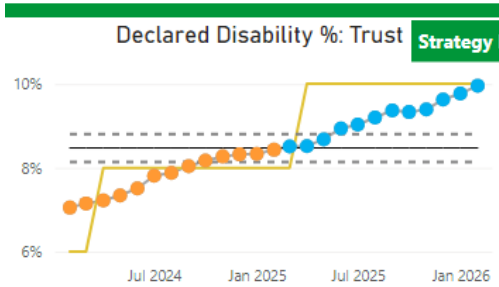
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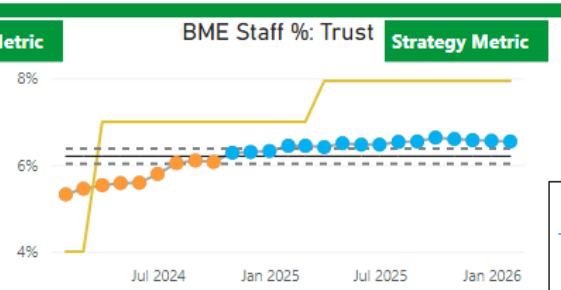
People Services & Culture

EDI

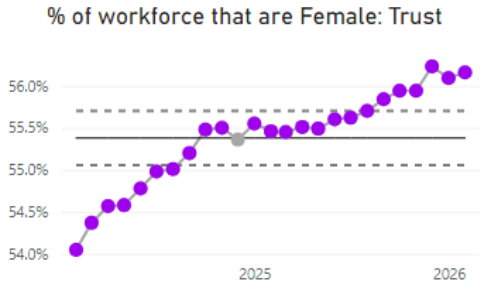
Information as at: February 2026

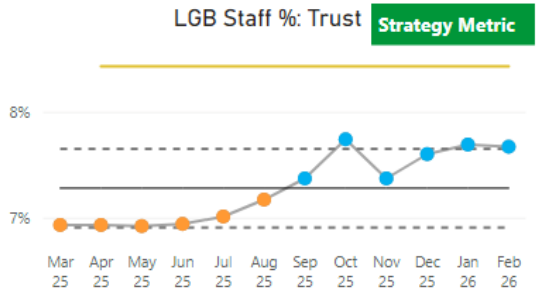
Data Owner / Responsible Exec
Marika Stephenson





Local Target





Metric	Month	Value	Mean	Assurance	Variation
Declared Disability %	Feb 26	9.96%	8.47%		
BME Staff %	Feb 26	6.54%	6.2%		
% of workforce that are Female	Feb 26	56.16%	55.38%		
LGB Staff %	Feb 26	7.67%	7.28%		

Intelligence Narrative

Declared Disability % metric shows special cause variation of an improving nature but the metric will consistently miss its target

BME Staff % metric shows special cause variation of an improving nature but the metric will consistently miss its target

% of workforce that are Female metric shows special cause variation of neither concerning nor improving variation

People Services & Culture Narrative

Summary:

As of February 2026, ethnic minority representation has remained stable at 6.54%. Disability declarations have increased by 0.19% to 9.96%, while LGBT+ representation has seen a slight decrease to 7.67%. Female representation has risen marginally to 56.16%. Although declaration rates continue to improve, further progress is needed to achieve a workforce that fully reflects the communities we serve.

Actions:

The annual ESR declaration campaign continues to support sustained improvements in staff self-reporting. In parallel, our revised EQIA approach is being embedded across services, and work is underway with an external supplier to review unconscious bias training for recruiting managers as part of our future EDI learning offer.

The Inclusivity Plan has been refreshed to incorporate EDI-focused KPIs for the Executive Team and to ensure that staff and network feedback directly informs targeted improvement actions. Building on the recent Board development session, an Executive workshop has also taken place to strengthen our organisational approach and clarify key priorities.

Strategic Priorities:
- Strengthening education for staff and managers on bias, cultural awareness, and inclusive behaviours.
- Improving workplace experiences for colleagues from diverse backgrounds.
- Enhancing workplace adjustments and ensuring equitable, timely access, reinforcing the Trust's commitment to an inclusive working environment.

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People Services & Culture
Staff Survey Questions

Information as at: February 2026

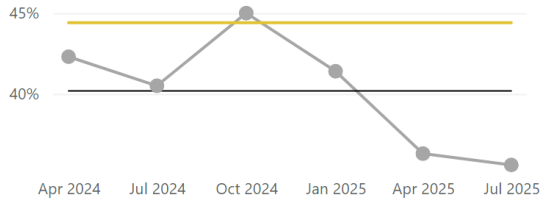
Data Owner / Responsible Exec
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Local Target

Strategy Metric

I would recommend my organisation as a place to work: Trust



Strategy Metric

Team Members often meet regularly to discuss the teams effectiveness: Trust



Metric	Month	Value	Mean	Assurance	Variation
I would recommend my organisation as a place to work	Jul 25	35.6%	40.18%		
Team Members often meet regularly to discuss the teams effectiveness	Jul 25	30.3%	30.3%		

Intelligence Narrative	People Services & Culture Narrative
I would recommend my organisation as a place to work metric Variation = Empty & Assurance = Empty	Summary: The National Staff Survey results have now been received and, following the lifting of the official embargo in March, have been shared with staff, leaders, and the public. The score for Q25c ("I would recommend my organisation as a place to work") has decreased to 38.3%. Similarly, Q7b ("Team members often meet regularly to discuss the team's effectiveness") has reduced to 29.4%. Actions: EEAST continues to prioritise staff experience and organisational culture through a series of Trust-wide initiatives: • Leadership offsite events were held in October 2025 and March 2026, focusing on strategic priorities, including the People Mission. • The Big Conversations 2025 actions are largely complete, with remaining items moving into business-as-usual delivery for local action owners. Big Conversation 2026 was launched at the March 2026 leadership offsites, aligned with the publication of the National Staff Survey results. • The Time to Listen programme continues to facilitate direct senior-leader engagement with operational teams. • Fix it Fast Clinics remain active to address issues raised through Big Conversations and will continue into the new financial year. • Listening into Action events are now launching across sectors, teams, and departments, with plans due by 01 May 2026, supporting teams to work collaboratively to improve their working environment. These initiatives form part of a wider organisational strategy aimed at ensuring colleagues feel heard, valued, and actively involved in shaping EEAST's future direction.

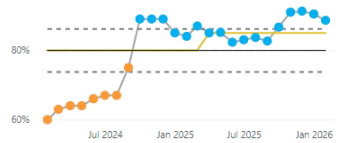
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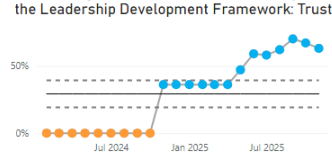
People Services & Culture

Leadership Development

Information as at: February 2026

Data Owner / Responsible Exec
Marika Stephenson





Please note the data for this metric has not been provided for Dec 2025, Jan 2026 or Feb 2026

Metric	Month	Value	Mean	Assurance	Variation
Appraisals %	Feb 26	88.59%	79.95%		
% of All Eligible Trust Staff who have completed the Leadership Development Framework	Nov 25	63%	29.18%		

Intelligence Narrative	People Services & Culture Narrative
Appraisals % metric shows special cause variation of an improving nature, but the metric may hit it or miss target % of All Eligible Trust Staff who have completed the Leadership Development Framework metric shows special cause variation of an improving nature	Summary: Appraisal compliance continues to strengthen across the Trust, reaching 88.59% in February 2026. This reflects a significant and sustained improvement on 2024/25 performance, demonstrating stronger local ownership, greater managerial engagement, and increasing maturity in our performance and development processes. Although this represents a slight decrease from 90.46% in January 2026, several directorates have now surpassed the 90% threshold, highlighting the impact of targeted support and strengthened governance. With compliance levels stabilising, the focus is shifting from completion rates to the quality and consistency of appraisal conversations, as highlighted in the National Staff Survey results. Work is underway supported by Staff Circle to embed a more structured, outcomes-focused approach that balances development conversations, objective setting, and ongoing feedback. This includes standardising appraisal templates, enhancing manager guidance, and improving the tracking of development plans through the platform. Early feedback is already informing refinements to the 2026–27 appraisal cycle. In parallel, Leadership Development metrics are being reviewed to strengthen visibility, assurance, and alignment with organisational priorities. This includes assessing participation across programmes and enhancing reporting to the Executive Team and Board. This work will support clearer line-of-sight between leadership capability, organisational development outcomes, and cultural improvement indicators.

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Clinical

Director: Simon Chase

February 2026

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The following slides relate to clinical and safety metrics and whilst reported separately, it's important to recognise the relationship, influence and alignment to the operational performance.

The Clinical team is comprised of a number of specialised areas including Safety and Risk, Patient Experience, Safeguarding, Compliance, Claims, Inquests and Standards, Infection, Prevention and Control and Quality Improvement. All areas are contributors to the slide pack.'

Clinical

Ideally every metric should be in one of these starred boxes, which indicate the metric is either currently passing its target or is currently improving ★

Assurance Grid (SPC Charts only)

Data Owner / Responsible Exec
Simon Chase

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Data up to:
February 2026

Variance	Assurance: Consistently hit target (P)	Assurance: Inconsistently achieve or fail target (?)	Assurance: Consistently fail target (F)	Assurance: No target given
Special Cause - Improvement (L, H)	• % of Incidents that are Moderate,Severe or Fatal Harm ★ • Complaints per 10000 Patient Interactions	• IG Training Compliance % • Statutory/Mandatory Training (11 CSTF topics) mean % ★	★	• Resus face to face element (Adult/Paediatric/Neonatal) % ★
Common Cause	• Number of Incidents per 10000 Patient Interactions • Patient Safety Incident Reviews (PSIRs) per 10000 Patient Interactions ★	• ROSC - All • ROSC - Utstein • ROSC Care Bundle • Stemi Care Bundle • Survival to Discharge All - 30 Day Survival • Survival to Discharge Utstein - 30 Day Survival		• Compliments per 10000 Patient Interactions • STEMI Timeliness - 90th centile time from call to catheter insertion for angiography • STEMI Timeliness - Mean average time from call to catheter insertion for angiography • Stroke Timeliness - 90th centile time from call to hospital arrival • Stroke Timeliness - Mean average time from call to hospital arrival • Stroke Timeliness - Median average time from call to hospital arrival
Special Cause - Concern (H)				

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Please note that Falls in Older People - Discharged at Scene Care Bundle will not appear on the above grid until it has a sufficient amount of data points to be an SPC chart. Additionally, Number of Preventing Future Deaths (PFDs)/ Regulation 28 Reports is a bar chart so will also not show.

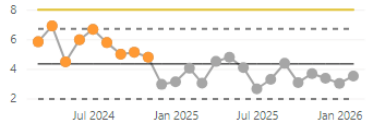
Clinical
Complaints & Compliments

Data up to: February 2026

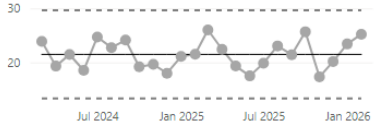
Data Owner / Responsible Exec
Simon Chase

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information@eastamb.nhs.uk

Complaints per 10000 Patient Interactions: Trust



Compliments per 10000 Patient Interactions: Trust



Metric	Month	Value	Mean	Assurance	Variation
Complaints per 10000 Patient Interactions	Feb 26	3.52	4.33		
Compliments per 10000 Patient Interactions	Feb 26	25.22	21.49		

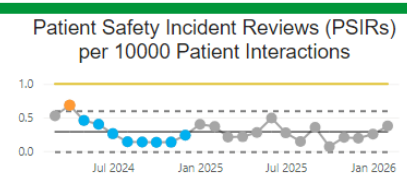
Intelligence Narrative	Clinical Narrative
Complaints per 10000 Patient Interactions metric shows special cause variation of an improving nature and the metric will consistently pass its target. Compliments per 10000 Patient Interactions metric shows common cause variation	Complaint levels have remained low and stable for over a year, demonstrating sustained improvement following earlier periods of higher activity. This long-term stability provides assurance that the Trust continues to deliver a consistent level of patient experience and maintain high standards of care despite ongoing operational pressures. In February, 337 compliments were received, a decrease from January (372) but above the mid-year average. This indicates that positive patient feedback remains strong and within expected limits. Based on February activity, this equates to approximately 21 compliments per 10,000 interactions. Compliments consistently outweigh complaints, with a 7:1 compliment to complaint ratio, reflecting a continued positive patient experience. February recorded 47 complaints, which is below the year-to-date average (54). Complaint levels have remained low throughout the winter period, with approximately 4 complaints per 10,000 interactions seen in February. Norfolk and Waveney reported the highest number of complaints in February (6), while Mid and South Essex holds the highest year to date total (57). UEC themes showed little variation in February, with the predominant issues continuing to relate to clinical assessment/treatment and staff attitude. Communication remains a common underlying factor. Delay related complaints remained low (6), despite operational pressures. Survey results also remain encouraging: between December and February, 79.7% of patients surveyed reported receiving an emergency response after calling 999, with 91.4% satisfied with the response time. For PTS, 11 complaints were received in February, continuing the downward trajectory seen throughout the year. This ongoing reduction indicates improved patient experience and increasing service stability. However, while volume has reduced, themes remain consistent, mainly relating to transport/driving concerns and delays, indicating opportunities for further improvement. Compliance and Governance In February, complaint closure compliance remains the focused effort on clearing historic overdue cases. A targeted action plan is being developed, and focused effort will continue to improve closure compliance and prevent future backlogs which will be reported through QGC. While a number of local investigations remain outside the 35-day timeframe, performance has notably improved. Currently, 19/95 (20.0%) of local investigations are overdue, compared with 36/91 (39.6%) reported for January's IPR. Despite reduced complaint volumes, PTS account for 36.8% of overdue local investigations, with performance continuing to be closely monitored. Ongoing work to strengthen compliance and improve the consistent identification of learning is being progressed through the ODGs, with escalation via OSDG and CRG. Complaint closure compliance has also been reported into QGC, providing additional organisational visibility, oversight and accountability. Actions • Patient Experience and Operations to continue working together to clarify expectations, streamline processes and improve learning from complaints. • Non-compliance and learning gaps to continue to be escalated through ODGs, OSDGs, CRG and QGC for appropriate oversight. • Cases of significant or persistent non-compliance to be escalated to the Chief Operating Officer and Director of Strategy, Transformation and Governance. • Monthly escalation reporting for Heads of Operations and Local Area Managers has been reinstated. • Ongoing promotion of local investigation training and PHSO complaints standards across all areas. • The complaints performance dashboard is under review to improve visibility of key metrics, including overdue cases. • A targeted action plan is being developed to model the additional monthly complaint closures required to return to expected compliance levels, supported by longer-term improvements for both local investigations and patient experience workflows. Impact • Stronger oversight and escalation are expected to reduce overdue investigations and improve compliance with the 35-day timeframe. • Targeted interventions in Operations and PTS should support a more consistent and sustained improvement trajectory. • Enhanced training, clearer reporting and improved dashboard visibility will strengthen investigation quality and organisational learning. • Improved performance insight is expected to enable earlier identification of themes and more timely intervention. • Closure trajectory modelling will support focused recovery planning and sustainable long-term improvement.

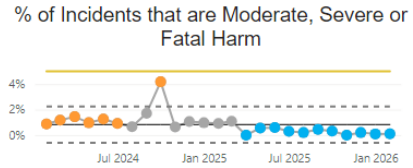
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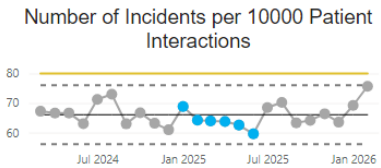
Clinical
Patient Safety

Data up to: February 2026

Data Owner / Responsible Exec
Simon Chase







Metric	Month	Value	Mean	Assurance	Variation
Patient Safety Incident Reviews (PSIRs) per 10000 Patient Interactions	Feb 26	0.37	0.29		
% of Incidents that are Moderate,Severe or Fatal Harm	Feb 26	0.1%	0.83%		
Number of Incidents per 10000 Patient Interactions	Feb 26	75.65	66.04		

Intelligence Narrative

Patient Safety Incident Reviews (PSIRs) per 10000 Patient Interactions metric shows common cause variation and the metric will consistently hit its target

% of Incidents that are Moderate,Severe or Fatal Harm metric shows special cause variation of an improving nature and the metric will consistently pass its target

Number of Incidents per 10000 Patient Interactions metric shows common cause variation and the metric will consistently hit its target

Clinical Narrative

The number of incidents reported in February 2026 was 1011, a slight reduction from the 1099 in January.

The total number of SJR's completed this financial year is 1009 to date, this exceeds the 40 per quarter compliance figure set out by the LFD framework The LFD workstream is supported by staff in the patient safety team on alternate working duties. Learning and excellence themes are reported into PSEG on a quarterly basis. The more SJR's completed allows for learning and excellence themes to be highlighted which has a positive impact on patient care.

Duty of Candour is undertaken in a way that demonstrates both our candour and empathy for those involved or their relatives. When contact can not be established, this causes a delay in discharging DOC, for all instances, a get in touch letter is sent to patients or relatives to try and establish contact as soon as possible.

Due to the nature of our service it is not always possible to say that we have caused harm until we have gathered all information required for a thorough review, we therefore inform people that we are looking into their care received and hope we can learn from out review. We offer to share our findings in full on completion.

The Team regularly take opportunities to engage with frontline staff in liaison with other teams from the Clinical Directorate. Patient Safety, Datix and AAR training is being delivered out to operational staff on a regular basis.

There were two delay incidents recorded in February 2026, whilst there has been two recorded this is an improvement on January and February 2025 which recorded 14 delay incidents which harmed patients. January and February 2026 totals 4 delay incidents deemed to have caused moderate harm.

Timely review of incidents is imperative to avoid incidents of a similar nature reoccurring. There has been an increase in the number of overdue incidents across the region, this has been escalated to PSEG & CRG. The number of overdue incidents as of the 1/2/2026 was 693 across the trust. Overdue incidents are reported to the OSDG on a monthly basis for senior leaders to drive improvement within their sectors.

The ICB's across the region have ceased the UEC forum to review delays in coordination with EEAST, due to this an adapted process of EEAST reporting the delay to an acute for their investigation commenced in November 2025, this will not affect EEAST's statutory obligations to complete a review and discharge DOC to patients and families.

Action:
The relaunch of the safe discharge care bundle is complete, this is further supported by the new Non Conveyance policy which was approved at CRG in November 2025 which has been published on the intranet for all staff to access.
The aim to standardise the incident review process by incorporating After Action Reviews (AAR) is reliant on local teams within sector attending the patient safety team AAR & Datix training. Face to face sessions have been delivered in SNEE, MSE, HWE and C&P. BLMK, N&W and EOC will be offered the training in the coming months.
The Resuscitation decision making PSII is progressing well, this is on track to be published during Q1 of 2026

Impact:
The number of non conveyance events causing harm to patients has reduced since the publication of the Non Conveyance PSII, 5 have been declared in 2025, (2 of which after the PSII report was published), 1 has been recorded in February 2026. This is an improvement since 2024 which reported a total of 13 patient safety events relating to non conveyance.
The number of missed STEMI incidents has reduced since the publication of the Cardiac PSII in both frequency & patient harm , there has been zero missed STEMI incidents causing moderate, severe or fatal harm to patients since June 2024.
The publication of the Patient Injury PSII has positively impacted the frequency of incidents and harm caused to patients following the adoption of the proposed safety actions, the number of incidents reported in 2025 was reduced by 50% in comparison to 2024. There has been 1 harm event recorded in January 2026 relating to patient injury. This PSII has led to safer care and improved patient experience.
SNEE AAR training has been completed during February 2026
The percentage of harm incidents per patient interaction has reduced significantly to 1 per 49,616 patient interactions from its peak in December 2022 which reports as 1 per 4,848 patient interactions.

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Clinical
Ambulance Quality Indicators - Clinical Care Bundles - Cardiac Arrest Metrics

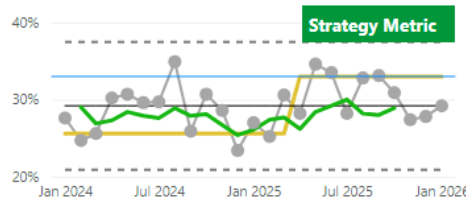
Please note the data on these Care Bundles pages will be more than 1 month behind unlike the rest of the pages in this reports due to when the data is available

Data up to: February 2026

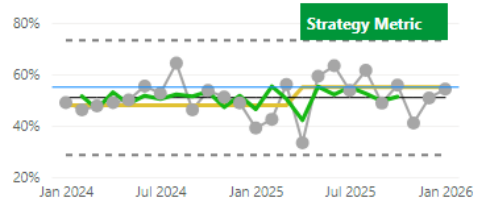
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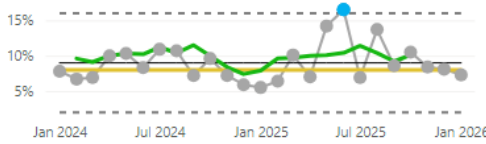
ROSC - Utstein: Trust



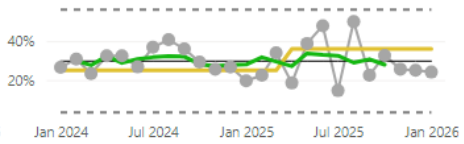
National Averages | Commissioner Set Target | Local Target

Metric	Month	Value	Mean	Assurance	Variation
ROSC - All	Jan 26	29.2%	29.2%		
ROSC - Utstein	Jan 26	54.2%	50.93%		
Survival to Discharge All - 30 Day Survival	Jan 26	7.3%	8.99%		
Survival to Discharge Utstein - 30 Day Survival	Jan 26	24.1%	29.72%		
ROSC Care Bundle	Nov 25	92.8%	96.26%		

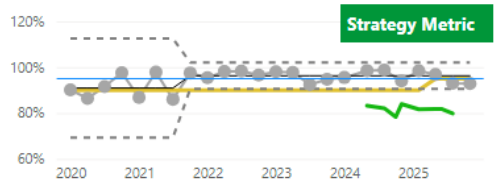
Survival to Discharge All - 30 Day Survival: Trust



Survival to Discharge Utstein - 30 Day Survival: Trust



ROSC Care Bundle: Trust



Definitions of the metrics on this page may be found at the end of the Clinical Section

Intelligence Narrative

ROSC - All metric shows common cause variation and the metric may hit it or miss target

ROSC - Utstein metric shows common cause variation and the metric may hit it or miss target

Survival to Discharge All - 30 Day Survival metric shows common cause variation and the metric may hit it or miss target

Survival to Discharge Utstein - 30 Day Survival metric shows common cause variation and the metric may hit it or miss target

ROSC Care Bundle metric shows common cause variation and the metric may hit it or miss target

Clinical Narrative

Summary – 2 of the cardiac arrest (ROSC Overall and ROSC Utstein) outcome indicators for Jan 26 increased slightly in performance when compared to Dec 2025, reflecting the winter period . As previously reported, due to the extended timeline for the publication of national averages, it is difficult to benchmark more recent months, however when compared to published data for previous months (up to Oct 2025), EEAST is performing well above the national average (28.9%) for ROSC Overall = (30.9), (3rd Best Performing Trust), STD Overall (3rd Best Performing Trust at 10.9%) and STD Utstein (Best Performing Trust at 34.9%). The Trust met 1 of its own 'stretch' targets for these outcomes however met 2 of the Commissioner set thresholds.The latest National comparable month for the quarterly Post ROSC Care Bundle (Aug 2025) demonstrates that EEAST, achieving 93.4%, and still continues to perform well above (13.6%) the trending national average (79.8%) with EEAST being the 2nd best performing out of the 11 UK Ambulance Trusts, demonstrating the consistent high level of care being delivered, meeting above the 90% commissioner threshold but not meeting the local threshold of 95%.

Actions – The Local Clinical Managers and Supervisors continue to actively work with the Clinical Audit Manager to engage with and support crews. Monthly outcomes with recommended actions are also disseminated to help continue to improve metrics. Ongoing monitoring of Trust performance against national data continues, however due to the time lag in the publication of national data, true comparisons within current months are not able to be made.
The cardiac arrest desk to support bystander CPR prior to EMS arrival was launched on 01 June 2025. Essential Clinical Skills training is focusing on good cardiac arrest and serious conditions management to raise the profile of ACQI improvement.
The Critical Care Desk (CCD) has 24/7 cover to also support crew decision making. A further refocus on ECS re care bundles to all operational staff has been undertaken to help stregthen our performance.
Impact - Improvements in response times highlights the link to improving the ROSC outcomes (both for all patients and UTSTEIN patients). The launch of the cardiac arrest desk and continued CCD Desk support should further impact on outcomes for cardiac arrest, this will continue to be monitored over future months to determine the effectiveness of this initiative.
It should be noted that the cohort for the post-ROSC patient group is very small which can sway the compliance level achieved. Survival to discharge is dependent on treatment and decisions taken by the relevant acute organisation as well as EEAST's timely response.
Assurance offered remains reasonable - Although the Trust is currently performing in line with the national average, sustained improvements in ROSC are needed to provide sustained assurance.

Olatunji,Adeola
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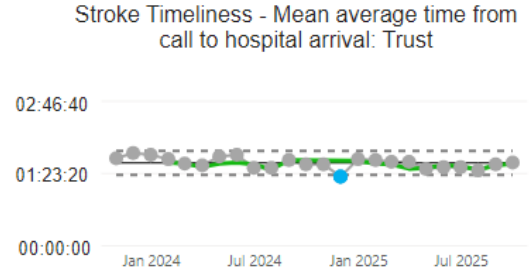
Clinical Ambulance Quality Indicators - Clinical Care Bundles - Stroke

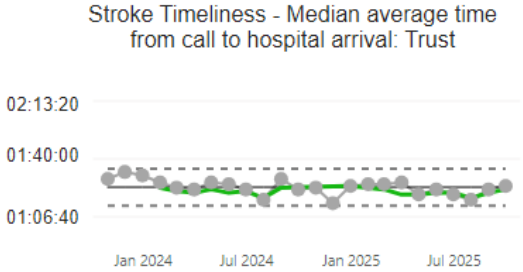
Please note the data on these Care Bundles pages will be more than 1 month behind unlike the rest of the pages in this reports due to when the data is available

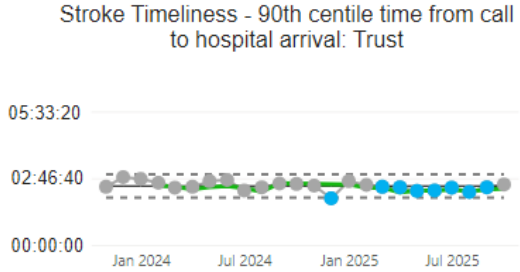
Data up to: February 2026

Data Owner / Responsible Exec: Simon Chase

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National Averages

Metric	Month	Value	Mean	Assurance	Variation
Stroke Timeliness - Mean average time from call to hospital arrival	Oct 25	01:35:00	01:34:43		
Stroke Timeliness - Median average time from call to hospital arrival	Oct 25	01:24:00	01:23:18		
Stroke Timeliness - 90th centile time from call to hospital arrival	Oct 25	02:31:00	02:27:08		

Intelligence Narrative

Stroke Timeliness - Mean average time from call to hospital arrival metric shows common cause variation

Stroke Timeliness - Median average time from call to hospital arrival metric shows common cause variation

Stroke Timeliness - 90th centile time from call to hospital arrival metric shows common cause variation

Clinical Narrative

Summary - Stroke timeliness - The graphs above demonstrate that EEAST fell slightly short for the Mean, Median and 90th Centile, time from call to hospital arrival for Oct 25 compared to the national published averages, however there is a significant time-lag in publication of the national and EEAST data for these outcomes (4-months). Therefore, any improvements in category 2 response times are difficult to understand for recent months for these indicators but for Oct 25 EEAST was the 6th Best Performing Trust

Actions - Actions relating to improving category 2 response times and on scene times are identified within our strategic objectives, this has become more focused following the receipt of a Section 64 (Reg 17) notice issued by the Care Quality Commission in January 2025 however our Category 2 response times of 36 minutes in December — 20 minutes faster than the year before and almost exactly on our national target.

Impact - The focus on reducing handover delays and the time spent on scene appears to be having a positive impact on the call to arrival at hospital times and should continue to influence further improvements over the coming months. However, it is difficult to determine whether this is in line with a national trend due to the unavailability of recent national data.
Each LAM Area have dedicated an LCM to monitor Time Spent On Scene working with staff as well as EOC Monitoring supporting staff with prompt clinical decision making.

The stoke video trial, where clinicians on scene have the availability to video-call consultants, still continues, which although can result in a slightly longer on scene time, it results in inappropriate hospital conveyances. A trail in West Suffolk is looking at impact on moving to a 24/7 model to be launced in 2026.

Assurance offered is reasonable - Although the Trust is currently performing in line with the national average, job 'cycle' times need to continue to improve to provide sustained high assurance.

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Clinical Ambulance Quality Indicators - Clinical Care Bundles - Stemi

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Data up to: February 2026

Data Owner / Responsible Exec: Simon Chase

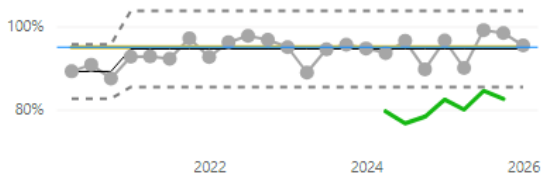
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National Averages

Commissioner Set Target

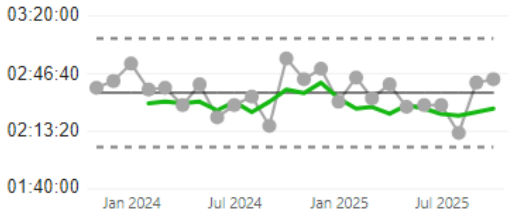
Local Target

Stemi Care Bundle: Trust **Strategy Metric**

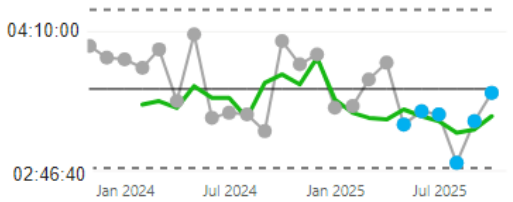


Metric	Month	Value	Mean	Assurance	Variation
Stemi Care Bundle	Jan 26	95.4%	94.58%		
STEMI Timeliness - Mean average time from call to catheter insertion for angiography	Oct 25	02:43:00	02:35:13		
STEMI Timeliness - 90th centile time from call to catheter insertion for angiography	Oct 25	03:33:00	03:35:18		

STEMI Timeliness - Mean average time from call to catheter insertion for angiography: Trust



STEMI Timeliness - 90th centile time from call to catheter insertion for angiography: Trust



Intelligence Narrative

Stemi Care Bundle metric shows common cause variation and the metric may hit it or miss target

STEMI Timeliness - Mean average time from call to catheter insertion for angiography metric shows common cause variation

STEMI Timeliness - 90th centile time from call to catheter insertion for angiography metric shows special cause variation of an improving nature

Clinical Narrative

Summary - STEMI timeliness – As per the stroke timelines for ACQI, EEAST has continued to submit data relating to the overall job cycle time for STEMI patients. When compared to the latest published comparable data (Oct 2025), EEAST performance slightly decreased compared to the National Average for the Mean and the 90th Centile , within the reporting month.

STEMI Care Bundle –EEAST showed an improvement for this outcome and exceeded the commissioner and local threshold targets, the Trust continues to perform well above the national average.The latest comparable month for the quarterly STEMI Care Bundle (Jan 26) demonstrates that EEAST, achieving 95.4%, still continues to perform well above the trending national average (Oct 25) of 82.6% and demonstrates the consistent high level of care being delivered, meeting the commissioner threshold of 95% and surpassing the local target of 95%.
Actions - Actions relating to improving category 2 response times and on scene times are identified within our strategic objectives for the year and as per stroke response times, this has become more focused following the receipt of a Section 64 (Reg 17) notice issued by the Care Quality Commission in January 2025, however our Category 2 response times of 36 minutes in December — 20 minutes faster than the year before and almost exactly on our national target.

Identified improvements required relating to the STEMI Care Bundle regarding pain management, continue to be shared with operational teams to enable feedback to the individual clinicians concerned and is a new focus on current ECS delivery.
10:10 posters have been refreshed and published on EAST24 to promote the importance of time-sensitive patients with regards to time spent on scene.
Impact – Despite the focus on improving category 2 response times and the time spent on scene the call to catheter insertion for angiography has shown an increasing trend during the last three reporting periods. Reasonable assurance remains.

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Clinical
Ambulance Quality Indicators -
Clinical Care Bundles - Falls

Please note the data on these Care Bundles pages will be more than 1 month behind unlike the rest of the pages in this reports due to when the data is available

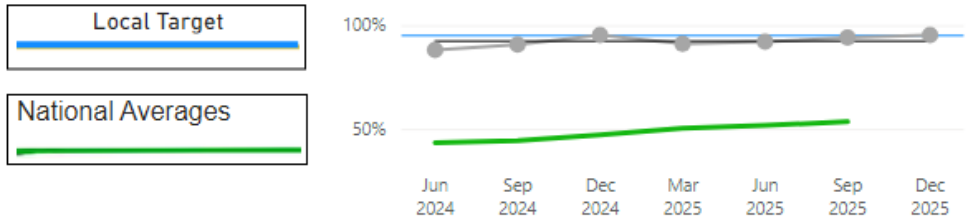
Data up to:
February 2026

Data Owner / Responsible Exec
Simon Chase

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Falls in Older People - Discharged At Scene Care Bundle: Trust

Strategy Metric



Metric	Month	Value	Mean	Assurance	Variation
Falls in Older People - Discharged At Scene Care Bundle	Dec 25	95.3%	92.33%		

Intelligence Narrative

Due to the limited data currently available, it is difficult to assess, however the Trust's current position demonstrates this trending as a common cause of improvement which consistently performs well. Assurance is moderate and will move to high (substantial) when national benchmarking is avaiable.

Clinical Narrative

Summary - Publication for the fifth national data period (Sept 2025) demonstrates that the Trust, achieving a compliance level of 94%, was yet again the highest performing Trust achieving 40.6% above the national average (53.4%) with compliance rates for ambulance trusts ranging from 21%. Outcomes for the sixth reporting period (Dec 2025) demonstrates that EEAST achieved 95.3%. This will be compared against the national average for this month when the data is published in May 2025.

Actions - A number of actions have already been taken including; podcasts and guidance documents for staff, implementation of the care bundle within the ePCR software. Results have also been shared with the sectors. Other ambulance trusts also expressed an interest in learning how we prepared for the introduction of this ACQI to enable learning for their own organisations.
There is no commissioner set threshold for this recently introduced ACQI, however the Trust has set a local target of 95% which has been met for Dec 25.

Impact - From the first year of reporting, it would appear that actions taken across the organisation prior to the national adoption of the care bundle have had a positive impact on compliance with the ACQI. This will continue to be monitored with a view to improving compliance to 95%.

Assurance (sunstantial-high) - assurance has been given due to the very high level of compliance for Older Adult Falls Care Bundle.

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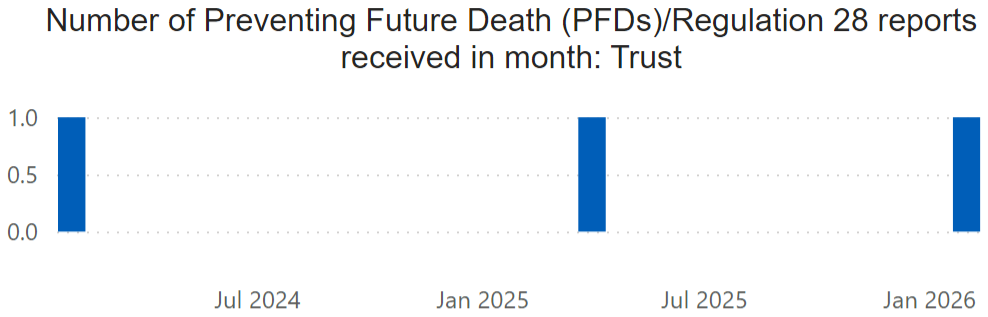
Clinical

Number of Preventing Future Deaths (PFDs)/ Regulation 28 Reports

Data up to: February 2026

Data Owner / Responsible Exec
Simon Chase

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Metric	Month	Value	Mean
Number of Preventing Future Death (PFDs)/Regulation 28 reports received in month	Feb 26	1	0.12

Clinical Narrative

EEAST received one Regulation 28 Preventing Future Death report in February 2026 in respect of an inquest that concluded in July 2025. The Coroner raised concerns around the handling of 999 calls for a patient exhibiting signs of Acute Behavioural Disturbance. Following the inquest, EEAST proactively developed a standalone ESOP for patients exhibiting signs of ABD and updated the escalation guidance/other related guidance. The response to the Reg 28 report has been returned in line with the Coroners timeframe of 30th March 2026.

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Clinical

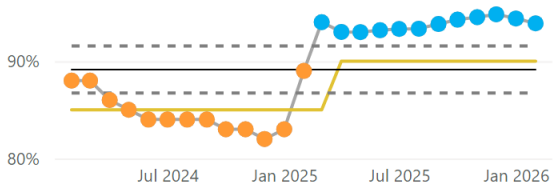
Clinical Education

Information as at: February 2026

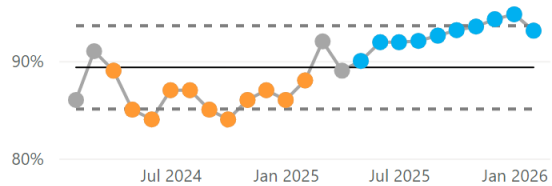
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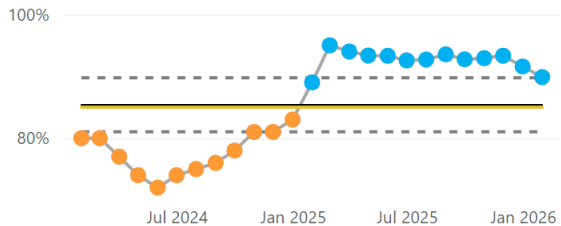
Statutory / Mandatory Training (11 CSTF topics) mean %



Resus face to face element Adult/Paediatric/Neonatal) %



IG Training Compliance %



Metric	Month	Value	Mean	Assurance	Variation
Statutory/Mandatory Training (11 CSTF topics) mean %	Feb 26	93.88%	89.14%		
Resus face to face element (Adult/Paediatric/Neonatal) %	Feb 26	93.1%	89.33%		
IG Training Compliance %	Feb 26	89.85%	85.39%		

Please note that Statutory / Mandatory Training % and IG Training Compliance % cover all staff including non-clinical staff

Intelligence Narrative	Clinical Education Narrative
Statutory/Mandatory Training (11 CSTF topics) mean % metric shows special cause variation of an improving nature, but the metric may hit it or miss target Resus face to face element (Adult/Paediatric/Neonatal) % metric shows special cause variation of an improving nature IG Training Compliance % metric shows special cause variation of an improving nature, but the metric may hit it or miss target	Statutory/Mandatory Training (11CSTF topics) Mean% The trusts overall compliance has slightly decreased again this month as a mean for the 11 CSTF topics. This is an expected drop due to the focus over winter and maximising PFSH. Reminders to staff currently out of date and those coming out of date have been sent for all e-learning topics and for face-to-face topics the Learning and Development team are working with the Locality Clinical Managers to ensure all sessions which have been planned are on OLM prior to session dates. LCM/SCL's receiving monthly compliance and trajectory information for Reus/Moving and Handling. Safeguarding Level 3 % Safeguarding Level 3 Virtual training has decreased again this month to the lowest in last 6 months, this is partly due to the winter pressures PFSH increase, but is closely being monitired to ensure all staff are able to attend the training. L&D team have emailed all staff who are currently non-compliant with the face to face element of this learning dates of all sessions due to take place and this is a focus of operations to address.

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Clinical

Care Bundle Metrics Definition

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The Utstein Style is an International set of criteria/guidelines for the uniform reporting of Out of Hospital Cardiac Arrest Cases attended by the EMS.

ROSC Overall = Total Number of ROSC (Return Of Spontaneous Circulation On Hospital Arrival) Cases Achieved Out of the Total Number of Cardiac Arrest Cases Attended by EMS.

ROSC Utstein = Total Number of ROSC (Return Of Spontaneous Circulation On Hospital Arrival) Cases Achieved Out of Total Number of Viable (Utstein Criteria) Cardiac Arrest Cases Attended by EMS.

Utstein Criteria / Comparator Group = Out of Hospital Cardiac Arrests where by:
- The Origin/ Aetiology is presumed Cardiac Only
- Arrest Bystander Witnessed
- Initial Rhythm On EMS Arrival is VF (Ventricular Fibrillation) or VT (Ventricular Tachycardia)

Survival To Discharge (30 Day Survival) = Total Number of Cases that Survive to be Discharged Home Alive or Transferred Out of Total Number of Cardiac Arrest Cases Attended by EMS.

Survival To Discharge Utstein (30 Day Survival) = Total Number of Cases that Survive To be Discharged Home Alive or Transferred Out of Total Number of Viable (Utstein Criteria)Cardiac Arrest Cases Attended by EMS.

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Finance

Director: Steven Course

February 2026

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01/04/2026 17:25:35

Finance
Income & Expenditure

Data up to: February 2026

Data Owner / Responsible Exec
Steven Course

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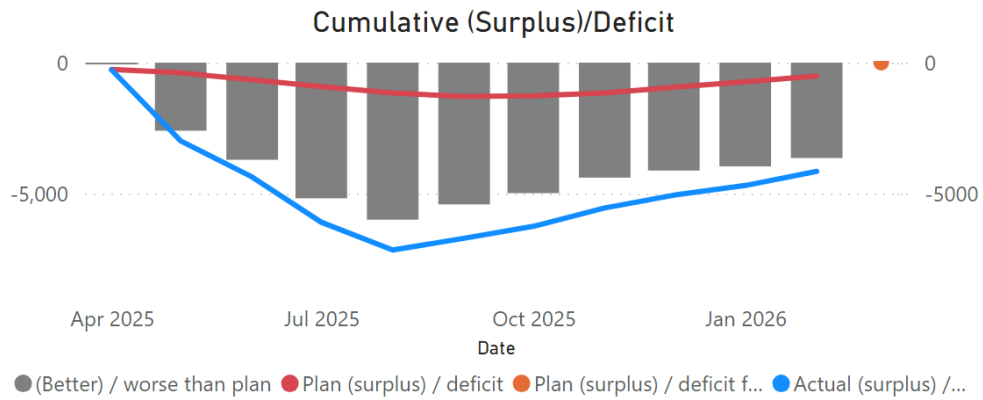
Income and Expenditure £000's
February 2026

The metrics on this page are in £000's

	PLAN YTD	ACTUAL YTD	VARIANCE YTD	PLAN FULL YEAR
INCOME	(451,793)	(452,408)	(615)	(493,118)
PAY	346,483	340,588	(5,894)	378,271
NON-PAY	104,801	107,664	2,863	114,848
(SURPLUS)/DEFICIT	(509)	(4,155)	(3,646)	(0)

Strategy Metric

Local Target



Finance Narrative

At Month 11, February 2026, the YTD plan is for a surplus of £509k.

The actual YTD position is a surplus of £4,155k, which is favourable to plan by £3,646k.

The favourable variance is driven by pay costs earlier in the year, in particular emergency operations, call handling and clinical advice service. Plans are being delivered to recruit to vacancies in these areas, plus additional overtime to support performance. Corporate departments also have underspends, with vacancies removed and pay and non-pay actions being delivered in line with the corporate efficiency programme. Redundancies are an in year non-recurrent cost.

Non-pay expenditure is higher than plan, with increased private ambulance and high fleet/workshop costs more than offsetting other underspends.

We are on track to deliver the agreed surplus forecast position for the full year.

Olawunmi Adeola
01/04/2026 12:25:55

Finance
Efficiency Savings

Data up to: February 2026

Data Owner / Responsible Exec
Steven Course

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The metrics on this page are in £000's

Efficiency Savings £'000s
February 2026

	PLAN YTD	ACTUAL YTD	VARIANCE YTD	PLAN FULL YEAR
TOTAL	13,582	13,650	68	14,900

Finance Narrative

At Month 11, £13,650k has been saved against a target of £13,582k. QCIP delivery is predominantly recurrent in nature, which is in line with the Trust's planning intentions.

The target for 2025-26 is £14,900k. At the end of February 2026 (Month 11), the Finance team, in conjunction with budget holders has been able to allocate £14,834k of budget across the year towards it. Delivery of the £14,900k target can be assured, albeit with more non recurrent savings than originally planned.

Other schemes are continuing but have not yet progressed to the point where the budget can be moved.

There continues to be some risk aligned to the remaining recurrent schemes, but any shortfalls will be mitigated in year through non-recurrent achievement.

Olatunji Adeola
01/04/2026 17:25:35

Finance
Cash, Capex & BPPC

Data up to: February 2026

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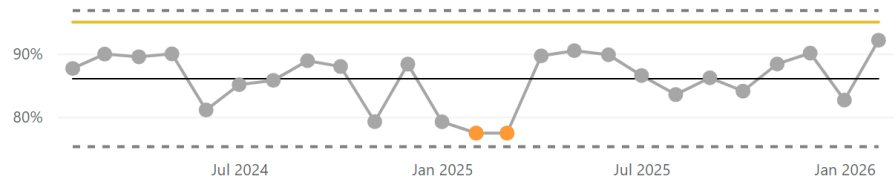
The metrics on this page are in £000's

Cash, Capex & BPPC Savings £000s
February 2026

	PLAN MONTH END	ACTUAL MONTH END	VARIANCE MONTH END	PLAN FULL YEAR
CASH	16,263	41,473	25,210	17,226
SALE AND LEASEBACK WORK IN PROGRESS	(0)	5,212	5,212	(0)
INVOICES PAID WITHIN 30 DAYS	95.00%	92.13%	-2.87%	95.00%

	PLAN YTD	ACTUAL YTD	VARIANCE YTD	PLAN FULL YEAR
OWNED CAPITAL	10,035	6,485	(3,550)	17,128
LEASED CAPITAL	28,646	28,373	(272)	32,557

Invoices paid within 30 days of receipt: Trust



Olatunji,Adeola
01/04/2026 17:25:35

Intelligence Narrative	Finance Narrative
Invoices paid within 30 days of receipt metric shows common cause variation and the metric may hit it or miss target	Cash at 28 February 2026 is £41,473k, against a plan of £16,263k with contributions to this arising from the surplus year to date, delayed estates and digital capital expenditure and the plan's assumed lower level of cash coming into the new financial year, even after the settlement of capital and operational creditor balances across the year end. The ambulance replacement programme acquisitions delayed from 2024/25 have arisen in Q1 and Q2 of 2025/26 overachieving our annual plan, offsetting this is PDC received to part fund the 2025/26 ambulance replacement programme, and the lease remeasurement arising on the changes to strategic estates development, reducing the charge against capital allocation. The capital expenditure forecast is being monitored as delayed estates and digital work progress. Invoice payment rates within 30 days remain below the 95% target, and frequently dipping below the 90% sector average. Improvement is focussed on removing delays to the timely payments of high volumes of fleet and agency related invoices, and the resolution and recording of disputed invoices with suppliers.

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Partnerships

Director: Hein Scheffer

February 2026

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Partnerships

Ideally every metric should be in one of these starred boxes, which indicate the metric is either currently passing its target or is currently improving

Assurance Grid (SPC Charts only)

Data Owner / Responsible Exec
Hein Scheffer

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Data up to:
February 2026

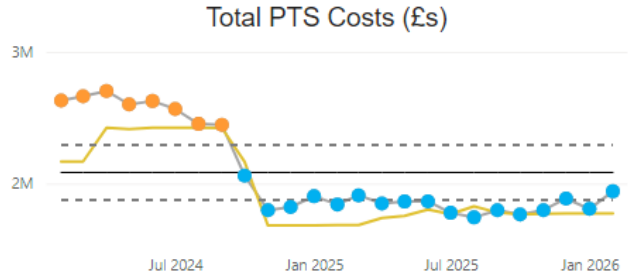
Variance	Assurance: Consistently hit target (P)	Assurance: Inconsistently achieve or fail target (?)	Assurance: Consistently fail target (F)	No target given
Special Cause - Improvement (L / H)	• Access to Stack Acceptance Rate ★	★	• Total PTS Costs ★	• Number of 999 CAD Patients Managed by Robotic Process Automation ★
Common Cause	★	• CFR Contribution to C1 mean (seconds) • CFR Utilization %		
Special Cause - Concern (L / H)				

Olatunji,Adeola
01/04/2026 17:25:35

Partnerships
PTS

Information as at: February 2026

Data Owner / Responsible Exec
Hein Scheffer



Metric	Month	Value	Mean	Assurance	Variation
Total PTS Costs	Feb 26	£1,940,781	£2,084,415		

Please note that the amber line on this chart is the budget rather than a target

Intelligence Narrative	Integration Narrative
Total PTS Costs metric shows special cause variation of an improving nature but the metric will consistently miss its target	The PTS team are working with informatics colleagues to ensure the IPR reflects the updated financial position with the award of the HWE and B&L contracts. M11 showed a positive position of a total contribution of £93k which is £8k above budgeted contribution. This is largely due to the renegotiated contracts and the mobilisation of these as we head into Q1. YTD PTS has made a contribution into the Trust of £1.405million which is £469k above budgeted position. There continues to be a strict focus on managing the contracts within budgets moving into the new financial year. The North Essex contract is due to TUPE at the end of Q4 and currently has the largest cost pressures due to an underpayment from SNEE ICB which is now £196K YTD meaning this contract remains the most financially challenged. This risk will be reduced when the contract TUPE's at the end of Q4. HWE and B&L contracts continue to perform well against trajectories and in line with contracted income. Assurance: Contract managers ODG BLMK and HWE Programme boards Monthly budget forecast & review meetings Performance committee Accountability Review

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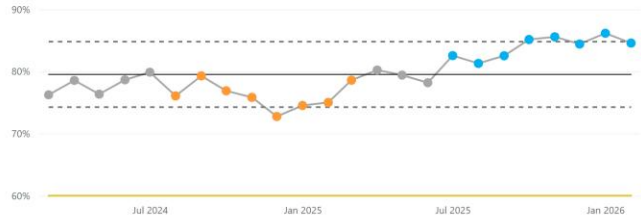
Partnerships
System Involvement

Information as at: February 2026

Data Owner / Responsible Exec
Hein Scheffer

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Access to Stack Acceptance Rate %



Metric	Month	Value	Mean	Assurance	Variation
Access to Stack Acceptance Rate	Feb 26	84.57%	79.54%		

Intelligence Narrative

Access to Stack Acceptance Rate metric shows special cause variation of an improving nature and the metric will consistently pass its target

Integration Narrative

Incidents Passed
• In February 2026, a total of 3,279 incidents were passed to UCR providers via Cleric, a 24.35% decrease from January 26 (1,056 incidents) and reflecting on the February 2025 position is a decrease of 296 incidents (8.27%).
• N&W recorded the highest number of incidents passed: 811, followed by SNEE with 669 and HWE with 599.
• MSE has the lowest number of incidents passed at 298, followed by BLMK with 437 and then C&P with 465.

Call Acceptance Rates
• 2,773 incidents were accepted by providers (84.57% acceptance rate), a decrease of 962 incidents (34.69%) from January 2026. Looking at February 2025, when accepted rates were 75.02% (2682), so this has increased 3.28% or 91 incidents from February last year.
• Highest acceptance rate: NCH&C, which is a provider within N&W, was 97.40% (450 incidents out of 462 incidents passed). BLMK was the highest system at 96.34%; 421 were accepted out of 437 passed.
• Lowest acceptance rate: MSE at 65.10% (194 incidents out of 298 incidents passed).
• The KPI for accepted incidents remained within target (<20 minutes) with January 26 average of 00:16:02, an decrease of 00:00:24 from January 2026 which was 00:16:26.

Variation
• Some hubs are still experiencing network connectivity issues (mainly MSE/HWE & N&W), which is impacting the volume of incidents reviewed and passed. The Digital team meets weekly to review progress toward securing a stable connection and to provide updates on plans and resolutions.
• Within SNEE, numbers passed to REACT are lower (but acceptance and completion are higher), as the centralised triage model is being adopted for REACT, which means only calls are passed when they have capacity, but these will be triaged by an Advanced Nurse Practitioner or EEAST Paramedic prior to being passed.

Auto-Reject Rates
• Auto-rejects increased from 4.52% in January 26 to 4.64% in February 26.
Over target 5%:
o HWE 14.36% - (was highest in HCT at 25.00%)
o MSE 7.38%
Under 5% target:
o BLMK: 3.20%
o SNEE: 2.24%
o N&W: 1.23%
o C&P: 1.08%

Incident Completion Rates
• 2,301 incidents were completed without ambulance response in February 26 (50.99%), a decrease of 629 incidents (37.61%) from January 26. This is an increase from the February 2025 position by 143 incidents (8.55%), which was 1529 completed incidents.
• Highest completion rate: BLMK 62.24% (272 out of 437 incidents passed)
o Highest by single provider: REACT (SNEE) 73.81% 62 completed out of 84 incidents passed. However, the UCCH is adopting the centralised triage model with REACT, so volume has decreased as it is being triaged by the ANP/EEAST Clinician.
• Lowest completion rate: HWE 36.89% (221 out of 599 incidents passed)
o Lowest by single provider: HCT (HWE) at 28.24% (61 completed out of 216 incidents passed)

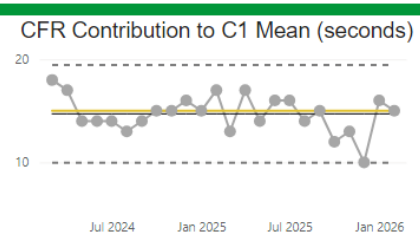
Next Steps & Considerations
• Following agreement of funding to strengthen the urgent community response with clear associated improvement to the C2 mean. EEAST has assigned £2m of non-recurrent resources to this initiative and continues to monitor the impact and review the December/January data, which reflects a higher completion rate. However, this has dropped in February 26.

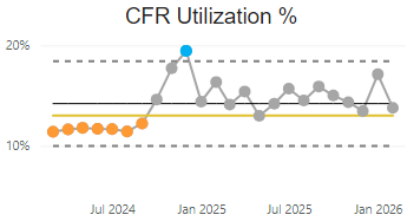
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Partnerships
Volunteers

Information as at: February 2026

Data Owner / Responsible Exec
Hein Scheffer





CFR includes CFR, CFR CAR, CFR FALL vehicle types in line with the OPIP

Metric	Month	Value	Mean	Assurance	Variation
CFR Contribution to C1 mean (seconds)	Feb 26	15	14.71		
CFR Utilization %	Feb 26	13.78%	14.2%		

CFR Utilization % shows what % of their Available Hours that CFRs are on assignments

Intelligence Narrative	Integration Narrative
CFR Contribution to C1 mean (seconds) metric shows common cause variation and the metric may hit it or miss target CFR Utilization % metric shows common cause variation and the metric may hit it or miss target	The Community first responders provided over 20,000 volunteering hours, a slight decrease impacted on the reduction of the number of days in February , attending over 2300 patients, a reduction of 500 patients on last month. The unique contribution to the C1 mean maintained 16 seconds with a first on scene rate for C1 calls reduced by 2% to 68% and C2-5 calls of 94% of the times. Over 100 incidents attended received no EEAST back up and were discharged through CAL, therefore releasing additional capacity into Operations to respond to other patients. The CFRs are continuing to provide care to our patients prior to EEAST arrival, with the back-up time decreasing to an averaging at 28 minutes and in this time the CFRs are able to assess the patient, this helps reduce the average time a DSA is on scene with a C2 patient that is conveyed to hospital by 10 minutes, again supporting the best care for the patient and increasing operational productivity for every call and in over 290 incidents provide an escalation of care sitrep back into EOC this is a reduction of nearly 150 patients compared to last month. The Blue light element of the community response portfolio continues to increase in the contribution, hours and the number of volunteers available complimenting the work of the CFRs providing another 6 seconds to the C1 mean, and increasing the number of patients attended, treated and escalated. EOC continue to embed utilisation into the role of the dispatchers, and with the new performance roles within EOC the focus on stabilising the utilisation and then increasing the volunteer activity is paramount to supporting EEAST through the winter months. This positive interaction and actions undertaken by EOC are addressing some of the variance to volunteer utilisation, through visibility on dispatch stacks and ongoing work towards auto deployment of volunteer and blue light resources to reduce the impact of human factors on the utilisation of resources. Utilisation of the resources has however seen a reduction back to the 14% level which is the lower level of monthly utilisation we have seen through 2025-26, but the level where EOC consistently manage to sit with resourcing. Our utilisation, when benchmarked against the services who are part of the AACE Data dashboard are still favourable with us being in the top 2 services for utilisation of CFR resources. We are continuing to work on increasing the contribution to the C2 calls and lower acuity, where we can demonstrate an efficiency saving to the organisation through appropriate escalation, discharge from scene and through patient assessment prior to the ambulance arrival.

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Partnerships

Number of 999 CAD Patients managed by Robotic Process Automation

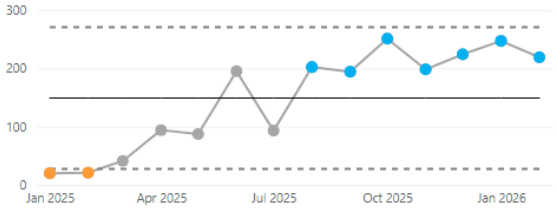
Information as at: February 2026

Data Owner / Responsible Exec
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Number of 999 CAD Patients managed by Robotic Process Automation

Strategy Metric



Metric	Month	Value	Mean	Assurance	Variation
Number of 999 CAD Patients Managed by Robotic Process Automation	Feb 26	219	149		

Intelligence Narrative	Integration Narrative
Number of 999 CAD Patients Managed by Robotic Process Automation metric shows special cause variation of an improving nature	Summary - Publication for the data period demonstrates the use of Robotic Process Automation within the EOC is increasing month on month and is on track to acheive the 25% performance improvement target set for the 25/26FY. Actions - A review of the 2025 data is being performed to assign £ value to each interaction/ outcome. Impact - We continue to see a continual growth in automated patient transfers. Assurance - Reasonable assurance has been given due to the low but improving maturity of the activity. Following a review of the transactional activity (in 2025) a decision has been taken to renew the investment in the current RPA for a further 12 months to enable wider regional reach and the addition of further CAD Incident codes.

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SPC Charts Explanation

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Statistical process control

An SPC chart is a plot of data over time. It allows you to distinguish between common and special cause variation. It includes a mean and two process limits which are both used in the statistical interpretation of data.

To help you interpret the data a number of rules can be applied.

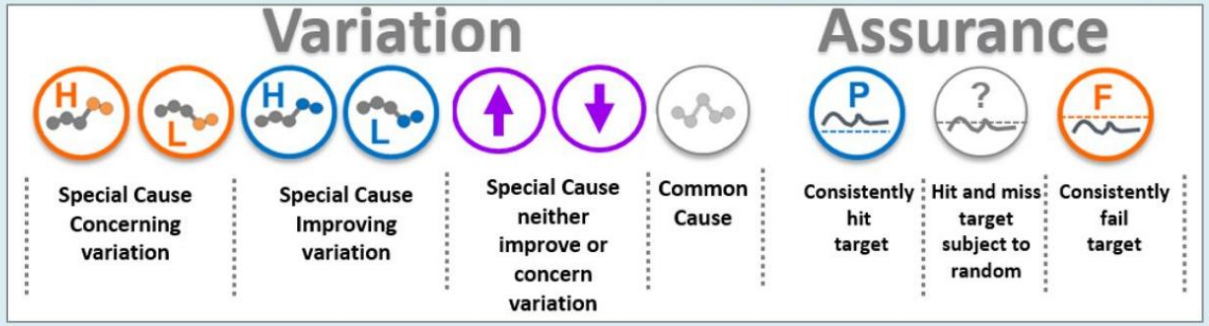
The rules

1) Any single point outside the process limits.
2) A run of 7 points above or below the mean (a shift), or a run of 7 points all consecutively ascending or descending (a trend).
3) 2 out of 3 points within 1 sigam of the upper or lower control limit
4) A large change in the moving range (greater that 3.27 * av moving range)

All these rules are aids to interpretation but still require intelligent examination of the data.
This tool highlights when a rule has been broken and highlights whether this is improvement or deterioration

If you change in your process and observe a persistent shift in your data, it may be appropriate to change the process limits. A process limit change can be added if the observed change is sustained for a longer period not just 7 points. You should try and find out the cause of the process change before recalculating the limits and annotate this on the chart. Be very cautions if you do not know what changed the process.

Icon key



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When SPC Charts are not suitable

There are instances where an SPC chart will not be the most suitable type of chart to use. These are:

1. Where you have a number of categories for a subject (i.e. Sickness reasons) and you want to see which of these is the biggest proportion of the total metric in question then a Pareto Chart is more suitable (see chart left below).

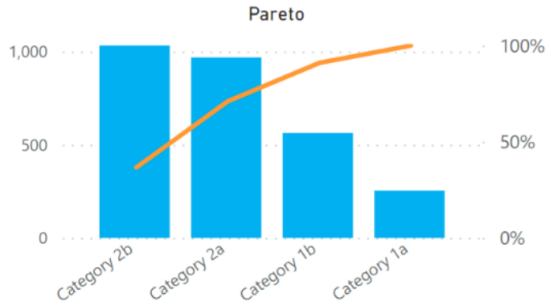
2. Where you don't have enough data points, a minimum of 14 are needed to be able to use an SPC Chart. Please note that this will always apply to any metric where you only want to show data within the current Financial Year.

3. Where the mean is below 1 AND there are not 5 different values in the data set e.g. 1,2,3,4,5; In other words, metrics of events which rarely happen are unsuitable.

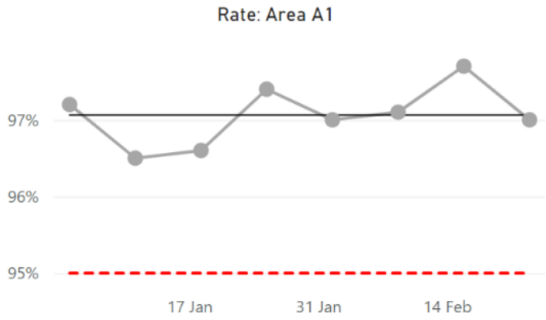
4. Where the metric is cumulative within the year i.e. Expenditure by Directorate

(Please note: This list is not definitive and is a work in progress)

Pareto chart
A Pareto chart shows which areas are the largest to focus attention where it will have the biggest impact. The areas are ranked in descending order with an increasing line chart overlaid, showing how the proportion of the largest X areas increases as more are added – that is, how big an impact focussing on the largest X areas will have.



Not enough data points?
An SPC chart requires enough data for a robust analysis. If there are too few data points (fewer than 14), the SPC elements are not displayed.



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East of England Ambulance Service NHS Trust

Meeting:	Trust Board	**Date:**	08.04.2026
Report Title:	CQC Status Update		
Agenda Item:	PUB26/04/2.3		
Author(s):	Natalie Mudge – Assoc Director of Clinical Quality & Regulatory Assurance		
Lead Director:	Simon Chase – Chief Paramedic and Director of Quality		

Purpose:	Decision Approval		Discussion Review	✓	Information Noting	✓	
Assurance:							
	None		Limited		Reasonable	✓	Substantial	

Link to CQC domain:		**Link to EEAST's Strategic Missions:**	
Caring	✓	Patient Mission	✓
Responsive	✓	Partnership Mission	✓
Effective	✓	People Mission	✓
Well Led	✓	Productivity Mission	✓
Safe	✓		

Link to Strategic Risk:

SR1	✓	SR3	✓	SR5	✓	SR7	✓	SR9	✓
SR2	✓	SR4	✓	SR6	✓	SR8	✓	SR10	

Equality Impact Assessment:			
YES		**NO**	✓

Previously considered by:

Previous reports have been presented to Private Trust Board and the Executive Leadership Team in respect of the Draft CQC report following the inspection undertaken in November 2024. Public Board have received periodic updates against the progress regarding the S29a Warning notice since April 2025.

Purpose:

This paper provides a summary of the East of England Ambulance Service NHS Trust's (EEAST) regulatory and improvement journey over the period November 2024 – March 2026.

Recommendation:

Trust Board is asked to discuss the contents of this paper, noting;

- Progress against actions previously identified.
- That the Trust has not yet received the final inspection report (inspection undertaken in November 2024) which may result in different ratings outcomes dependant on the CQC's response to the Trust's submitted points of accuracy submitted through the factual accuracy process of the draft report.

Executive Summary:

Between November 2024 and June 2026, the East of England Ambulance Service NHS Trust (EEAST) underwent a comprehensive regulatory inspection journey involving a focused Care Quality Commission (CQC) inspection, subsequent enforcement actions via a warning notice, along with accelerated oversight through the Rapid Quality Review (RQR) process, and significant organisational improvement activity. The Trust has delivered sustained improvements across multiple areas highlighted by CQC, with the final inspection report currently pending following EEAST's factual accuracy review.

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During this time, EEAST experienced a focused Care Quality Commission (CQC) inspection in November 2024, which identified concerns resulting in enforcement action, including a Section 29A warning notice issued in February 2025 for failures in areas such as call-wait times, staffing levels, staff training, controlled-drug incident management, and organisational culture.

Following this the Trust has been through accelerated oversight and improvement activity (e.g. Rapid Quality Review processes led by Commissioners and overseen by the CQC), with the Trust undertaking rapid changes in response to the warning notice. Information on the improvements made can be seen within the Introduction / Background section of this report.

Regarding the draft report, whilst the final version has not been shared at the time of this update, it is likely to be heavily influenced by the warning notices issued in Jan 2025.

The areas of focus are:

1. Statutory and Mandatory Training
2. Call Waiting Times (EOC)
3. EOC Recruitment
4. Organisational Culture
5. Medicines Management
6. Staff Engagement and Action Planning
7. Vehicle Availability (EUC)
8. DSE Assessments
9. Hospital Handover Delays
10. Visual Signposting for Compliments/Complaints in Vehicles (EUC & PTS)
11. Delayed Response Times (EUC)

Parallel oversight through the RQR exit-criteria process with improvements monitored by NHSE, CQC, and Commissioners is already monitoring these identified concerns that have already shown *significant and sustained improvement*.

Introduction / Background:

Between November 2024 and June 2026, the East of England Ambulance Service NHS Trust (EEAST) underwent a comprehensive regulatory journey involving a focused Care Quality Commission (CQC) inspection, subsequent enforcement actions, accelerated oversight through the Rapid Quality Review (RQR) process, and significant organisational improvement activity. The Trust has since delivered sustained improvements across multiple areas highlighted by CQC, with the final inspection report currently pending following EEAST's factual accuracy review.

Inspection and Enforcement Timeline

- **19–21 November 2024** – CQC undertook an *unannounced focused inspection* of the Emergency and Urgent Care (EUC) services and the Emergency Operations Centre (EOC).
- **05 December 2024** – EEAST submitted all requested data and narrative evidence.
- **23 January 2025** – The Trust received a **Section 29A Warning Notice** identifying six areas of concern:

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- Low completion of statutory and mandatory training
- Call waiting times below national standards
- Insufficient staffing levels
- Cultural issues across EOC and EUC
- Inadequate investigation of controlled drug incidents
- Inconsistent action on staff feedback at ambulance stations

- **27 January 2025** – Receipt of a **Section 64 (Regulation 17) information request** relating specifically to **Category 2 response times**.
- **February 2025** – Commenced the **Rapid Quality Review (RQR)** process, with the inaugural meeting on 27 February.
- **June 2026** – EEAST progressed to the **exit-criteria stage** of RQR, with metrics monitored monthly by NHSE, CQC, and Commissioners all exceeding the targets set apart from staff engagement.
- **15 January 2026** – CQC issued the **draft inspection report** for review.
- **09 February 2026** – EEAST submitted **factual accuracy and points of challenge**.

Overall themes indicate improvements are still required in safety, responsiveness, and leadership across both services.

Key Improvement Measures sustained since June 2025 - Feb 2026

Performance Against Target Benchmarks

Concern Area	Target	Feb-26 Status
Mandatory Training	>85%	**93.88%**
Call Waiting – Mean	< 5 seconds	**00:00:01**
Call Waiting – 95th percentile	< 5 seconds	**00:00:01**
EOC Recruitment	85% of target	CH: **106%**; Disp: **98%**; CAS: **89%**
Medicines incident investigations	Zero not appropriately closed	**1**
Staff engagement, action plans and culture	Roll-out from 01/04/2025	*On track*

Key Objectives Identified Through Line-by-Line Review
Eleven cross-organisational priority objectives were established, many directly linked to the Section 29A and Section 64 actions, with evidence of sustained progress:

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1. Statutory and Mandatory Training
2. Call Waiting Times (EOC)
3. EOC Recruitment
4. Organisational Culture
5. Medicines Management
6. Staff Engagement and Action Planning
7. Vehicle Availability (EUC)
8. DSE Assessments
9. Hospital Handover Delays
10. Visual Signposting for Compliments/Complaints in Vehicles (EUC & PTS)
11. Delayed Response Times (EUC)

Current Status (March 2026)
CQC is currently reviewing the Trust's factual accuracy submission and the Trust is currently **awaiting the final inspection report**. It is expected that the report may be released around the 15th April 2026, but the Trust is awaiting confirmation from the CQC.

Key Issues / Risks:

Factual Accuracy has been provided and we await the final report - the CQC are not obliged to change the content or the draft ratings other than those they have identified.

There is an ongoing risk in relation to further enhanced scrutiny, a negative media focus, reputational risk and demoralisation of workforce with the Trust moving to an overall rating of Inadequate from Requires Improvement.

Options:

Not applicable

How does this report link with EEAST's vision, purpose and values?

https://www.eastamb.nhs.uk/about-us/our-corporate-strategy

Summary:

As per Executive Summary

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NHS
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NHS Trust

Meeting:	Trust Board	**Date:**	08/04/2026
Report Title:	Patient and Partnership Plan		
Agenda Item:	PUB26/04/2.4		
Author(s):	Paul Gates, Deputy Chief Paramedic, Libby Vennet, Deputy Director of Strategy and Glenn Young, Deputy Director, System Partnerships & Integration		
Lead Director:	Simon Chase, Chief Paramedic & Director of Quality, Dr Simon Walsh, Medical Director & Dr Hein Scheffer, Director of Strategy, Transformation & Governance		

Purpose:	Decision Approval		Discussion Review		Information Noting		**X**
Assurance:							
	None		Limited		Reasonable	Substantial	**X**

Link to CQC domain:		**Link to EEAST's Strategic Missions:**	
Caring	**X**	Patient Mission	**X**
Responsive	**X**	Partnership Mission	**X**
Effective	**X**	People Mission	**X**
Well Led	**X**	Productivity Mission	**X**
Safe	**X**		

Link to Strategic Risk:

SR1	**x**	SR3	**x**	SR5	**x**	SR7		SR9	
SR2	**x**	SR4	**x**	SR6	**x**	SR8		SR10	

Equality Impact Assessment: YES		**NO**	**X**

Previously considered by:

Executive Leadership Team, Quality Governance Committee & Private Trust Board

Purpose:

The purpose of the plan is to provide a strategic direction for the Trust in how we will improve the care for our patients, through our people working in collaboration with our system partners to improve how we deliver care across the region. It is a key plan to meet our Trust strategy

Recommendation:

Trust Board is asked to note and support the Patient and Partnership plan.

Executive Summary:

The Patient and Partnership Mission has been co-produced and developed over the last twelve months through engagement with a range of our people internally and externally. The plan essentially has three main themes, these being:

- Integrated navigation and urgent care
- Delivering excellent emergency care
- Neighbourhood and partnership care

The plan also provides details of how we will work with our system partners to ensure we meet our plan outcomes and become the regional navigator or care while provides excellent emergency and urgent care.

The plan provides details of enablers and also the expected measurable outcomes.

Olatunji Adeola
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Introduction / Background:

For our patients, our ambition is
By 2030, accessing care from the ambulance service will feel more consistent, integrated and more predictable. Whether contacting 999, 111 or using the NHS App, the public will experience a service that listens, understands what they need, and takes responsibility for navigating the right outcome.

For our people, our ambition is
Supporting our workforce is fundamental to safe and effective care. By 2030, our people across EEAST - frontline clinicians, Emergency Operation Centre (EOC) teams, corporate colleagues, managers, and volunteers - will experience greater clarity, stronger support, and better tools to perform their roles with confidence.

For our regulators and system partners, our ambition is
By 2030, EEAST will demonstrate clarity of purpose, responsible use of resources, and consistent, reliable performance across urgent and emergency care.

To turn the Strategy into measurable change, EEAST will deliver a coordinated set of programs that translate strategic intent into practical, system-level improvement. Each programme focuses on a core element of our future operating model: integrated navigation and urgent care; emergency care excellence; and neighbourhood and partnership care. Together, they provide the mechanism for safer decisions, faster responses, and better patient outcomes.

These programs bring structure to the transformation ahead, outlining the specific changes, capabilities, and partnerships required to realise our strategic ambition. By sequencing improvements across clinical practice, digital modernisation, workforce capability, and system collaboration, the programs of work ensure that the Strategy moves from vision to reality, creating a service designed to meet the needs of patients now and into 2030.

Key Issues / Risks:

- At present, it is an aspiration of the Trust to be an Integrated Urgent Care (IUC) navigator, but this is dependent on and subject to tender processes, beyond the Trust's control.
- Ability internally to change our response model along with providing education to our clinicians.

Options:

N/A

How does this report link with EEAST's vision, purpose and values?
https://www.eastamb.nhs.uk/about-us/our-corporate-strategy

It is linked to all plans including partnership, people and productivity missions.

Summary:

The Patient Plan sets out how EEAST will aim to transform the way urgent and emergency care is delivered across the East of England, through clearer navigation, stronger emergency care, and deeper integration within neighbourhood teams. Delivering this change requires more than internal reform; it depends on genuine system partnership, shared accountability, and coordinated action across ICBs, providers, and communities. By modernising our workforce, our digital tools, and our operating model, we will create conditions for safer decisions, faster responses, and more consistent patient outcomes. Together with our partners, we will build a modern ambulance service that is proactive, connected, and capable, ensuring that by 2030 every patient receives the right care, every time.

Digitally signed by Paul Ayeola
Date: 2026.01.21 17:25:35



East of England Ambulance Service NHS Trust

EEAST Public Trust Board

Patient and Partnership Plan

8th April 2026

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Patient and Partnership Mission

East of England Ambulance Service NHS Trust

'Mission on a page'

Patient	Partnership
To provide high quality urgent and emergency care that is fair, responsive and focused on patient need	To connect patients to the best care, at the right time, first time, every time, through working with our partners

Mission Statement:
By 2030, EEAST will deliver safe, high-quality urgent and emergency care through empowered people, strong partnerships and modern digital systems that ensure patients get the right care, every time

Programmes of work:

1 Integrated Navigation & Urgent Care
A single, unified regional care navigation function(999, 111, CAS)

2 Delivery of Excellent Emergency Care
(C1/C2 performance, clinical outcomes, emergency response model)

3 Neighbourhood & Partnership Care
Operating model aligned to ICB commissioning intentions and neighbourhood teams

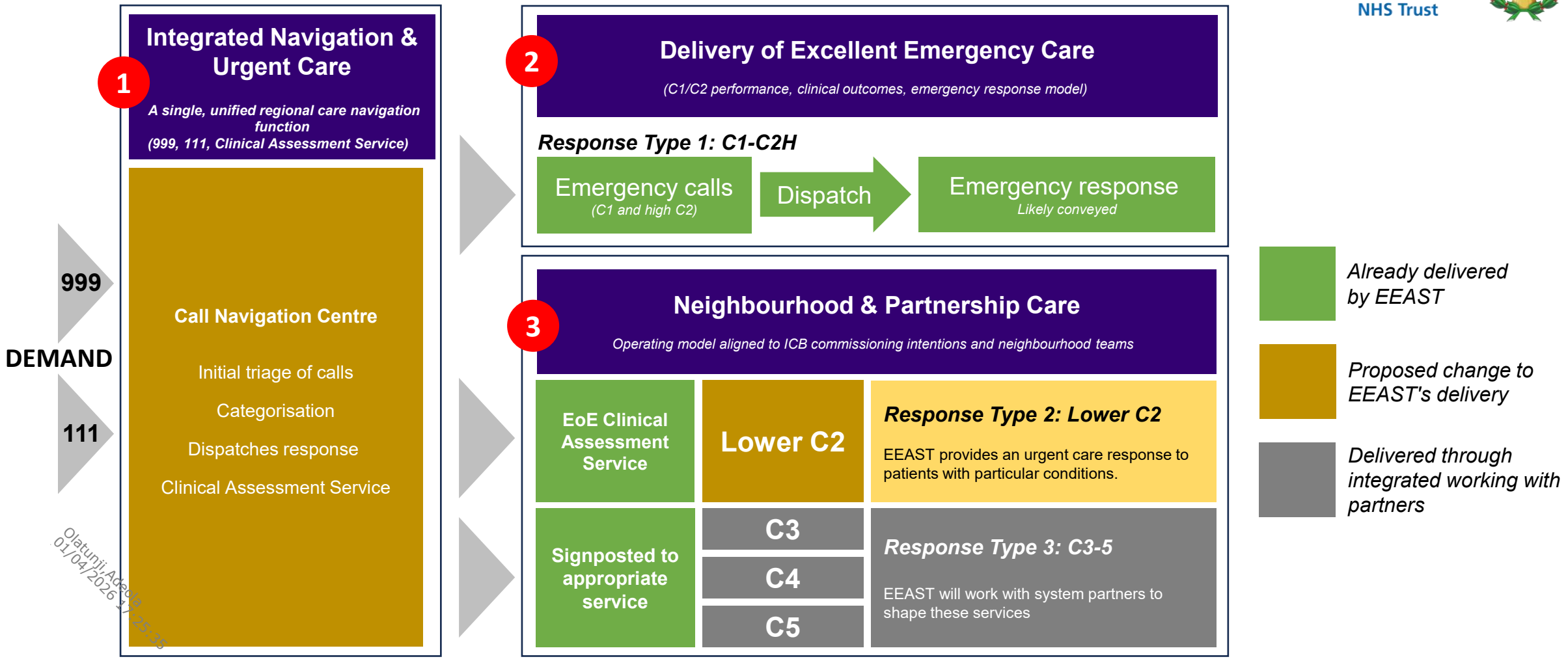
Outcomes:

Increased Hear &Treat (target 18.9% to 23%, ultimately 30%)	Consistent delivery toward C1 (7 min) and C2 (18 min) trajectories	Clear, co-designed roles within neighbourhood teams
Increased conveyance rate	Reduced unwarranted clinical variation across all areas	EEAST contributes to reducing inequalities across priority conditions
Reduced re-contact rates within 24hours	Improved survival and Return of Spontaneous Circulation rates (>50%)	Fewer crisis admissions for frailty/mental health/End of Life
Faster and more reliable transfer to community services	Improved patient experience in high-acuity care	Established links to FDP for real-time shared patient information

Olatunji Adisa 24/04/2026 17:25:34

We have developed a future Patient Care Model for 2030 with three clear components

East of England Ambulance Service NHS Trust



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Patient and Partnership Mission Timeline

Phase 1 (2026-28)

A single, unified regional Clinical Assessment Service	EEAST participation in multi-disciplinary teams
Broader employment of healthcare professionals	A modernised operating model
Strengthened senior clinical decision support	Embedded standardised clinical pathways
Optimised deployment models	Interoperable digital systems and data sharing agreements
Adaptation to neighbourhood care commissioning intentions	Strong governance and system partnership structures
Enhancements in digital tools	

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01/04/2026 17:25:35

Phase 2 (2029-31)

- Full integration of 111 and 999 triage
- Single Points of Access with Neighbourhood Teams.
- Standardised referral pathways
- Digital interoperability and shared population-health data

1. **Integrated Navigation & Urgent Care**
2. **Delivery of Excellent Emergency Care**
3. **Neighbourhood & Partnership Care**

Patient and Partnership Mission

East of England Ambulance Service NHS Trust

Programmes of work:

1 Integrated Navigation & Urgent Care
A single, unified regional care navigation function(999, 111, CAS)

2 Delivery of Emergency Care Excellence
(C1/C2 performance, clinical outcomes, emergency response model)

3 Neighbourhood & Partnership Care
Operating model aligned to ICB commissioning intentions and neighbourhood teams

Key Enablers:

	Phase
One regional Clinical Assessment Service	1
Commissioning intentions required to consider shared Single Point Access with neighbourhood teams	2
Standardised referral pathways across ICBs to support patient to the right service	2
Digital interoperability and shared population health data linked to Digital Road Map	2
Integrated 111/999 triage – linked to TN work	2

	Phase
Development Crew Resource Management model and Advanced Practice	1
Optimised deployment model aligned to operational delivery model	1
Digital tools advancement	1
Adaptation to Commissioning intentions for neighborhood care other shared pathways	1

	Phase
Local Multi Disciplinary Team participation /inpu	1
Shared data agreements to allow FDP access	1
Joint workforce development with community partners	1

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Patient and Partnership Mission

East of England Ambulance Service NHS Trust

Links to other missions:

Productivity Mission

Digital & Clinical Modernisation
The digital foundations for the Patient Care Model

Simplified Outcomes:	Key Enablers:
Improved response times enabled by digital tools	Digital Roadmap
Improved value for money	Optimised Estate and Fleet
Reliable, real-time data at every patient touchpoint	Comprehensive review and policies and processes
Less administrative burden for staff	Cultural co-ownership between operational and clinical teams
	Data-driven improvements

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People Mission

Workforce for the Future Patient Model
Capability and skills to operate the Emergency & Urgent Care Model

Simplified Outcomes:	Key Enablers:
Right skills mix for navigation, UC, and emergency response	Advanced & Enhanced Practice roadmap
Improved retention and staff experience	Integrated education model for CAS, 111, 999
Lower sickness and improved mental health support	Clear paramedic and non-paramedic career pipelines
Higher learning and training completion rates	Critical Risk Management approach
	Aligned recruitment with commissioning requirements

Meeting:	Public Board	**Date:**	08/04/2026
Report Title:	Quality Governance Committee Report to Board		
Agenda Item:	PB26/04/2.6		
Committee Date	25/02/2026		
Meeting Chair:	Sue Wilkinson Non-Executive Director		
Meeting quorate	Yes		
Purpose:	Assurance		
Recommendation:	The Board is asked to receive assurance from the business discussed at the meeting and to review the matters for escalation and referral		

Link to Strategic Mission	
People Mission	
Patient Mission	**X**
Partnership Mission	**X**
Productivity Mission	**X**

Summary of Items Considered at the Meeting			
Issue	**Consideration**	**Resolution/Outcome**	**Assurance**
BAF SR 2 update	This risk has been gradually reducing and is currently scoring 9 against a target score of 4.	Work is ongoing to review and clarify levels of strategic assurance, moving from reassurance. Governance structure is an evolving framework and relevant groups are now in place and functioning to underpin this framework. RSM audit reviews confirm recommendations are now managed and work is ongoing to streamline and embed. Positive updates given regarding in date policies and guidance, mandatory training and patient safety incidents versus level of harm.	Reasonable
Annual committee review	Feedback now received and collated.	Acknowledged the comments regarding length, depth and timings of papers. Discussed meaningful agenda and workplan. ToR change wording “ensure” to “assure”.	Reasonable
IQPR	Reviewed the following metrics; complaints and closure/ responses, safeguarding level 3 training and IPC KPIs.	Complaints continue to trend down. Closure of complaints remain in common cause variation, and not improving. Discussed reasons for this – more than 40% miss the agreed timeline. This was referred to ELT, with an action plan and	Reasonable with exception of the metrics identified in the discussion.

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		trajectory to be provided at the next meeting. Safeguarding level 3 training fallen below 80%, however likely this is linked to the reduction / ceasing of training during seasonal pressures. Anticipated this will improve. To be reviewed at the next meeting. IPC standards not improving, some related to KPIs not being appropriate for ambulance providers. New guidance is now available and the team will work to this. Uniform compliance discussed – to be brought back to the next meeting with actions to resolve. Also explored the NSTMI KPIs, explained that these are dependent on external parties reporting.	
Regulatory update	Verbal update provided in relation to existing "must dos" and most recent CQC report	67/69 "must dos" now completed, outstanding; safe staffing and C2 response times. Factual accuracy on recent CQC report has now been completed and further evidence submitted to support challenges from the Trust. Request made to review ratings based on evidence. Majority of concerns were already known and relate to section 29a and regulation 17 letters. Note negative feedback about the Trust from staff to inspectors. Communication teams to meet next week to plan external and internal comms.	Reasonable
Access to stack	Verbal update regarding initiative.	This initiative has now been active in the Trust for 4 years. It is business as usual and managed by UCCH (urgent care co-ordination hubs). There have been no safety or quality concerns raised. The main issue is patient experience due to delays/ moves and co-dependencies across services.	Substantial

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		This will now be captured under UCCH reporting.	
TPB	Focus on 3 workstreams; enhanced and advanced critical care practice and education.	Advanced critical care practice to pilot for 1 year, will need to define benefits, clinical impact and productivity. Enhanced practice programme – mapping out potential benefits. Health inequalities work progressing. Education, focus on the following cohorts of patients; elderly care, cardiac, shortness of breath, hoping to maximise impact on the biggest cohort of service users. Research portfolio needs building. Discussed and acknowledged the requirement to align the workstreams with strategic vision and enable delivery of the strategy/ patient plan/ mission.	Reasonable
Patient Plan	Reviewed the current version of the plan	Acknowledged changing landscape, and need to adapt to the strategy. Programmes of work that are aligned to patient plan; expansion of UEC/ advanced practice, working with integrated neighbourhood teams, however recognise this is dependent on commissioning intentions. Discussed the benefit of service user feedback and staff engagement. It was agreed this plan needs to remain agile, and it is an opportunity to influence others. Requires specific patient outcomes and priorities.	Reasonable
LeDER update	Paper received outlining the Trust's learning disability training, and management	Acknowledged the paper and discussed the often limited involvement of EEAST staff with these service users. Training, communication and monitoring of incidents and complaints in place. SC sits on AACE and receives feedback from there, to date no negative feedback received. To include in health inequalities work.	Reasonable

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Internal audit report High intensity users	Report provided	Good assurance on the quality and effectiveness on actions taken. To review bi-annually or more frequently by exception.	Substantial
UCCH	Quality and safety overview provided	Key findings; increase in re-contact rates, however to be expected in relation to hear and treat. Positive outcomes and patient experience for timely advice. Multiple services involvement can cause frustration for service users and inconsistencies across ICSs. Asked to provide update on understanding re-contact rate and benchmarking.	Substantial
PAS	Paper outlining governance and safety for PAS	Very robust paper and discussion on governance management.	Substantial

Matters for escalation or referral		
Issue	**To**	**Reason**
Nil		

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QUALITY GOVERNANCE COMMITTEE: AGENDA PLAN 2026-27 DRAFT					
	May (EXT) 27.05.2026	June 24.06.2026	September 23.09.2026	December 16.12.2026	February 24.02.2027
PATIENT SAFETY AND CLINICAL QUALITY					
Committee Integrated Performance Report (IPR)		X	X	X	X
Patient Safety Incidence Response Framework (PSIRF) 6-monthly review		X		X	
Patient Safety Incident Investigation (PSII) Thematic Review (ad-hoc)		X	X	X	X
Access to the Stack (6-monthly review), including update on Minimum Viable Product / EEAST's commitment to hub staffing			X		X
Claims and Litigation Report (Annual review)		X		X	
Sub-Contractor Assurance, including: - Private Ambulance Services (PAS) - Taxis - Bank staff		X	X	X	X
Quality Account	X				
Flu Update					X
Clinical Strategy Closure Report		X			
Apprentice Supervision Quality Report			X		
Learning from Experience	AS REQUIRED				
Quality Impact Assessment (Monitor the quality impact assessment of all financial decisions including CIPs where the risk score is 15 or above)	AS REQUIRED				
ANNUAL REPORTS					
Infection Prevention and Control Annual Report			X		
Research and Development Annual Report and Strategy				X	
Medicines Management Annual Report		X			
Clinical Audit Annual Report		X		X	
Clinical Audit Plan 2026-27		X			
Safeguarding Annual Report			X		
REGULATORY REQUIREMENTS					
Continuous Improvement and Regulatory Framework		X	X	X	X

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Collaboration with External Bodies (CQC, NHSE/I, NICE, etc.)			X		X
TRANSFORMATION					
Transformation Portfolio Board Update (Clinical, Medical and Education)		X	X	X	X
GOVERNANCE					
Board Assurance Framework		X	X	X	X
Board Assurance Framework Review (Review of QGC items)					X
SR2 Deep Dive			X		
Terms of Reference Annual Review					X
Review of Committee Agenda Plan					X
Committee Effectiveness Annual Review					X
Committee Effectiveness Report to Board		X			
Committee Chair's Assurance Report to Public Board (following each meeting)		X	X	X	X
SUB-GROUP ASSURANCE REPORTS					
Compliance and Risk Group		X	X	X	X
Medical Devices Annual Assurance Report		X			
EXTERNAL REVIEWS, ENQUIRIES AND HORIZON SCANNING					
Review of all enquiries, national service frameworks from all other external agencies	AS REQUIRED				
Internal Audit Reports (as identified within the Committee remit)	AS REQUIRED				
Progress report on any resulting action plans and/or recommendations from any external enquiries/reviews	AS REQUIRED				
National Clinical Guidelines: Review clinical standards and implementation of all national clinical guidelines	AS REQUIRED				

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East of England Ambulance Service NHS Trust

Terms of Reference – Quality Governance Committee 2026-2027

Document Reference	To be assigned by Corporate Records Manager
Document Status	Draft
Version:	0.1

DOCUMENT CHANGE HISTORY		
Initiated by	**Date**	**Author(s)**
Annual Review	January 2026	Adeola Olatunji, Corporate Governance Manager

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Document Owner	Governance Improvement Specialist
Recommended at Date	Quality Governance Committee 25.02.2026
Approved at Date	Board
Valid Until Date	March 2027
Linked Policy Documents	Standing Orders Reservation of Powers Scheme of Delegation Other Committee Terms of Reference Standing Financial Instructions Board Governance Assurance Framework Risk Management Policy
Dissemination requirements	Cascade to Board members and Senior Leaders and forms part of Board level induction pack
Part of Trust's publication scheme	Yes

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Quality Governance Committee

Terms of Reference

East of England Ambulance Service NHS Trust

1. Constitution

1.1 The Quality Governance Committee (“the Committee”) is constituted as a standing committee of the Trust's Board of Directors (“the Trust Board”). Its constitution and Terms of Reference shall be as set out below and any changes will be subject to Trust Board approval.

2. Purpose

2.1 The purpose of the Committee is to provide assurance to the Board on the oversight of quality governance and the delivery of safe, effective and compassionate care in line with the Trust’s strategic objectives and statutory duties. The Committee will oversee and assure on patient safety, clinical effectiveness, patient experience and safeguarding, monitoring performance, scrutinising progress against agreed quality metrics and improvement plans, and reviewing quality-related risks within the Board Assurance Framework and Corporate Risk Register, as set out within its Terms of Reference and as referred to it by the Board.

3. Authority

3.1 The Committee is authorised by the Board to act within its Terms of Reference. All members of staff are directed to co-operate with any request made by the Committee.

3.2 The Committee is authorised to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience (e.g. external auditors and expertise if it considers this necessary for, or expedient to, the exercise of its functions). Any external advice that is commissioned must comply with the Trust’s Standing Financial Instructions.

3.3 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

3.4 The Committee may establish, subject to Board approval, sub-groups with defined governance arrangements and reporting lines to execute the delegated powers within these Terms of Reference.

3.5 The Board has determined that the Audit and Risk Committee has overall responsibility for oversight of the Trust’s risk management framework, including the Board Assurance Framework. The Quality Governance Committee shall provide assurance to the Audit and Risk Committee and the Board on quality-related risks within its remit.

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3.6 The Board has determined that the Committee shall seek assurance that the Trust works collaboratively with relevant external statutory bodies in line with national legislation and that appropriate guidance and requirements are implemented.

4. Duties and Responsibilities

4.1 Patient Safety and Quality Governance

The Committee shall provide assurance to the Board that there is an effective system of quality governance and internal control across all clinical activities.

In particular, the Committee will:

I. Gain assurance that patient safety risks are identified, monitored and mitigated, including through oversight of incidents, thematic reviews, claims, litigation and coroner reports, and that learning is embedded across the Trust.

II. Monitor compliance with external statutory and regulatory requirements, including those of the Care Quality Commission (CQC), NHS Resolution, NHSE and relevant professional bodies, and oversee progress against inspections and associated action plans.

III. Receive assurance that appropriate systems are in place to support safe care pathways, clinical policies and implementation of national clinical guidance and standards.

IV. Oversee compliance with the Clinical Negligence Scheme for Trusts (CNST) and associated risk management standards.

V. Monitor quality assurance arrangements for third-party and sub-contracted clinical service delivery.

4.2 Clinical Strategy and Continuous Improvement

The Committee shall provide assurance to the Board on the delivery of the Clinical Strategy and related quality improvement priorities.

In particular, the Committee shall:

I. Gain assurance that governance, performance and internal control systems support continuous and measurable improvement in the quality of care.

II. Oversee quality improvement programmes, including the Patient Safety Incident Response Framework (PSIRF).

III. Approve and monitor delivery of the annual Clinical Audit Plan.

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IV. Scrutinise and recommend the Trust's Quality Account prior to Board approval and monitor delivery of Quality Account priorities.

V. Review and recommend clinical policies and procedures within its remit and seek assurance on their implementation and compliance.

4.3 Clinical Effectiveness and Assurance Areas

The Committee shall gain assurance that effective mechanisms are in place to monitor and assess the quality and effectiveness of care, including oversight of:

I. Infection Prevention and Control

II. Medicines Management and Safety

III. Learning from Deaths

IV. Safeguarding

V. Clinical claims and litigation

VI. Clinical audit and research governance

4.4 Patient Experience and Engagement

The Committee shall gain assurance that:

I. Learning from complaints, claims, incidents and patient feedback is systematically captured and embedded into service delivery and improvement.

II. Patients, carers and communities are effectively engaged in service design, delivery and transformation.

4.5 Clinical Ethics and Professional Standards

The Committee shall:

I. Receive updates from the Clinical Ethics Advisory Panel and review how ethical advice is incorporated into Trust decision-making.

II. Gain assurance that professional standards and continuous quality improvement processes are embedded across the organisation.

4.6 Quality Performance and Risk Oversight

The Committee shall:

I. Provide assurance to the Board on quality performance indicators within the Integrated Performance Report (IPR) related to its remit.

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II. Seek assurance that strategic and operational risks relating to the patient mission, as delegated through the Board Assurance Framework, are effectively managed and mitigated.

III. Scrutinise quality improvement plans and recovery trajectories where performance falls below agreed standards.

IV. Review benchmarking and best practice data where appropriate to inform quality improvement.

5. Membership

5.1 The Committee membership shall be appointed by the Board from amongst both the Executive Directors and Non-Executive Directors and shall consist of no fewer than three designated members. One Non-Executive Director will act as Chair of the Committee. The Chief Paramedic and Director of Quality and the Medical Director shall be members of the Committee.

5.2 Members should aim to attend every meeting and should attend a minimum of 75% of meetings held in each financial year. Where a member is unable to attend a meeting, they should notify the Committee Chair or the Secretary of the Committee in advance.

5.3 Any member of the Committee may participate virtually provided this is undertaken from a private and secure location with due regard to data security and confidentiality requirements set out in the annual Information Governance training.

5.4 Additional attendees may be invited at the discretion of the Committee to provide advice and expertise.

6. Quorum

6.1 The quorum necessary for the transaction of business is two members, (inclusive of one Non-executive Director).

7. Frequency of Meetings

7.1 Meetings of the Committee shall be formal, properly minuted, and compliant with relevant statutory and good practice guidance, as well as the Trust's Standing Orders and Standing Financial Instructions.

7.2 Meetings of the Committee shall be held at least four times per year, scheduled to support the business cycle of the Board, and at such other times as the Committee Chair shall identify, subject to agreement with the Board Chair.

7.3 The Committee Chair may, at any time, convene additional meetings of the Committee to consider business that requires urgent attention.

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8. Administration

8.1 The minutes of all meetings of the Committee may be formally recorded to aid in the production of written minutes and the recording will be deleted in line with Trust guidance.

8.2 All meetings will be formal and minuted. Minutes of the meeting will be available not more than 10 business days following the meeting. Minutes of the meeting will be recorded formally and ratified by the Committee at its next meeting.

8.3 Meeting papers will be circulated to members a minimum of three business days prior to the meeting.

8.4 A record will be kept of the schedule of business and matters and issues to be carried forward.

9. Reporting and Monitoring Arrangements

9.1 The Committee is directly accountable to the Trust Board.

9.2 The Committee chair shall prepare a report of each Committee meeting for submission to the Board at its next formal business meeting, highlighting any issues or areas of concern for attention.

9.3 The Committee will provide an annual report to the Board setting out how it has discharged its responsibilities as set out in these Terms of Reference. Within this report, the Committee will review its own effectiveness in the discharge of its responsibilities and the annual workplan.

9.4 The Committee will receive assurance reports at each meeting from the:

- Compliance and Risk Group

9.5 The following triggers outline the framework to be used for escalating an item from the Committee to the Board:

I. Non-compliance with compliance indicators for 2 consecutive months, or off track against agreed trajectory.

II. Clinical, patient safety risks scoring 15 or higher residually, with inadequate mitigating actions in place, or with actions overdue with no assured plan to resolve.

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9.6 The Committee will report to the Audit and Risk Committee on the following strategic mission risks within the Board Assurance Framework (BAF), including the risk appetite, assessing the quality and specificity of assurances linked to their controls and any related risks within the Corporate Risk Register (CRR):

Mission:	BAF Ref:	Title:	Risk:
Patient Mission	SR2	Quality Governance	If we fail to meet national and locally agreed performance targets due to not having the appropriate clinical or operational model may lead to avoidable harm to patients, adverse clinical outcomes and poor patient experience as well as potential failure to maintain regulatory compliance and confidence will be lost in delivering Trust strategic patient mission.

10. Conduct of Business

10.1 The Committee Chair will be responsible for ensuring that the Committee conducts its business in accordance with the Trust's Standards of Business Conduct, Conflicts of Interest Policy, and other relevant Trust policies.

10.2 Members must declare any conflicts of interest at the start of each meeting. The Committee Chair will decide how these will be managed and ensure they are recorded in the minutes.

10.3 Papers should be concise and analytical, and clearly identify the risks, controls, and assurance implications of the issues presented, including Board Assurance Framework (BAF) / Corporate Risk Register (CRR) references where applicable.

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NHS
East of England Ambulance Service
NHS Trust

Meeting:	Trust Public Board	**Date:**	08.04.2026
Report Title:	Annual Staff Survey Report & Plan		
Agenda Item:	PUB26/04/4.3		
Author(s):	Lauren Singleton, Deputy Director of Culture and Leadership		
Lead Director:	Marika Stephenson, Deputy CEO & Chief People Officer		

Purpose:	Decision Approval			Discussion Review			Information Noting	**X**			
Assurance:											
	None		Limited		Reasonable	✓	Substantial				
Link to CQC domain:			**Link to EEAST's Strategic Missions:**								
Caring			Patient Mission								
Responsive			Partnership Mission								
Effective			People Mission								**X**
Well Led	**X**		Productivity Mission								**X**
Safe											
Link to Strategic Risk:											
SR1		SR3		SR5		SR7		SR9	**X**		
SR2		SR4		SR6		SR8		SR10			
Equality Impact Assessment: YES						**NO**			**X**		

Previously considered by:

This paper has previously been considered by ELT.

Purpose:

The purpose of this paper is to provide an overview of the 2025 NHS staff survey results for both staff and Bank staff. The results are to be discussed, noting achievements and ongoing challenges to be focused on in the next 12 months. The weight of this paper focuses on the results for staff (as opposed to Bank staff) based on the fact that more data is available to compare, discuss and note achievements for this section of the workforce.

The paper is also designed to provide clarity on chosen next steps.

Recommendation(s):

This paper provides an overview of the 2025 NHS staff survey results summary, alongside the achievements and challenges in comparison to the data from 2024. The data, as collated by the nominated contractor Picker Management, and was published in March following the lifting of the embargo.

A summary slide deck has been provided and attached to outline headline survey outputs. There is also an additional summary slide deck providing a high level overview of the Bank staff survey data.

The ELT have approved a number of next steps which are also included for oversight at the end of this paper.

Executive Summary:

EEAST participated in the NHS Annual Staff Survey in late 2025 and received embargoed results on 18 December 2025. The Trust achieved a 61% response rate from substantive staff and 31.5% from Bank Staff, both above the average for participating ambulance trusts.

The survey was undertaken during a period of significant organisational change, including the Corporate Efficiency Programme (CEP) and Team Based Working, which may have influenced the results.

Staff Survey Results

The 2025 results show a more mixed and challenging picture, with more areas declining or remaining static than in recent years. Of the 100 comparable questions:

- 6 improved significantly (31 last year)
- 69 stayed broadly the same (66 last year)
- 24 declined significantly (3 last year)

Compared with other ambulance trusts:

- 63 questions scored significantly worse
- 31 showed no significant difference
- 7 scored significantly better

Workplace Advocacy

Several key advocacy indicators fell:

- Perception of patient care: 54% (-6%)
- Confidence in care for family/friends: 53% (-4%)
- Recommendation as a place to work: 38% (-7%)

As a result, EEAST moved from 1st to 4th among the seven comparable ambulance trusts for improvement.

Bank Worker Results

Bank participation was strong (31.5%). While representing a smaller proportion of the workforce, results mirrored substantive staff trends:

Improved areas:

- Feeling appreciated by colleagues
- Feeling valued by the organisation
- Satisfaction with pay

Declining areas:

- Involvement in change and innovation
- Development and career progression
- Feedback from managers

Summary & Interpretation

This is the first significant decline in staff experience in four years. After a period of plateaued pulse survey results and modest improvement in the 2024 survey, this year's results indicate a shift from stability to deterioration.

These findings highlight a clear need for:

- renewed leadership focus,
- greater ownership of staff experience, and
- coordinated Trust-wide action.
-

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Next Steps (Agreed at ELT)

1. **Operations and Trust wide priorities**
   On 28 February 2026, the Executive Team and Heads of Clinical Operations held a workshop to identify the Trust-wide priorities with the greatest impact on staff experience, recognising that most colleagues work within Operations.

   The session used a thematic analysis of free-text comments to understand the sentiment behind quantitative results. These themes form the basis of the Big Conversation 2026.
   HOCOs were briefed on the results and expectations were set regarding LAM/LOM accountability. Each sector has been asked to produce an action plan demonstrating measurable improvement, to be reviewed by ELT.

2. **Corporate and Support Services**
   Over the past two years, the Trust has applied the Listening into Action approach to develop staff survey action plans.

   While engagement improved in 2025, final submission of plans was inconsistent. Therefore:
   - Corporate and Support Services will be required to develop a six-month improvement plan,
   - Executive Leads and Deputy Directors will provide assurance and oversight,
   - The focus will be on the quality and impact of services provided.

   Directors will again receive early access to their results to support meaningful engagement and robust plan development.

3. **Shared ownership for all**
   Improving staff experience is a responsibility shared across the entire leadership structure. To reinforce this:
   - A mandatory staff-survey-related objective will be set for all senior leaders and cascaded throughout the organisation via Staffcircle.
   - Leaders will evidence their actions and impact at interim and year-end reviews.

   This will ensure staff experience is a core leadership priority, supported by clear accountability.

4. **Big Conversation**
   The next phase of the Big Conversation was launched at the Leadership Days on 16–17 March. Features include:
   - themes shaped directly by survey free-text analysis,
   - validation of themes through the Executive/HOCO workshop,
   - a live launch session with leaders,
   - organisation-wide engagement for approximately 2–3 weeks.

Outputs will provide an evidence-based mandate for Trust-wide improvement and will inform organisational priorities for 2026/27. A timeline for all activities is included in the accompanying slide pack.

Introduction / Background:

The NHS Staff Survey is conducted annually across all eligible NHS organisations in England. For the 2025 cycle, Picker (acting as the national survey contractor) administered the survey for eight ambulance trusts, providing each organisation with results benchmarked both against peers and against its own 2024 performance.

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Although Bank Staff were invited to participate, their results are reported separately; therefore, all comparative data in this paper reflects substantive staff responses only to ensure like-for-like analysis.

EEAST received its embargoed results in late December 2025, ahead of the national publication date in March 2026.

Headline Results

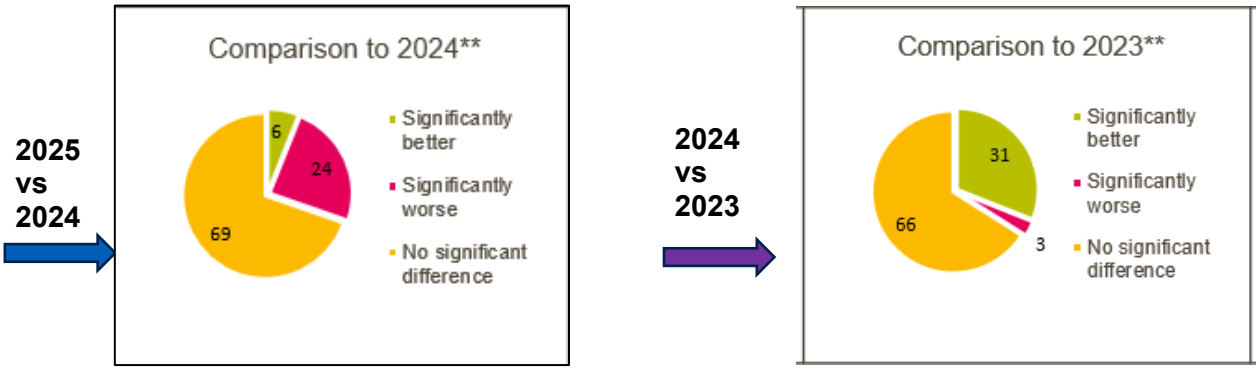
EEAST achieved a 61% response rate, the Trust's highest in over nine years. Of the 100 comparable questions:

- 6 improved significantly,
- 69 remained broadly unchanged, and
- 24 declined significantly compared with 2024.

Among the eight participating ambulance trusts, EEAST has moved to fourth place for overall change in scores, having previously ranked as the most improved trust for three consecutive years.

A breakdown of year-on-year changes is provided in Figure 1, with prior-year comparisons included for context.

Figure 1



Context and Interpretation

Over the last 12 months, pulse survey data has shown a slowing of improvements, reflected in the Culture Dashboard. Until now, this had been interpreted as a period of stabilisation following several years of cultural recovery under Special Measures. However, the 2025 national staff survey results indicate that stabilisation has now shifted to decline, signalling a clear need for coordinated and timely action across the Trust.

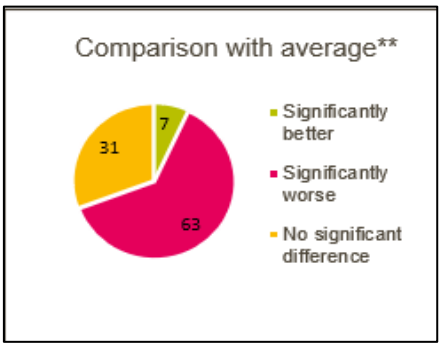
In the overall league table of eight ambulance trusts, EEAST remains in seventh place, consistent with last year. However, the extent of decline in several question areas (summarised in Figure 2) shows a more significant downward shift compared with peer organisations.

For ease of review, high-level summary slide decks for both substantive and Bank results are provided in the appendices.

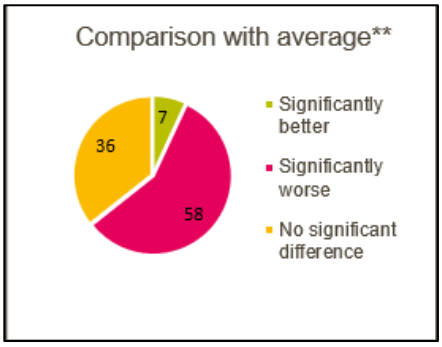
Figure 2

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2025 vs 2024



2024 vs 2023



Key Issues / Risks:

- **Decline in staff experience:** The national staff survey shows declines across several areas compared with 2024. While results remain significantly higher than three to four years ago, it is important to communicate these findings transparently without creating an unduly negative impression of working at EEAST.

- **Challenges converting feedback into action:** Creating visible, meaningful improvement from survey results remains difficult, particularly during winter pressures when operational and support teams face competing priorities. Clear expectations and a consistent approach to measuring delivery are required to maintain focus.

- **Limited completion of directorate action plans:** This year, very few completed action plans were returned, preventing the Trust from closing the feedback loop with staff. All directorates must engage fully in producing, delivering and communicating their plans, as messages are more impactful when delivered locally by leadership teams rather than centrally.

- **Risk to future response rates:** Although new incentives helped drive the highest response rate in nine years, this will not be sustained unless staff can see tangible action resulting from the survey. Directorates must therefore take clear ownership of their results and demonstrate progress to maintain staff confidence and engagement.

Options:

Not applicable - this paper is for oversight only

How does this report link with EEAST's vision, purpose and values?
https://www.eastamb.nhs.uk/about-us/our-corporate-strategy

Accountable – This paper sets out transparent staff survey findings, acknowledges areas of decline, and outlines clear actions for leaders at all levels to take responsibility for improvement. The introduction of mandatory staff-survey objectives further strengthens organisational accountability for delivering measurable change.

Olamiji.Adeyi 08/04/2026 17:27:35

Respectful – The approach described in this paper is grounded in listening to staff, understanding their lived experiences and responding to their feedback with honesty and care. The Big

Conversation and directorate-level engagement ensure that staff voices are treated with respect and inform meaningful action.

Excellent – The actions proposed focus on building a positive, high-quality workplace culture, improving leadership capability, and driving consistent standards of experience across all directorates. By acting on these findings and learning from best practice, the Trust demonstrates its commitment to continuous improvement and excellence in staff experience and patient care.

Summary:

This year's national staff survey results represent the first significant decline in staff experience in four years. While pulse surveys over the past year indicated a plateau, the national results confirm that stabilisation has now shifted into decline. This is a clear signal that the Trust must refocus and accelerate efforts to improve staff experience.

The findings provide an important opportunity to re-examine our approach, strengthen leadership accountability, and ensure that actions taken at every level translate into meaningful and visible improvements for our people. The programme of work outlined in this paper (including Trust-wide priorities, strengthened directorate accountability, enhanced leadership ownership and the next phase of the Big Conversation) sets the foundation for a coordinated response.

Delivering this work is fundamental to ensuring we create a positive, safe and sustainable working environment for all colleagues. The Board will continue to receive updates and assurance as this improvement work progresses.

Olatunji,Adeola
01/04/2026 17:25:35

East of England Ambulance Service NHS Trust

NHS 2025 National Staff Survey Results

Summary for discussion – staff data

Olatunji,Adeola
01/04/2026 17:25:35

Survey headlines

NHS East of England Ambulance Service NHS Trust

70% Of questions had **no significant difference in results** compared to 2024 (up from 66%)

51% Overall satisfaction score placed EEAST **7th out of the 8 comparable** Ambulance Trusts, down from 52% last year.

#4 Of 8 comparable Ambulance trusts in terms of **year on year improvement;** a drop from 1st place which EEAST held for the last 3 years

53% Would be **happy with the standard of care for family and friends** (down from 57% in 2024)

6% Of questions showed a **significant improvement in results** compared to 31% of questions showing improvements in 2024.

24% Of questions reported a **decline in satisfaction levels compared to 2024** (only 3% of questions experienced this in 2024)

38% **Recommend EEAST as a great place to work** (down from 45% in 2024)

1/2 Percent of all staff said they **were planning on leaving the organisation** (down from 53% in 2024)

54 Percent of all staff believed **patient care was EEAST's top priority** (down from 60% in 2024)

61% **Completion rate** (up from 48% in 2024)

Olayemi Agola 2024/2026 12:25:35

NHS People Promise – summary of results

East of England Ambulance Service NHS Trust

A summary of the survey data against the NHS People Promise:

Direction of scores

Compassionate Culture

Pg 29 & 30



Compassionate Culture

- This section has 5 national staff survey questions.
- 4 out of the 5 questions in this section declined between 2024 and 2025.
- 38% of staff would recommend EEAST as a place to work; the lowest it's been since 2023

Compassionate Leadership

- This section has 4 national staff survey questions.
- All questions in this area have shown improvement over the past year, continuing a consistent upward trend across all 4 measures for the last 5 years.

Recognised and rewarded

Pg 33



Recognised and Rewarded

- This section includes 5 national staff survey questions.
- 4 of the 5 declined between 2024 and 2025. Satisfaction with the extent to which the organisation values staff work fell from 28% to 25%.
- EEAST scored below all comparable Ambulance Trusts on every measure, with the largest gaps in questions relating to colleague and manager appreciation.

NHS People Promise – summary of results

East of England Ambulance Service NHS Trust

A summary of the survey data against the NHS People Promise:

Direction of scores

A voice that counts

Pg 35, 46 & 47

Raising Concerns

- Of the 4 questions in this section, 1 of the 4 remained the same and a further 2 declined since 2024. Only 1 question increased which related to feeling secure to raise concerns.
- Questions in this section have remained largely static since 2021; staff confidence in the organisation addressing concerns about unsafe clinical practice has remained at 41% for the fourth year in a row.

Involvement

- Of the 3 questions on improvement, 1 question stayed the same with the other two declining since results from 2024.
- Reductions seen in staff being able to show initiative or make suggestions in their teams.

Advocacy

- All of the 3 advocacy questions reduced since 2024.
- The biggest reduction was staff recommending EEAST as a place to work, which saw a 7% drop since 2024 results.
- This area has also some of the biggest gaps between EEAST and other comparable organisations, with an average 5% difference in scores per question.

Oyinkansola Adeola 02/04/2026 17:25:35

NHS People Promise – summary of results

East of England Ambulance Service NHS Trust

A summary of the survey data against the NHS People Promise:

Direction of scores

Safe and Healthy

Pg 36, 37 & 50

Olatunji,Adeola 01/04/2026 09:35:35

Health and Safety Climate

- This section has 7 national staff survey questions.
- Results showed 3 questions declined, 3 questions improved and one question remained the same.
- Positive results are seen in less staff reporting physical violence and bullying and harassment than previous years.
- The biggest areas for declining scores was seen in staff reporting realistic work pressures (19% in 2025 vs 23% in 2024) and the belief that the organisation takes positive action on health and wellbeing (39% in 2025 vs 43% in 2024).

Burnout

- This section has 7 national staff survey questions.
- 6 of the 7 questions declined compared to 2024, including two questions showing a 2% drop in staff reporting freedom from burnout and stress.

Stressors

- This section has 7 national staff survey questions.
- 4 of the 7 of the stressor related questions reported a decline compared to 2024, with reductions seen in staff having realistic time pressures and having a choice how they do their work.

NHS People Promise – summary of results

East of England Ambulance Service NHS Trust

A summary of the survey data against the NHS People Promise:

Direction of scores

Always Learning

Pg 39 & 40



Development

- Out of the 5 national staff survey questions in this area, 3 declined since 2024.
- The question 'Organisation offers me challenging work' fell by 3% compared to last year, with an identical 3% decline for 'Opportunities to develop my career'.
- In most questions, EEAST is scoring around 5% lower on these scores compared to the average comparator organisation.

Appraisals

- 2 of the 3 appraisal-related questions declined compared to 2024: 'Appraisals helped me do my job' fell by 2% to 22%, and 'Appraisal left me feeling valued' dropped by 2% to 20%
- Only 13% of staff report that appraisals help them do their job; this is the same score for the second year in a row.

Working Flexibly

Pg 41 & 42

Olatunde Adeola
01/05/2026 17:25:35



Support for work life balance

- Out of the 3 national staff survey questions in this area, 2 remained the same as last year and one declined since 2024.
- EEAST is matching the comparator average for this area in 2 of the 3 questions.

Flexible working

- 45% showing satisfaction with flex working options down from 47% in 2024, however this represents a healthy 13% improvement since 2021.
- EEAST continues to be above other Ambulance Trusts with this rating, which averages at 41%

NHS People Promise – summary of results

East of England Ambulance Service NHS Trust

A summary of the survey data against the NHS People Promise:

Direction of scores

Working as a team

Pg 34, 43 & 44



Autonomy and control

- 4 of the 7 of the questions in this section declined against the responses in 2024. the biggest decline was seen in the question “I have a choice in deciding how to do my work” which dropped 4% to 40%.
- 3 of the 7 questions remained unchanged from last year. These relate to knowing your job role, being involved in decisions that affect your work, and having the ability to make improvements in your role.”

Team working

- This section has 8 national staff survey questions
- This section shows a marked year-on-year decline, with 7 of the 8 questions falling compared to last year. Notably, staff feeling that teams have enough freedom in how they work dropped by 8%, returning to the 2023 level.
- In all questions, EEAST is scoring lower on all areas compared to our comparators.

Line management

- This section has 4 national staff survey questions.
- Improved scores seen in all 4 of the line management related questions , when compared to 2024 data.
- Our results show that more managers are encouraging staff at work, with a 3% increase since 2024.

NHS People Promise – summary of results

East of England Ambulance Service NHS Trust

EEAST areas of focus:

Employee Experience
Pg 38, 48 & 49

Olatunji,Adeola
01/04/2026 17:25:35

Direction of scores

Negative experiences

- 4 of the 9 experience based questions showed an improvement on reported responses in 2025. Staff are reporting they are experiencing less bullying and harassment from managers and colleagues.
- 3 areas have worsened since last year; more staff reporting feeling unwell due to stress, and increased reports of violence, bullying, and harassment from patients or service users
- Slightly more staff reporting violence from patients or colleagues than in 2023 (-3% patients, -1% colleagues).

Thinking of leaving

- All 3 leaving related questions have declined on reported responses in 2025.
- 50% are not planning to leave the organisation (reduced from 53% in 2024)
- 46% of staff are unlikely to look for a new job in another organisation, down from 48% last year.

Work pressure

- There are 3 questions in this section.
- 1 question increased (enough staff to do my job properly – up 2%), 1 question remained the same (have adequate materials, supplies and equipment – static at 58%) and 1 question declined (able to meet conflicting demands on my time – down 1% to 34%)

NHS People Promise – summary of results

East of England Ambulance Service NHS Trust

EEAST areas of focus:

Direction of scores

Diversity and Inclusion
Pg 31 & 32

Diversity and Equality

- There are 3 questions in this section.
- 2 questions declined (not experienced discrimination from the public – up 1% and feel organisation respects individual differences – down 2% to 57%), 1 question remained the same (not experienced discrimination from manager or colleagues – static at 87%).

Inclusion

- 3 of the 4 inclusion related questions declined since the 2024 data.
- Since 2024, there has been a 4% drop in staff feeling valued by their team and a 5% decline in staff reporting a strong personal attachment to their team.

Olatunji,Adeola
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Two years in review

East of England Ambulance Service NHS Trust

Where did we improve most in 2025?

Most improved scores	Org 2025	Org 2024
q24f. Able to access clinical supervision opportunities	47%	43%
q23a. Received appraisal in the past 12 months	87%	82%
q13d. Last experience of physical violence reported	81%	77%
q31b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	69%	65%
q9b. Immediate manager gives clear feedback on my work	51%	48%

Where did we see a reduction?

Most declined scores	Org 2025	Org 2024
q7f. Team has enough freedom in how to do its work	43%	51%
q25c. Would recommend organisation as place to work	38%	45%
q25a. Care of patients/service users is organisation's top priority	54%	60%
q7i. Feel a strong personal attachment to my team	45%	50%
q2a. Often/always look forward to going to work	45%	50%

Where did we improve most in 2024?

Most improved scores	Org 2024	Org 2023
q23a. Received appraisal in the past 12 months	79%	61%
q13d. Last experience of physical violence reported	77%	71%
q3i. Enough staff at organisation to do my job properly	31%	25%
q6d. Can approach immediate manager to talk openly about flexible working	63%	57%
q14d. Last experience of harassment/bullying/abuse reported	54%	49%

Olatunji,Ayoola
01/04/2026 17:25:03

Where did we see a reduction?

Most declined scores	Org 2024	Org 2023
q19d. Feedback given on changes made following errors/near misses/incidents	45%	50%
q13a. Not experienced physical violence from patients/service users, their relatives or other members of the public	71%	74%
q19c. Organisation ensure errors/near misses/incidents do not repeat	48%	50%
q24e. Able to access the right learning and development opportunities when I need to	44%	46%
q31b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	65%	67%

Behaviour based questions

No.	Question	2021	2022	2023	2024	2025	Change
5c	Relationships at work are unstrained	28%	31%	40%	40%	38%	-2%
7c	Receive the respect I deserve from colleagues at work	57%	59%	60%	62%	61%	-2%
7g	Team deals with disagreements constructively	32%	35%	38%	41%	37%	-4%
7h	Feel valued by my team	48%	51%	57%	57%	53%	-4%
8b	Colleagues are understanding and kind to one another	56%	60%	60%	61%	61%	-
8c	Colleagues are polite and treat each other with respect	58%	62%	62%	64%	63%	-1%
13b	Not experienced physical violence from managers	98%	98%	99%	99%	99%	-
13c	Not experienced physical violence from other colleagues	98%	97%	98%	97%	98%	+1%
14b	Not experienced harassment, bullying or abuse from managers	76%	81%	81%	84%	86%	+2%
14c	Not experienced harassment, bullying or abuse from other colleagues	74%	77%	74%	78%	80%	+2%
16b	Not experienced discrimination from manager/team leader or other colleagues	81%	85%	86%	87%	87%	-
17a	Not experienced unwanted behaviour of a sexual nature from patient/service users, their relatives or members of the public	-	-	78%	77%	74%	-3%
17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	-	-	91%	91%	90%	-1%

Catunji Agola 21/04/2026 11:25:13

Only 3 of the 13 behaviour based questions have improved since 2024. A further 3 questions have remained the same.

7 of the 13 questions have shown a decline in scores since 2024. This is a concerning shift, however it is not clear from the data if this is due to more occurrences happening in the workplace or whether our staff are now more informed on the thresholds of certain types of behaviour, for example, what constitutes sexual safety.

Reflections on 2025

East of England Ambulance Service NHS Trust

This marks the first time in four years that EEAST has experienced such a rate of decline across its staff survey results.

In the 9–12 months leading up to this survey, pulse survey results largely plateaued. Last year's national staff survey also showed only modest improvement. We interpreted this plateau as a sign of relative stability in staff experience.

However, despite the slowing down of survey results, the latest national staff survey results serve as a clear warning signal that stability has shifted to decline.

This marks a turning point and a catalyst for urgent action—prompting us to re-examine our approach, accelerate improvement efforts, and refocus on creating a positive, sustainable staff experience.

Olatunji,Adeola
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What do we do next?

NHS
East of England Ambulance Service
NHS Trust

Listening into action

What

Listening into action events allow staff to hear about the staff survey results in their locality/directorate **and** feedback on what they'd like to happen next.

The task

All directorates are required to hold listening into action events (as per previous years) to feedback to staff and co-produce directorate/sector action plans. Directorates can choose how best to run these events.

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When

Between March and April 2026.

Staff Survey action plans

What

We've had directorate action plans in place for 2 years now. All directorates should have an existing action plan, which can be updated following the latest results.

How

Results shared with managers only via email on 19th February 2026.

Templates available (as per previous years) on the staff survey intranet page.

The task

Review all results alongside feedback via listening into action events, to create a realistic action plan for your sector/ directorate.

You also need to be clear on how you will track and communicate outcomes throughout the next 6-12 months, to your teams/sector/directorate.

When

Submit your completed action plan to OCE by **1st May 2026**

Think about

The ultimate aim is to create actions that will **improve staff experience and sentiment**

What do we do next?

East of England Ambulance Service NHS Trust

Shared ownership for all

What

Improving staff experience is a shared responsibility. By embedding ownership of staff survey outcomes across our leadership structure, we can collectively reverse the downward trend.

The task

All EEAST senior leaders must include a **personal staff survey objective in their 2026 performance review.** A template will be added to the NSS intranet, which should be tailored to your service area and directorate action plan

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When

You must include a relevant NSS objective in your next appraisal.

What

Ownership of staff survey outcomes must be shared across our leadership structure. Every leader has a responsibility to reverse the decline in staff experience.

The task

All EEAST senior leaders must ensure staff survey results are shared with managers and team leaders and used to develop local action plans. Managers at all levels will be held accountable for delivering and evidencing progress against directorate, sector, and team action plans.

When

You must cascade and include managers/team leaders in your action planning.

Big Conversation

What

We are using the Big Conversation to feedback some of our staff survey results, leading into a further ‘what matters most’.

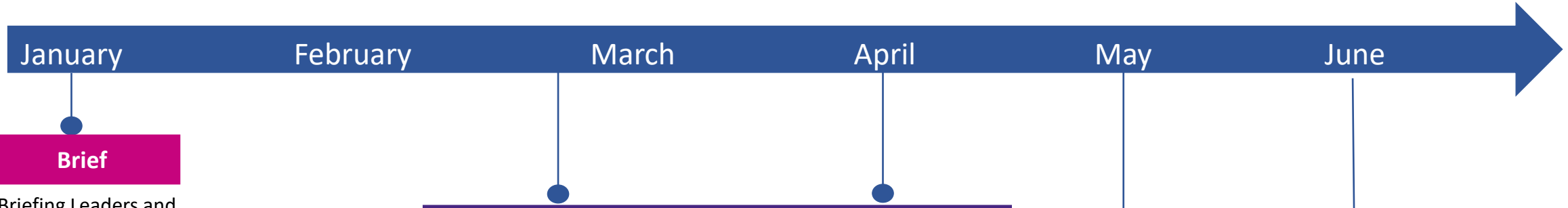
For info

The Big Conversation launched to leaders at the Leadership Days on 16 & 17 March. It will launch to all staff at the beginning of April.

Your support will be key to helping your teams engage with this programme, and critically, being part of implementation teams once we have identified actions and next steps.

Directorate action planning timeline

East of England Ambulance Service NHS Trust



Brief

Briefing Leaders and Managers on NSS results plus listening into action requirements

Note: this is being done before the NHS results embargo is released.

Listening into Action events

Leaders create Listening into action events/briefings to engage with staff (templates provided). This is the same activity as we requested in 2025.

Directorate/sector action plans are created and/or updated based on staff interaction and feedback.

Review

Directorate/ Sector action plans are submitted to **OCE by 1st May 2026**

These then get published on the intranet.

Report

Directorate/ Sector action plans are included in accountability forums and/or other existing forums

We will also request updates in this briefing on directorate/sector outcomes so far.

Olatunji,Adeola
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Staff Survey next steps

East of England Ambulance Service NHS Trust

	January	February	March	April	May
Reporting and results release	**20/01:** Initial report and present to Exec	**18/02:** Present results to managers at next briefing. Release results to mgrs. only	**Est date of NSS publication: 13/03**		
Listening into action initiative		**26/02:** Launch listening into action events and staff survey action plan task		**01/04:** NSS Objective for all senior leaders	**01/05:** Staff survey action plans returned
EEAST Themes Workshop	**30/01:** Obtain free text comments and thematic review	Prep workshop using top 3-5 thematic themes	**28/02:** HOCO & Exec workshop to agree EEAST themes and actions		
Big Conversation			**01/03:** Build Big Conversation on key themes agreed at workshop and include possible actions	**16/03: Launch**	
Leadership Away Day				**16/03 & 17/03:** Leadership away day. NSS session, promote Big convo	

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East of England Ambulance Service NHS Trust

NHS 2025 National Staff Survey Results –Bank staff

Summary for discussion – Bank staff data

Olatunji,Adeola
01/04/2026 17:25:35

Survey headlines

Bank workers have been included in the National Staff Survey since 2023.

EEAST achieved an above average response rate for Bank Staff at 31.5% (135 respondents) which has increased since the 2024 rate (27.2%). The summary scores are shown below.

We have compared the data from the last three years and against the staff results, within this deck.

Organisation Type	Lowest response rate:	Average response rate:	Highest response rate:
Acute and Acute & Community	6.67%	15.23%	42.95%
Ambulance Trust	**14.70%**	**24.92%**	**33.49%**
Acute Specialist Trust	13.82%	21.02%	25.87%
Community Trust	13.72%	20.93%	34.20%
Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts	13.62%	20.33%	26.03%
Integrated Care Boards (ICBs)	0%	0%	0%
Other	0%	0%	0%

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NHS People Promise – summary of results

East of England Ambulance Service NHS Trust

Compassionate Culture

Compassionate Culture	Bank 2023	Bank 2024	Bank 2025	Staff 2025
I feel that my role makes a difference to patients / service users	76%	80%	81%	80%
I would feel secure raising concerns about unsafe clinical practice	61%	61%	61%	62%
I am confident that my organisation would address my concern	42%	44%	42%	32%

Compassionate Leadership	Bank 2023	Bank 2024	Bank 2025	Staff 2025
My immediate manager works together with me to come to an understanding of problems	46%	44%	42%	58%
My immediate manager is interested in listening to me when I describe challenges	48%	45%	47%	63%
My immediate manager cares about my concerns	54%	41%	45%	60%
My immediate manager takes effective action to help me with any problems I face	51%	48%	45%	58%

Recognised and rewarded

Olatunji Adeola
01/04/2026 07:25:53

Recognised and Rewarded	Bank 2023	Bank 2024	Bank 2025	Staff 2025
The recognition I get for good work	38%	38%	37%	33%
Satisfied with extent organisation values my work	25%	26%	32%	25%
Satisfied with level of pay	26%	27%	31%	26%
The people I work with show appreciation to one another	65%	58%	62%	58%

NHS People Promise – summary of results

East of England Ambulance Service NHS Trust

A voice that counts



Raising Concerns	Bank 2023	Bank 2024	Bank 2025	Staff 2025
Feel safe to speak up about anything that concerns me in this organisation	56%	53%	57%	49%
Feel organisation would address any concerns I raised	36%	33%	41%	53%

Involvement	Bank 2023	Bank 2024	Bank 2025	Staff 2025
Opportunities to show initiative frequently in my role	44%	43%	45%	58%
Able to make suggestions to improve the work of my team/dept	34%	34%	24%	43%
Able to make improvements happen in my area of work	12%	17%	12%	27%

Advocacy	Bank 2023	Bank 2024	Bank 2025	Staff 2025
Care of patients/service users is organisation's top priority	57%	60%	48%	54%
Would recommend organisation as place to work	40%	40%	**48%**	38%
If friend/relative needed treatment would be happy with standard of care provided by organisation	58%	54%	**54%**	53%

NHS People Promise – summary of results

East of England Ambulance Service NHS Trust

Safe and Healthy



Health and Safety Climate	Bank 2023	Bank 2024	Bank 2025	Staff 2025
Able to meet conflicting demands on my time at work	41%	47%	43%	34%
Enough staff at organisation to do my job properly	34%	41%	46%	33%
Have unrealistic time pressures	35%	21%	28%	42%
Organisation takes positive action on health and well-being	39%	38%	35%	39%

Burnout	Bank 2023	Bank 2024	Bank 2025	Staff 2025
Never/rarely find work emotionally exhausting	35%	46%	47%	17%
Never/rarely feel burnt out because of work	47%	58%	61%	23%
Never/rarely frustrated by work	21%	25%	26%	11%
Never/rarely exhausted by the thought of another day/shift at work	51%	55%	54%	26%
Never/rarely worn out at the end of work	29%	32%	24%	10%
Never/rarely feel every working hour is tiring	61%	69%	74%	42%

Stressors	Bank 2023	Bank 2024	Bank 2025	Staff
Always know what work responsibilities are	89%	89%	88%	82%
Involved in deciding changes that affect work	11%	34%	5%	24%
Relationships at work are unstrained	50%	53%	52%	38%
Receive the respect I deserve from my colleagues at work	75%	72%	**72%**	61%

NHS People Promise – summary of results

East of England Ambulance Service NHS Trust

Always Learning



Development	Bank 2023	Bank 2024	Bank 2025	Staff 2025
Organisation offers me challenging work	45%	49%	48%	61%
There are opportunities for me to develop my career in this organisation	30%	26%	18%	61%
Have opportunities to improve my knowledge and skills	38%	41%	48%	60%
Feel supported to develop my potential	24%	20%	24%	40%
Able to access the right learning and development opportunities when I need to	48%	41%	42%	45%

Working Flexibly



Support for work life balance	Bank 2023	Bank 2024	Bank 2025	Staff 2025
Organisation is committed to helping balance work and home life	31%	31%	31%	32%
Achieve a good balance between work and home life	65%	64%	65%	44%

Flexible Working	Bank 2023	Bank 2024	Bank 2025	Staff 2025
I am able to decide the hours/shift pattern I want to work as a bank worker	75%	60%	66%	-

NHS People Promise – summary of results

East of England Ambulance Service NHS Trust

Working as a team

Autonomy and Control	Bank 2023	Bank 2024	Bank 2025	Staff 2025
Always know what work responsibilities are	89%	88%	**88%**	82%
Feel trusted to do my job	84%	85%	**79%**	78%
Opportunities to show initiative frequently in my role	44%	43%	**45%**	58%
Able to make suggestions to improve the work of my team/dept	48%	34%	**24%**	43%
Involved in deciding changes that affect work	11%	18%	**5%**	24%
Able to make improvements happen in my area of work	12%	17%	**12%**	27%

Team Working	Bank 2023	Bank 2024	Bank 2025	Staff 2025
Receive the respect I deserve from my colleagues at work	75%	72%	**72%**	61%
Team members understand each other's roles	72%	75%	**72%**	67%
Enjoy working with colleagues in team	86%	75%	**81%**	72%
Team has enough freedom in how to do its work	46%	46%	**39%**	43%
Team deals with disagreements constructively	38%	36%	**38%**	37%
Teams within the organisation work well together to achieve objectives	38%	47%	**50%**	39%

NHS People Promise – summary of results

East of England Ambulance Service NHS Trust

Working as a team



Line Management	Bank 2023	Bank 2024	Bank 2025	Staff 2025
Immediate manager encourages me at work	51%	48%	**48%**	60%
Immediate manager gives clear feedback on my work	40%	40%	**34%**	51%
Immediate manager asks for my opinion before making decisions that affect my work	35%	28%	**24%**	43%
Immediate manager takes a positive interest in my health & well-being	46%	38%	**42%**	60%

NHS People Promise – summary of results

East of England Ambulance Service NHS Trust

EEAST areas of focus:

Employee Experience

Negative Experiences	Bank 2023	Bank 2024	Bank 2025	Staff 2025
In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	81%	75%	71%	49%
In last 12 months, have not felt unwell due to work related stress	79%	80%	79%	45%
In last 3 months, have not come to work when not feeling well enough to perform duties	70%	74%	73%	35%
Not experienced physical violence from patients/service users, their relatives or other members of the public	77%	80%	81%	69%
Not experienced physical violence from managers	98%	99%	98%	99%
Not experienced physical violence from other colleagues	99%	97%	96%	99%
Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	66%	72%	73%	58%
Not experienced harassment, bullying or abuse from managers	88%	84%	86%	80%
Not experienced harassment, bullying or abuse from other colleagues	85%	86%	90%	80%
Not experienced sexual harassment from patients/service users, their relatives or other members of the public	88%	89%	93%	74%
Not experienced sexual harassment from staff/colleagues	91%	95%	90%	90%

Olatunji,Adeola
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NHS People Promise – summary of results

East of England Ambulance Service NHS Trust

EEAST areas of focus:

Diversity and Inclusion

Diversity and Equality	Bank 2023	Bank 2024	Bank 2025	Staff 2025
Not experienced discrimination from patients/service users, their relatives or other members of the public	88%	93%	95%	87%
Not experienced discrimination from manager/team leader or other colleagues	87%	89%	84%	87%
Feel organisation respects individual differences	54%	51%	48%	57%

Inclusion	Bank 2023	Bank 2024	Bank 2025	Staff
Feel valued by my team	59%	57%	56%	53%
Feel a strong personal attachment to my team	47%	44%	38%	45%
Colleagues are understanding and kind to one another	64%	63%	67%	61%
Colleagues are polite and treat each other with respect	68%	61%	68%	63%

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02/04/2026 17:25:35

Meeting:	Trust Board – Public Meeting	**Date:**	08/04/2026
Report Title:	The Guardian Service Report		
Agenda Item:	PUB26/04/4.4		
Author(s):	Kimberley Gillingham & Danielle Marshall, Liz Cunnell		
Lead Director:	Neill Moloney, Chief Executive		

Purpose:	Decision Approval	**X**	Discussion Review	**X**	Information Noting	**X**	
Assurance:							
	None		Limited		Reasonable		Substantial	

Link to CQC domain:		**Link to EEAST's Strategic Missions:**	
Caring		Patient Mission	
Responsive		Partnership Mission	
Effective		People Mission	**X**
Well Led	**X**	Productivity Mission	
Safe			

Link to Strategic Risk:									
SR1		SR3		SR5		SR7		SR9	
SR2	**X**	SR4		SR6		SR8		SR10	

Equality Impact Assessment: YES		**NO**	

Previously considered by:

Not previously considered

Purpose:

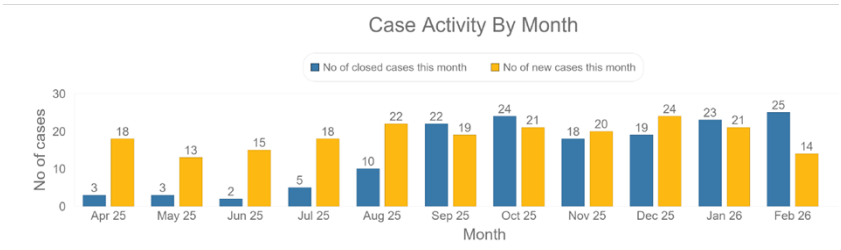
The purpose of this report is to inform the Board of the number of Freedom to Speak Up concerns raised via The Guardian Service between January 2026 – February 2026.

Recommendation:

Recommendations detailed within the report and below

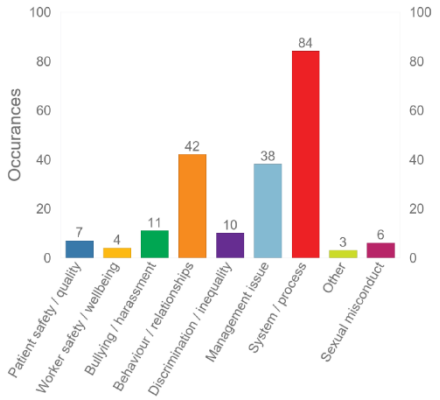
Executive Summary:

Between the period of 1st January to 28 February 2026, a total of 35 concerns were raised to The GSL. The highest number of cases were recorded in Norfolk and Waveney and Cambridgeshire and Peterborough. Case numbers have dropped in February but have significantly increased in March. Cases across the region continue to increase:



The most common theme for concerns remains system and processes, behaviours and management issues.

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A breakdown of the systems and processes has revealed concerns about the fairness and consistency of the recruitment process. This has been escalated to Marika Stephenson along with the concerns relating to sexual misconduct. Specifically, that the reporting individual and accused may end up working in close proximity.

Concerns about wellbeing and the timeliness of Occupational Health treatments are being addressed at the Time To Listen Action day, 27 March 2026. The concerns about annual leave booking are also being addressed at this event and a communication release being shared with our people about the actions being taken.

At the last Board meeting the Guardians were asked to provide more information on their engagement activity. They have now attended Operational Delivery Groups in each of the six sectors. They plan to return to each sector and attend the Leading Operation Managers meetings to promote the service and contact information. In the last few months they have attended corporate team meetings but will now return for a second visit.

We are exploring key rings for every ambulance vehicle with the contact details to assist in visibility for contact details. This will compliment the posters and cards already distributed across all our sites.

A recent internal audit recommended an improved process for follow up on feedback and recommendations. A task and finish group meet monthly to review actions and opportunities for feedback. Updates will be shared through Board reports. Please see Appendix1.

Introduction / Background:
The Guardian Service has been working in partnership with East of England Ambulance Trust since the 5th August 2024.
Key Issues / Risks:
None
Options:
N/A
How does this report link with EEAST's vision, purpose and values? *https://www.eastamb.nhs.uk/about-us/our-corporate-strategy*

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Appendix 1

AREA	DETAIL	ACTIONS	OWNER	UPDATE
Management Reviews	Clarity on Policies – staff are not given clear guidance on policies	• Raise with HR services & HRBPs • Share with HOCOs for communication at team meetings • Time To Listen event focused on policy • Long term plan to simplify policies	Lucy Moss HOCOs Liz Cunnell Marika Stephenson	Complete Complete Complete Policy redesign process is ongoing. We are awaiting the framework guidance from NHSE re: merging Grievance & DAW policies to create the Respect & Resolution Policy. The Sickness Absence Policy is being reviewed as part of the project Jackie is heading up.
Kindness Campaign	Reflection on the relationships and behaviours	• Consideration for a campaign in the communications plan • Aligns with our values and Organisational Development Programme	Lauren Singleton Liz Cunnell	Values & behaviours (within OD Plan) - We implemented and integrated our new values and behaviours at the start of 2026. We have not yet progressed with a values and behaviours programme with all staff due to funding pressures and the pausing of the TBW programme (which was our enabler for staff abstraction). We hope to be able to pick this programme up within a new team based working initiative in the future.
Internal Communications	Communication channels	• Utilising a key messages channel with HOCOs through teams	Liz Cunnell Tom Bennett	Paper presented to Executives and Trust Board for sign off in April

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		• Developing a digital approach to comms for key messages – could include FTSU • Increased engagement in areas of lower concerns		
Development	FTSU training sessions for managers	• Will organise dates and advertise through EAST 24 • Plan dates for March 26	Liz Cunnell	GSL to provide dates
FTSU Ambassadors	Increased engagement	• Re launch the ambassadors • Quarterly meetings with Guardians • More sign posting for our people	Liz Cunnell Guardians	The FTSU Guardians are currently engaging with the Trust's FTSU Ambassadors to discuss their roles, explore how they support the Trust, and identify any additional training or support required to effectively carry out their responsibilities.

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East of England Ambulance Service NHS Trust

The Guardian Service
Here to listen

Bi-Monthly Board Report
January- February 2026

Circulation: **Liz Cunnell – Chief of Staff**

Prepared by: Kym Gillingham & Dani Marshall

Guardian
The Guardian Service Ltd.

Date: 25/3/2026

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1. Executive summary

The Guardian Service Limited (GSL) began providing the Freedom to Speak Up Service for the East of England Ambulance Service (EEAST) on the 5th August 2024.

Between the period of 1st January- 28th February 2026, a total of 35 concerns were raised to The Guardians.

Concerns received are recorded by the GSL against specific themes which are Management Issues, System & Process, Bullying & Harassment, Discrimination & Inequality, Behaviour & Relationship and Patient Safety/Quality and Worker Safety.

Over the past two months, the top two job groups raising concerns were Allied Health Professionals (20) and Admin & Clerical (8)

The most common themes for new cases were System & Process (22). There were 2 patient safety cases raised during this period, all of which were responded to within the agreed rag time period.

Norfolk & Waveney A&E Operations, the Emergency Operations Centres and Cambridge & Peterborough A&E Operations are indicated as the directorates with the highest number of concerns raised. This should be viewed as encouraging and that staff are comfortable to speak up.

Within this time period, 1 anonymous concern has been raised taking the total year to date as 12. This indicates that the majority of staff we support are comfortable in sharing their details with us.

There are minimal recommendations detailed at the end of this report as the Trust Annual report will have a detailed overview of all suggestion and recommendations in April.

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2. Background to Freedom to Speak Up

Following the Francis Inquiry[1] 2013 and 2015, the NHS launched 'Freedom to Speak Up' (FTSU). The aim of this initiative was to foster an open and responsive environment and culture throughout the NHS enabling staff to feel confident to speak up when things go or may go wrong; a key element to ensure a safe and effective working environment.

3. The Guardian Service

The Guardian Service Limited (GSL) is an independent and confidential staff liaison service. It was established in 2013 by the National NHS Patient Champion in response to The Francis Report. The Guardian Service provides staff with an independent, confidential 24/7 service to raise concerns, worries or risks in their workplace. It covers patient care and safety, whistleblowing, bullying, harassment, and work grievances. We work closely with the National Guardian Office (NGO) and attend the FTSU workshops, regional network meetings and FTSU conferences. The Guardian Service is advertised throughout EEAST as an independent organisation. This encourages staff to speak up freely and without fear of reprisal. Freedom to Speak Up is part of the well led agenda of the CQC inspection regime. The Guardian Service supports the East of England Ambulance Service Trust's Board to promote and comply with the NGO national reporting requirements.

The GSL was implemented in the East of England Ambulance Service (EEAST) on the 5th August 2024.

Communication and marketing have been achieved by meeting with senior staff members, joining team meetings, site visits, the Intranet and the distribution of flyers and posters across the organisation. All new staff will become aware of the Guardian Service when undertaking the organisational induction programme.

4. Access and Independence

Being available and responsive to staff are key factors in the operation of the service. Many staff members, when speaking to a Guardian, have emphasised that a deciding factor in their decision to speak up and contacting GSL was that the Guardians are not EEAST employees and are external to the Trust.

5. Categorisation of Calls and Agreed Escalation Timescales

The following timescales have been agreed and form part of the Service Level Agreement.

Call Type	Description	Agreed Escalation Timescales
Red	Includes patient and staff safety, safeguarding, danger to an individual including self-harm.	Response required within 12 hours
Amber	Includes bullying, harassment, and staff safety.	Response required within 48 hours
Green	General grievances e.g. a change in work conditions.	Response required within 72 hours

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[1] https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry

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White	No discernible risk to organisation.	No organisational response required

For this date period, all escalated cases were responded to within the agreed RAG protocols.

Open cases are continually monitored, and regular contact is maintained by the Guardian with members of staff who have raised a concern to establish where ongoing support continues to be required. This can be via follow up phone calls and/or face to face meetings with staff who are in a situation where they feel they cannot escalate an issue for fear of reprisal. Guardians will also maintain contact until the situation is resolved or the staff member is satisfied that no further action is required. Where there is a particular complex case, setbacks or avoidable delays in the progress of cases that have been escalated, these would be raised with the organisational lead for the Guardian Service at regular monthly meetings.

Escalated cases are cases which are referred to an appropriate manager, at the request of the employee, to ensure that appropriate action can be taken. As not all employees want their manager to know they have contacted the GSL, they either progress the matter themselves or take no further action. There are circumstances where cases are escalated at a later date by the Guardian. A staff member may take time to consider options and decide a course of action that is right for them. A Guardian will keep a case open and continue to support staff in such cases. In a few situations contact with the Guardian is not maintained by the staff member.

6. Purpose of the paper

The purpose of this paper is to detail the progress and development of the Speak Up service within EEAST and to identify learning from the themes arising from the cases received by the Freedom to Speak Up Guardians.

This report provides an overview of themes and issues raised through the Guardian Service from 1st January – 28th February 2026. The report also sets out some learning points and makes recommendations for consideration.

The report follows the guidance from the NGO on the content FTSU Guardians should include when reporting to their Board which include Assessment of cases, Action taken to improve speaking-up culture and Recommendations.

7. Actions and Updates

The Guardians have provided a breakdown of the recent systems and process concerns from the past two months. The concerns that have been raised are regarding the fairness and consistency of the recruitment process, including instances where individuals have been appointed without meeting required specifications and where job descriptions have not been updated for several years.

Additional issues relate to the management of sexual misconduct cases, where both the accused and the reporting individual may return to work in close proximity, creating concerns around safety and wellbeing. Operational staff have also reported potential misuse of authority by dispatchers when allocating duties at the end of shifts or close to essential breaks, alongside last-minute duty changes from the Central Resource Team.

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Staff have highlighted significant delays in accessing mental health support, with waiting times of up to 16 weeks, as well as concerns about the use of AI tools, such as ChatGPT, in the creation of patient summaries. Further issues include dissatisfaction with recent changes and restrictions to the annual leave policy and the prolonged timeframes associated with progressing formal HR processes.

The Guardians have attended OSDG meetings across each sector, where they have actively engaged with staff to highlight the importance of speaking up and to explain how they can support teams in this area.

They are now scheduled to attend sector meetings alongside Local Operations Managers to provide further briefings on the service and to request that contact details are cascaded to all team members. In addition, the Guardians regularly visit a range of sites and stations each week to promote the importance of speaking up among staff across EEAST.

The FTSU Guardians are currently engaging with the Trust's FTSU Ambassadors to discuss their roles, explore how they support the Trust, and identify any additional training or support required to effectively carry out their responsibilities.

8. Comments & Recommendations

Development – The Board are reminded of the offer of two further complementary taster session workshops aimed at Local Operations Managers and Local Area Managers understanding the concept of listening up. These training sessions will be delivered by our Director of Strategy along with support from our Guardian team.

Due to Trusts annual FTSU report due to be completed in April, we have minimal comment and recommendations. These will be documented in the annual report.

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Meeting:	Trust Board – Public Meeting	**Dates:**	08/04/2026
Report Title:	Remuneration & Nomination Committee Report		
Agenda Item:	PUB26/04/4.5		
Committee Date	26 March 2026		
Meeting Chair:	Catherine Glickman		
Meeting quorate:	YES		
Purpose:	Assurance		
Recommendation:	The Board is asked to receive assurance from the business discussed at the meeting and to review the matters for escalation and referral.		

Link to Strategic Mission:	
People Mission	**X**
Patient Mission	
Partnership Mission	
Productivity Mission	

Summary of Items Considered at the Meeting:			
Issue	**Consideration**	**Resolution/Outcome**	**Assurance**
NED/Execs Working Together	Following discussion at the last Remco on Exec well-being, the Chief People Officer (CPO) had paired NEDs with Execs to meet and provide support.	The Committee discussed that the pairings were based on skill and experience alignment: it was agreed, subject to the Execs agreeing, this would run for a year to ensure it provided support.	
Very Senior Managers (VSM): 'Exceptional Performance' award	The CPO presented the proposal on what the Execs had discussed as 'exceptional performance' under the new VSM pay framework, which permits pay awards of up to 10% of salary (non-consolidated and non-pensionable). The team had coalesced around the National Oversight Framework (NOF) ratings (judged quarterly) as covering a range of metrics, being objective, externally validated and benchmarked. Currently EEAST is rated as NOF4: moving to NOF3 would be stretching and require each of the Exec to make their contribution.	The Committee supported the proposal. The NOF metrics included patients, people, operations and finance, so were balanced. The Committee also recognised it would be a major improvement to move from NOF4 to NOF3. Timing of awards and sustainability of achieving a sustained rating were discussed, with agreement that the detail would be worked through following the meeting and communicated to the Execs.	

Matters for escalation or referral:		
NONE		

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NHS
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NHS Trust

Meeting:	Public Board	**Date:**	8th April 2026
Report Title:	NHSE Funding Update		
Agenda Item:	PUB26/04/5.3		
Author(s):	Ross Ashton, Deputy Chief Finance Officer		
Lead Director:	Steven Course, Chief Finance Officer		

Purpose:	Decision Approval			Discussion Review			Information Noting	**X**			
Assurance:											
	None		Limited		Reasonable	**X**	Substantial				
Link to CQC domain:			**Link to EEAST's Strategic Missions:**								
Caring			Patient Mission								
Responsive	**X**		Partnership Mission								
Effective	**X**		People Mission								
Well Led	**X**		Productivity Mission							**X**	
Safe	**X**										
Link to Strategic Risk:											
SR1		SR3		SR5		SR7		SR9			
SR2		SR4	**X**	SR6		SR8		SR10			
Equality Impact Assessment: YES						**NO**					

Previously considered by:

n/a

Purpose:

To inform Board of an update to funding for financial year 2025-26, and the consequent update to the forecast out-turn surplus position.

Recommendation:

To note the revised forecast out-turn financial position for 2025-26.

Executive Summary:

Deficit Support Funding (DSF) year-end (bonus) scheme:

NHSE is providing additional funding of £3.3m, which is cash-backed, and must be used to improve the Trust's financial position. The funding is non-recurrent.

The previously agreed forecast out-turn surplus was £1.3m, which includes £0.7m of system revenue incentive bonus (which also has the requirement that it improves the Trust's financial position).

The forecast out-turn surplus for 2025-26 is now £4.6m.

Of this value £4.0m in total has been provided to improve the financial position. Excluding this additional income the Trust would have delivered a £0.6m surplus (0.1% of income) against a plan for a £0.1m surplus.

Please note the final value of the Additional DSF is subject to confirmation – if required a verbal update will be given in the Board meeting.

Introduction / Background:

NHSE is seeking to reward success by redistributing unearned Deficit Support Funding (DSF) across those providers that met 2025/26 financial targets and have submitted compliant 2026-27 financial plans.

Providers receiving redistributed income are required to deliver a matching improvement in their 2025-26 financial position.

The additional income is intended to recognise costs providers have already incurred (for example restructuring and industrial action).

The primary benefit for organisations is that the additional income is cash backed.

Eligible providers are grouped into three bands, based on turnover, with EEAST falling within band 2 for organisations with turnover between £409m and £704m, and with providers within each band receiving a fixed amount. The amount for band 2 is £3.3m (subject to final confirmation).

A short period was allowed for decision-making between 19th-23rd March. The decision to accept the funding was taken following discussion between Execs and with the Trust Chair.

Conditions for receipt of additional DSF:

1. The provider must be in a system that has delivered its plan in 2025/26. This will be based on Month 11 forecast outturn.
2. The provider must have delivered its own plan in 2025/26. This will also be based on Month 11 forecast outturn.
3. The provider must have a breakeven 2026/27 financial plan. This will be based on the latest plan submission (18 March).

The benefits to EEAST are that additional cash will be received (and additional interest earned), and it is thought that it will contribute to the cumulative break-even duty. We are seeking to clarify this last point. If so, the £3.4m cumulative deficit at the end of 2024-25 will become a cumulative surplus of £1.2m at the end of 2025-26.

Key Issues / Risks:

1. Adverse optics of delivering a significant surplus in the same year as undertaking support service redundancies. However, the purpose of the Corporate Efficiency Programme was to redirect funding to frontline services, rather than to cut costs.

2. It is uncertain if it contributes to the cumulative break-even duty. It has been stated in documentation that 'Additional DSF […] will be excluded for the purposes of surplus carry forward'. However, we are seeking to clarify this point, as investigation of the Month 12 PFR suggests that the adjusted surplus would simply flow through to the cumulative position.

Options:

Not applicable.

How does this report link with EEAST's vision, purpose and values?
https://www.eastamb.nhs.uk/about-us/our-corporate-strategy

The financial position has a key link to financial sustainability and effective management of resources, within EEAST's Productivity Mission. Effective and efficient financial management and stewardship underpins all of our missions, our purpose and our vision.

Summary:

The Trust's forecast out-turn position for financial year 2025-26 is now a £4.6m surplus, subject to final confirmation of the Additional DSF value.

Oluwatoyin Adeola
27/03/2026 17:25:35

East of England Ambulance Service NHS Trust

Meeting:	Trust Board – Public Meeting	**Date:**	08.04.2026
Report Title:	Audit Committee Assurance Report		
Agenda Item:	PUB26/04/5.3		
Committee Date	25.02.2026		
Meeting Chair:	George Lynn – Non-Executive Director and Committee Chair		
Meeting Quorate	YES		
Purpose:	Assurance		
Recommendation:	The Board is asked to receive assurance from the business discussed at the meeting and to review the matters for escalation and referral.		

Link to Strategic Mission:	
People Mission	**X**
Patient Mission	**X**
Partnership Mission	**X**
Productivity Mission	**X**

Summary of Items Considered at the Meeting:			
Issue	**Consideration**	**Resolution/Outcome**	**Assurance**
BAF & Risk Management Update	Review of progress on programme to develop "fit for purpose" Strategic Risks and BAF Framework in line with Governance review.	Noted updated BAF summary and detailed risk analysis. Discussed revitalised programme to develop a co-ordinated risk management & governance structure, including detailed review of sub-group arrangements. To be continued at the next ARC Meeting.	Reasonable
Attestation of Trust Seal Q1, Q2 & Q3 (to date 2025-26	Report detailing the instances when the Trust Seal had been used during Q1, Q2, Q3 Q4 (to date) 2025-26	We noted that there had been 7 occasions when the seal had been attested – all property transfer related. Asked for Trust to consider making this solely an annual report	Substantial
Audit and Risk Committee Annual Report 2025-26	Annual Report to Trust Board that the ARC has discharged its duties in accordance with its Terms of Reference, completed its approved work plan for 25-26 and to outline key areas of focus for 2026 - 266	We noted that the ARC had discharged its assurance duties but recognised the ongoing work by Executive to further improve BAF & governance work (including sub-groups). As regards ToR we discussed whether the ARC should provide "assurance" rather than to "ensure" various aspects of Counter Fraud & IA workings.	Reasonable
Trust Board Annual Report	The Trust Board's annual effectiveness report, including operational efficiency, oversight & assurance of its structure to ensure	Considered the Trust Board's draft Annual Report, Terms of Reference and Agenda plan for 2026-27. Recommended for onward submission to Trust Board for approval	Reasonable

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	statutory, regulatory & legal requirements.		
Annual Review of Standing Orders, Reservation of Powers, Scheme of Delegation and Standing Financial Instruments	Review of proposed documents for scrutiny and, if acceptable, recommendation to Trust Board for approval	Reviewed the documents and noted that the only changes were to reflect changes of role description, committee names, and minor wording & date updates	Substantial
Freedom of Information Deep Dive Report	Report on the FOI requests (numbers, themes, requestor, types) and compliance/non-compliance performance	We noted that as part of "matters arising" we had received a report on progress on points raised by an ICO audit also referencing FOI compliance issues. We noted the continuing pressures to meet FOI compliance requirements. We concurred with proposals to improve Directorate's understanding, responsibilities, and performance reporting and escalation routes.	Reasonable
Information Governance & Data Security Protection Toolkit (DSPT) updates	Update on the Trust's current position with respect to: • Digital Security Protection Tool compliance • Subject Access Requests compliance and • FOI Request compliance	Noted: • 2025-26 CAF-DSPT – baseline submitted 31/12/25. • IG breaches at 27/mth judged to be low level breaches with average of 2 pm. reported to ICO • IG training compliance is stable at 92% • SAR Compliance continues at over – 90% • FOI average compliance 66% • No ICO complaints for reporting period.	Reasonable
Fleet Asset Register & Replacement Plan	To provide assurance to ARC that Trust holds a fleet asset register along with a comprehensive vehicle replacement plan exists.	We noted the detailed fleet asset	Substantial

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Annual Accounts Production Timetable	2025-26 Annual Accounts timetable to provide assurance that key NHSE deadline dates will be met,	Noted the timetable and Committee/Board meeting dates.	Substantial
Financial Management - Losses and special payments	Quarterly Report on compliance with HM Treasury 2023 publication "Managing Public Money" – (October - December 2025).	Noted 8 losses & ex-gratia payments (October-December 2025) totalling £50.6k. YTD 2025-26 £374.1K (2024-25 £1.524m)	Substantial
Financial Management – Tenders & Waivers	Report on Tenders and Waivers Qtr 3 (October-December 2025)	Noted the Trust waivered £62,038 of non-pay period in Q2 (amounting to 8 in total). Noted support for procurement team to continue to reduce levels of retrospective tenders.	Reasonable
Counter Fraud progress	Update on Counter Fraud team in 2025/26 since May 2025 meeting,	Noted continuing progress in managing fraud across EEAST. There are currently 11 open investigations, 8 new referrals and 5 have been closed since the last report and 2 considered for prosecution. Noted the increased instances of staff fraudulently working whilst signed off sick. This behavioural issue had been referred to People Committee for consideration. The report contained preliminary bench making reports across 8 Ambulance Trusts	Reasonable
Draft Counter Fraud 2026-27 Work Plan	Grant Thornton presented their Draft Counter Fraud Proactive Work Plan for 2026-27	Noted draft plan to provide compliance with NHS GovS013 Counter Fraud requirements. Noted proposed fieldwork with EEAST staff, as well as proposed activities to build awareness within staff of Counter Fraud activities.	Reasonable
Internal Audit Progress Report 2025-26	RSM (new internal auditors) provided report on their IA work (since July 2025) for 2025-26.	Noted RSM's finalised reports previous Audit Committee on: • Rolling Hours (Partial Assurance) • Statutory & Mandatory Training (Reasonable Assurance) and • Financial Controls (Reasonable Assurance).	Reasonable

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		Risk Management has been issued in draft, and Fleet Management, Follow-up actions, and Cost Improvement Programme are currently in progress.	
Draft Internal Audit Plan 2026-27	RSM presented their Draft Internal Audit Plan for 2026-27	Noted that the draft plan proposes finalised audits on: • Fleet Management • Business Cases • Business Planning • Data Quality & implementation of lessons learned • FOI's & SAR's • Payroll	Reasonable
External Audit Planning & Fees	EY presented their external audit plan for 2025/26 annual accounts	Noted areas of audit risks identified by EY for testing. Noted no proposed accounting changes required in 2025/26 Accounts. Noted proposed materiality levels and timelines. Noted audit fees of NHS Trust to remain unchanged from previous year, but additional fees arising TBC.	Reasonable
Annual Review of Effectiveness of Internal Audit, External Audit & Counter Fraud	CFO presented his current assessment of the various teams.	Noted that in his first term in office he wishes to wait until the end of the financial year programmes to make final comments. Overall no glaring issues.	Reasonable

Matters for escalation or referral:		
Issue	**Committee**	**Reason**
Audit Committee Terms of Reference and Agenda plan	Public Board	The Audit Committee terms of reference and agenda plan are recommended for approval.

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01/04/2026 17:25:35

AUDIT AND RISK COMMITTEE: AGENDA PLAN 2026 - 27 DRAFT					
	May 20.05.2026	**June (EXT) 17.06.2026**	**July 22.07.2026**	**October 28.10.2026**	**February 17.02.2027**
RISK MANAGEMENT					
Board Assurance Framework	X		X	X	X
Assurance reports from Sub-Groups: - Compliance and Risk Group (CRG)	X		X	X	X
Risk Management Policy - Annual Review					X
Risk Deep Dive	AS REQUIRED				
GOVERNANCE					
Board Governance and Assurance Framework	X				
Annual Review of: - Standing Orders - Standing Financial Instructions - Scheme of Delegation - Reservations Retained by Trust Board					X
Regulatory Compliance Monitoring Process				X	
Review of Hospitality Register *(end of Q2 and Q4)*	X			X	
Declaration of Interest Report *(end of Q2 and Q4)*	X			X	
Attestation of Trust Seal - Quarterly Report	X		X	X	X
INFORMATION GOVERNANCE					
Data Security Protection Toolkit update	X		X	X	X
Freedom of Information (FOI) Deep Dive					X
EFFECTIVENESS					
Annual Review of Effectiveness of Internal Audit, External Audit and Counter Fraud					X
Audit Committee Annual Effectiveness Review					X
Review of Committee Effectiveness Annual Reports			X		

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STRATEGY AND POLICY					
Security Management Annual Report			X		
Treasury Management Policy - Annual Review				X	
EMERGENCY PLANNING					
Civil Contingency Act Compliance (EPRR Compliance)			X		
FINANCIAL MANAGEMENT					
Losses and Special Payments: Quarterly Report	X		X	X	X
Tenders and Waivers: Quarterly Report (including Contract Register and the impact of Atamis on Procurement activity)	X		X	X	X
ANNUAL REPORT AND ACCOUNTS					
Annual Accounts production timetable					X
Annual Accounts	X	X			
Annual Report	X	X			
Annual Governance Statement	X	X			
Charitable Funds Annual Report and Accounts				X	
COUNTER FRAUD					
Counter Fraud Progress Report	X		X	X	X
Counter Fraud Annual Report	X				
Counter Fraud Strategy and Annual Plan					X
INTERNAL AUDIT					
Internal Audit Progress Report	X		X	X	X
Head of Internal Audit Opinion and Annual Report	X				
Strategy and Annual Plan					X
EXTERNAL AUDIT					
External Audit Progress Report	X				
External Audit Letter (Final)		X			

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External Auditor's Annual Report			X		
External Audit Planning Report and Fees					X
OTHER ITEMS AS REQUIRED					
Third Party Monitoring Reports – Those with statutory enforcement powers/statutory role but no enforcement powers/no statutory role but legitimate interest – Referral to Audit Committee/Trust Board of exception reports (as required) on the monitoring of action plans managed by the Quality Governance Committee.	**REPORTS WILL BE SCHEDULED IN TO THE NEXT AVAILABLE MEETING FOR CONSIDERATION**				

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East of England Ambulance Service NHS Trust

Terms of Reference – Audit and Risk Committee 2026-2027

Document Reference	To be assigned by Corporate Records Manager
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DOCUMENT CHANGE HISTORY		
Initiated by	**Date**	**Author(s)**
Annual Review	January 2026	Adeola Olatunji, Corporate Governance Manager

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Document Owner	Governance Improvement Specialist
Recommended at Date	Audit and Risk Committee 25.02.2026
Approved at Date	Board
Valid Until Date	March 2027
Linked Policy Documents	Standing Orders Reservation of Powers Scheme of Delegation Other Committee Terms of Reference Standing Financial Instructions Board Governance Assurance Framework Risk Management Policy
Dissemination requirements	Cascade to Board members and Senior Leaders and forms part of Board level induction pack
Part of Trust's publication scheme	Yes

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Audit and Risk Committee

Terms of Reference

East of England Ambulance Service NHS Trust

1. Constitution

1.1 The Audit and Risk Committee ("the Committee") is constituted as a standing committee of the Trust's Board of Directors ("the Trust Board"). Its constitution and Terms of Reference shall be as set out below and any changes will be subject to Trust Board approval.

2. Purpose

2.1 The purpose of the Committee is to provide the Board with independent and objective assurance on the adequacy and effectiveness of the Trust's systems of financial and corporate governance, risk management, internal control and assurance processes across the whole of the Trust's activities, including in support of the Annual Governance Statement.

3. Authority

3.1 The Committee is authorised by the Board to act within its Terms of Reference, including matters specifically referred to it by the Board.

3.2 The Committee is authorised to investigate any activity within its Terms of Reference. It may seek any information it requires from any employee, and all employees are directed to cooperate with any request made by the Committee.

3.3 The Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of individuals with relevant experience and expertise if it considers this necessary or expedient to the discharge of its functions. Any costs incurred must comply with the Trust's Scheme of Delegation and Standing Financial Instructions.

3.4 The Committee is authorised to liaise, as necessary, with other Board sub-committees and their Chairs to ensure effective coordination of assurance and escalation of risks within the Trust's governance framework.

3.5 The Committee may establish, subject to Board approval, sub-groups with defined governance arrangements and reporting lines to execute delegated powers within these Terms of Reference.

3.6 Trust Standing Orders and Standing Financial Instructions apply to the operation of the Committee.

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3.7 The Board has determined that the Audit and Risk Committee has oversight of the Trust's risk management framework, including oversight of the Board Assurance Framework and Corporate Risk Register (CRR), to gain assurance that appropriate

systems of internal control are in place and operating effectively, and that the Board Committee system is functioning appropriately.

4. Duties and Responsibilities

4.1 Governance, Risk Management and Internal Control

The Committee shall provide independent assurance to the Board through review of the establishment and maintenance of an effective system of governance, risk management and internal control across the whole of the Trust's activities (both clinical and non-clinical), supporting the achievement of the Trust's strategic objectives.

In particular, the Committee will:

I. Review and recommend for Board approval all risk and control-related disclosure statements, including the Annual Governance Statement and declarations of compliance (including Care Quality Commission compliance), together with any accompanying Head of Internal Audit Opinion, External Audit Opinion or other independent assurances.

II. Monitor and scrutinise the approved risk management framework, ensuring Trust policies, systems and processes are effective in identifying, analysing and mitigating risks, and escalating issues appropriately. This will include periodic deep dives into specific areas of the risk registers.

III. Consider the resource implications for risk control and advise the Board accordingly.

IV. Review the underlying assurance processes that demonstrate the achievement of corporate objectives, the effectiveness of management of principal risks, and the appropriateness of related disclosures.

V. Review policies and arrangements to ensure compliance with relevant regulatory, legal and code of conduct requirements.

VI. Review policies and procedures relating to fraud and corruption in accordance with Secretary of State Directions and NHS Counter Fraud Authority requirements.

VII. Monitor the work of the Executive Leadership Team in relation to finance, governance and mandatory services, and provide independent assurance to the Board regarding risk identification, mitigation and control.

VIII. Review the Trust's arrangements that enable staff to raise concerns in confidence, including Freedom to Speak Up arrangements.

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IX. Review the robustness and integrity of data underpinning reports provided to the Committee and Board.

The Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these sources. It will rely on an effective Board Assurance Framework to guide its work.

4.2 **Internal Audit**

The Committee shall seek assurance that an effective internal audit function is established and maintained in accordance with mandatory NHS Internal Audit Standards.

This will include:

I. Consideration of the provision and cost of the Internal Audit service, including questions of appointment, resignation or dismissal.

II. Review and approval of the Internal Audit Strategy and Annual Operational Plan.

III. Review of major internal audit findings and management responses, and monitoring implementation of agreed actions.

IV. Ongoing review of the effectiveness of internal audit, including:

- Coordination with External Audit.
- Compliance with NHS Internal Audit Standards.
- Adequacy of independent assurance.
- Appropriate standing within the Trust.
- Alignment with the Trust's audit needs.

V. Undertake an annual review of the effectiveness of the internal audit function.

4.3 **External Audit**

The Committee shall seek assurance through review of the work and findings of the External Auditor and consider management responses.

This will include:

I. Consideration of the appointment and performance of the External Auditor (in accordance with applicable regulations).

II. Review and agreement of the nature and scope of the annual audit.

III. Discussion of audit risks, evaluation of the Trust's control environment and impact on audit fees.

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IV. Review of all External Audit reports, including:

- Report to Those Charged with Governance
- Annual Audit Letter
- Work undertaken outside the annual audit plan
- Management responses and implementation tracking

V. Development and oversight of a policy governing the provision of non-audit services by the External Auditor to ensure independence is maintained.

4.4 Counter Fraud

The Committee shall:

I. Seek assurance that an appropriately resourced Counter Fraud service provider is in place.

II. Seek assurance on the performance of reactive and proactive fraud work in line with the NHS Counter Fraud Authority Standards for Providers.

III. Review reports from the Counter Fraud provider and management responses.

IV. Seek assurance that appropriate coordination is in place between Counter Fraud, Internal Audit and External Audit.

V. Review the Trust's annual report to the NHS Counter Fraud Authority and seek assurance on implementation of any recommendations.

4.5 Financial Reporting

The Committee shall review and seek assurance on the Annual Report and Financial Statements prior to submission to the Board, considering completeness, integrity, objectivity and accuracy.

This review will include:

I. The Annual Governance Statement and related disclosures

II. Changes in accounting policies, practices and estimation techniques

III. Significant judgements and unadjusted mis-statements

IV. Significant audit adjustments

V. The Letter of Representation

VI. Qualitative aspects of financial reporting

VII. The schedule of losses and special payments

VIII. Any unresolved disagreements between management and External Audit.

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The Committee shall:

- Annually review accounting policies and make recommendations to the Board.
- Ensure systems for financial reporting to the Board are subject to review for completeness and accuracy.

4.6 Other Assurance Functions

The Committee shall review and seek assurance from findings from other significant assurance bodies, including (but not limited to):

- Care Quality Commission (CQC)
- NHS Resolution
- Arm's Length Bodies
- Professional and accreditation bodies

The Committee will:

- Review items referred from other Board Committees where relevant to its remit.
- Rely on assurance from other Committees in relation to sections of the Board Assurance Framework.
- Review annual reports of other Committees against their Terms of Reference.
- Review assurance relating to clinical audit processes.
- Review charitable funds arrangements and associated annual financial statements.

4.7 Corporate Governance and Compliance

The Committee shall:

I. Review suspensions or amendments to Standing Orders and Standing Financial Instructions.

II. Review proposed changes to Standing Orders, Standing Financial Instructions, Codes of Conduct and Standards of Business Conduct.

III. Examine significant departures from governance requirements.

IV. Review the Reservation of Powers to the Board and Scheme of Delegation.

4.8 Information Governance

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The Committee shall review and seek assurance on compliance in relation to all aspects of Information Governance, including data security and protection.

4.9 Matters Referred by the Board

The Committee shall:

I. Examine any matter referred to it by the Board and may initiate investigations as it considers appropriate.

II. Seek assurance regarding arrangements for the appointment of external contractors for financial services (e.g. Internal Audit, banking, payroll services).

5. Membership

5.1 The Committee membership shall be appointed by the Board from amongst the Non-Executive Directors and shall consist of not less than three designated members, the majority of whom shall be independent. At least one member shall have recent and relevant financial experience. The Board shall appoint the Committee Chair from amongst the independent Non-Executive Directors.

5.2 Chief Executive, Chief Finance Officer, an Internal Auditor's representative, an External Auditor's representative and the Counter Fraud Service shall normally attend routine meetings of the Committee.

5.3 Members should aim to attend every meeting and should attend a minimum of 75% of meetings held in each financial year. Where a member is unable to attend a meeting, they should notify the Committee Chair or Secretary of the Committee in advance.

5.4 Any member of the Committee may participate virtually, provided this is undertaken from a private and secure location with due regard to data security and confidentiality requirements set out in mandatory Information Governance training. Participation in this manner shall be deemed to constitute presence in person at such meeting.

5.5 Additional attendees may be invited at the discretion of the Committee to provide advice and expertise.

6. Quorum

6.1 The quorum necessary for the transaction of business shall be two members, both of whom must be Non-Executive Directors.

7. Frequency of Meetings

7.1 Meetings of the Committee shall be formal, properly minuted and compliant with relevant statutory and good practice guidance, as well as the Trust's Standing Orders and Standing Financial Instructions. Committee proceedings are confidential and conducted in accordance with the Trust's governance and information governance requirements.

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7.2 Meetings of the Committee shall be held not less than four times per year, scheduled to support the business cycle of the Board, and at such other times as the Committee Chair shall identify, subject to agreement with the Board Chair.

7.3 The Committee Chair may, at any time, convene additional meetings of the Committee to consider business that requires urgent attention.

7.4 The External Auditor or the Head of Internal Audit may request a meeting with the Committee or its Chair if they consider one is necessary.

8. Administration

8.1 The minutes of all meetings of the Committee may be formally recorded to aid in the production of written minutes and the recording will be deleted in line with Trust guidance.

8.2 All meetings will be formal and minuted. Minutes of the meeting will be available not more than 10 business days following the meeting. Minutes of the meeting will be recorded formally and ratified by the Committee at its next meeting.

8.3 Meeting papers will be circulated to members a minimum of three business days prior to the meeting.

8.4 A record will be kept of the schedule of business and matters and issues to be carried forward.

9. Reporting and Monitoring Arrangements

9.1 The Committee is directly accountable to the Trust Board.

9.2 The Committee chair shall prepare a report of each Committee meeting for submission to the Board at its next formal business meeting, highlighting any issues or areas of concern for attention.

9.3 The Committee will provide an annual report to the Board setting out how it has discharged its responsibilities as set out in these Terms of Reference. Within this report, the Committee will review its own effectiveness in the discharge of its responsibilities and the annual workplan.

9.4 The following triggers outline the framework to be used for escalating an item from the Committee to the Board:

I. Governance or compliance risks scoring 15 or higher residually with inadequate or overdue mitigating actions.

II. Lack of sufficient assurance regarding risk management or internal control arrangements.

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III. A qualified External Audit opinion.

IV. A Limited Assurance Internal Audit opinion.

V. Significant financial losses (including those exceeding £100k) or matters with material impact.

VI. Internal Audit actions overdue beyond two Committee cycles.

VII. Material deviation from agreed information governance compliance thresholds.

9.5 Board Committees shall provide assurance to the Audit and Risk Committee on risks within their remit, including relevant Board Assurance Framework risks, risk appetite considerations and related Corporate Risk Register (CRR) matters:

Mission:	BAF Ref:	Title:	Risk:
Patient Mission	SR1	Demand and Capacity	If we do not effectively address demands, then our resources may be over stretched, resulting in an inability to deliver safe, high-quality care, transform, innovate and meet our partnership ambitions.
Patient Mission	SR2	Quality Governance	If we fail to meet national and locally agreed performance targets due to not having the appropriate clinical or operational model may lead to avoidable harm to patients, adverse clinical outcomes and poor patient experience as well as potential failure to maintain regulatory compliance and confidence will be lost in delivering Trust strategic patient mission.
Productivity Mission	SR3	Estates	If EEAST does not maintain appropriate digital and physical infrastructure to support service delivery, then it may not have the right estate, facilities, technology platforms and assets to deliver safe, high-quality care resulting in not attaining our safety, quality and compliance ambitions.
Productivity Mission	SR4	Finance Use of Resources	If EEAST cannot achieve financial sustainability there is a risk to its ability to deliver high quality (safe and effective) services.
Productivity Mission	SR5	Cyber Security	If the Trust fails to prevent a Cyber Incident, then one or more Digital Systems will be compromised leading to

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			Operational, Reputational, Financial and Patient impact.
Partnership Mission	SR6	System Partnership	If EEAST does not work closely with partners across the Integrated Care Board (ICB) Sectors, then Category 2 (C2) performance is unlikely to be delivered, whilst the wrong patients will be conveyed to Emergency Departments, resulting in poor patient outcomes.
People Mission	SR7	Workforce Sustainability	If EEAST does not have workforce plans that support recruitment then prospective staff may not choose to work at EEAST resulting in associated skills deficit, reliance on temporary staffing, staff morale and our ability to provide high quality of care to our services users.
People Mission	SR8	Staff Retention	If EEAST does not effectively and efficiently manage a coherent staff retention strategy, then we will continue to effect staff and skills shortages in certain professions resulting in associated skills deficit, impact on staff morale and our ability to provide high quality of care to our services users.
People Mission	SR9	Organisational Development	If EEAST does not have in place effective OD support to address cultural development and management of change, then we may not achieve a positive impact, resulting in suboptimal outcomes for staff and patient care.
Productivity Mission	SR10	Digital	If EEAST does not invest in, modernise, and integrate its digital systems, platforms, and infrastructure, then digital may be unable to deliver efficient, high-quality service, support innovation, or meet future service and partnership needs.

10. Conduct of Business

10.1 The Committee Chair will be responsible for ensuring that the Committee conducts its business in accordance with the Trust's Standards of Business Conduct, Conflicts of Interest Policy, and other relevant Trust policies.

10.2 Members must declare any conflicts of interest at the start of each meeting. The Committee Chair will decide how these will be managed and ensure they are recorded in the minutes.

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10.3 Papers should be concise and analytical, and clearly identify the risks, controls, and assurance implications of the issues presented, including Board

Assurance Framework (BAF) / Corporate Risk Register (CRR) references where applicable.

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Meeting:	Trust Board – Public Meeting	**Date:**	08/04/2026
Report Title:	Performance Committee Report to Board		
Agenda Item:	PUB26/04/5.5		
Committee Date	01/04/2026		
Meeting Chair:	Julie Thallon, Non-Executive Director		
Meeting quorate	Yes		
Purpose:	Assurance		
Recommendation:	The Board is asked to receive assurance from the business discussed at the meeting and to review the matters for escalation and referral		

Link to Strategic Objective	
People Mission	
Patient Mission	**x**
Partnership Mission	**x**
Productivity Mission	

Summary of Items Considered at the Meeting			
Issue	**Consideration**	**Resolution/Outcome**	**Assurance**
Board Assurance Framework	This continues to need further development to provide assurance to the Committee (and Board) around management of risk. The content was discussed by exception, but the narrative within it still requires more work. The Committee again noted concern about the delay.	Further development is still required in advance of the still anticipated final version being presented to the May Board. The Committee remains keen to see the thread between the risks, actions taken, and the impact through performance – looking to make this link more explicit to ensure the BAF remains relevant and impactful.	Moderate
Draft forward plan and committee Terms of Reference	The final draft of the Terms of Reference and forward plan were presented	Approved	Good
Performance against NHS Annual Return	Progress against the 9 metric areas identified in the PA report. Good performance continues to be noted and sustained for those areas within the Trust's sole responsibility. Efforts continue around areas where joint delivery is required, such as hospital handover.	Significant progress continues to be demonstrated against the same period in 2024, and colleagues were thanked for their continued efforts and hard work, which continue to demonstrate sustained improvement. The Trust is continuing to seek support and assurance around external factors impacting performance for our patients, including Chair meetings with colleagues across the system.	Good

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		Committee members suggested this would be a good report for Board assurance.	
Committee IPR & metrics	The IPR was discussed by exception, as most areas were covered in discussion on the annual return and the 9 key metrics within the BAF discussion.	The Trust has experienced less activity in February than the previous month. Good discussion ensued on Hear & Treat and how to extend achievement to the ambitious 30% stretch target. The Committee requested further detail and a deep dive on the measures needed to achieve this, including additional staff.	Good
Community First Responders contribution	The contribution of CFRs to performance targets, specifically C2, was noted.	The Committee agreed it would be useful to note the qualitative impact of CFR interventions and the cost benefit for the Trust but noted that this is discussed at People Committee in their bi-annual reports.	Good
Transformation Programme Group	Updates noted and mostly covered in previous discussion at the meeting. The 111 tender process was discussed, and a request made for further regular updates on the referrals to other services, as these form a number of the total calls to EEAST.	A full paper on the 111 tender process is being presented to Board this month. It will be a significant piece of work, and the Board needs to be sighted on the ambition and work programme.	Good
System Partnerships update	We are still awaiting further NHSE guidance on the next stage of development of clinical hubs.	There continues to be a risk to the Trust around how to deliver against targets, given uncertainty in the system. The Committee requested that this be escalated to the CEO and Chair for discussion with NHSE colleagues to try and unblock discussions.	Moderate
Annual review of commercial activity	Commercial activities are improving their contribution to the Trust, and the overheads are more quantifiable now, but the paper left a few questions open.	A full review has been requested by the Executive Leadership Team to understand the value and contribution to the Trust, looking at the wider context as well as the cost benefit.	Moderate

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Matters for escalation or referral

Issue	To	Reason
CFR contribution	People Committee	To ensure that the wider contribution of CFRs to patient experience and benefits is understood and reported.
Funding arrangements for Urgent Care Coordination Hubs.	CEO & Chair	Continued delay in securing clarity is causing a risk to EEAST's operations. Request to escalate to NHSE.
111 tender	Board	Full paper to be brought to the Board for discussion and an agreed way forward.
Commercial activity contribution to the Trust	Executive Leadership Team	Need to fully understand the contribution calculation to ensure all soft and hard benefits are measured and possible opportunities are either exploited or ceased.

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PERFORMANCE COMMITTEE: AGENDA PLAN 2026-27 (DRAFT)						
	May 27.05.2026	July 29.07.2026	September 30.09.2026	November 25.11.2026	January 27.01.2027	March 24.03.2027
PERFORMANCE						
Committee Integrated Performance Report (IPR)	X	X	X	X	X	X
Winter Plan Update				X		
Winter Plan Review	X					
Business Continuity (6-monthly report)	X			X		
Management of High Intensity Users (6-monthly report)		X			X	
PERFORMANCE AND TRANSFORMATION PROGRAMMES						
Operational Performance and Transformation Update including: - NHS Annual Return performance metrics - TPB Updates (EOC Productivity,EOC Reconfiguration, Operational Productivity, Vehicle Availability)	X	X	X	X	X	X
PARTNERSHIPS						
System Partnership Progress Report	X	X	X	X	X	X
COMMERCIAL ACTIVITY						
Non-Emergency Patient Transport Services (NEPTS) provision, including Taxis	X		X		X	
Annual Review of Commercial Activity						X
Private Provider Arrangements: Private Ambulance Services		X				
Volunteer & Collaborative Functions Performance Update (Quarterly)	X		X		X	
Deep dive into the HART / SORT / Resilience Function	X					
POLICY AND STRATEGY						
Urgent and Emergency Care Strategy						
Commercial Strategy						
GOVERNANCE AND RISK						
Sub-Group Assurance Reports: - Operational Service Delivery Group - Business and Partnerships Group	X	X	X	X	X	X
Board Assurance Framework (BAF) and Risk Management	X	X	X	X	X	X
Risk Deep Dive: SR1		X				
Risk Deep Dive: SR6			X			
Committee Effectiveness Annual Review including: - Terms of Reference Review - Annual Agenda Plan						X
OTHER						
Internal Audit Reports (as relevant to the Committee ToR)	AS REQUIRED					
Topical, legal and regulatory issues (as relevant to the Committee)	AS REQUIRED					

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Terms of Reference – Performance Committee 2026-2027

Document Reference	To be assigned by Corporate Records Manager
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DOCUMENT CHANGE HISTORY		
Initiated by	**Date**	**Author(s)**
Annual Review	January 2026	Adeola Olatunji, Corporate Governance Manager

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Document Owner	Governance Improvement Specialist
Recommended at Date	Performance Committee 01.04.2026
Approved at Date	Board
Valid Until Date	March 2027
Linked Policy Documents	Standing Orders Reservation of Powers Scheme of Delegation Other Committee Terms of Reference Standing Financial Instructions Board Governance Assurance Framework Risk Management Policy
Dissemination requirements	Cascade to Board members and Senior Leaders and forms part of Board level induction pack
Part of Trust's publication scheme	Yes

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Performance Committee

Terms of Reference

East of England Ambulance Service NHS Trust

1. Constitution

1.1 The Performance Committee ("the Committee") is constituted as a standing committee of the Trust's Board of Directors ("the Trust Board"). Its constitution and Terms of Reference shall be as set out below and any changes will be subject to trust board approval.

2. Purpose

2.1 The purpose of the Committee is to provide assurance to the Board on the oversight of operational performance, monitoring performance and scrutinising progress against agreed strategies, plans and trajectories. The Committee will oversee and assure on relevant performance indicators, risks and progress against strategic objectives for matters relating to operational performance, operational support and EOC transformation, as set out within its Terms of Reference and as referred to it by the Board.

3. Authority

3.1 The Committee is authorised by the Board to act within its Terms of Reference. All members of staff are directed to co-operate with any request made by the Committee.

3.2 The Committee is authorised to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience (e.g. external auditors and expertise if it considers this necessary for, or expedient to, the exercise of its functions). Any external advice that is commissioned must comply with the trust's Standing Financial Instructions.

3.3 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

3.4 The Committee may establish, subject to Board approval, sub-groups with defined governance arrangements and reporting lines to execute the delegated powers within these Terms of Reference.

3.5 The Board has determined that the Audit and Risk Committee has overall responsibility for oversight of the Trust's risk management framework, including the Board Assurance Framework. The Committee shall provide assurance to the Audit and Risk Committee and the Board on risks within its remit, as delegated through the Board Assurance Framework.

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3.6 The Committee shall seek assurance that the Trust works collaboratively with relevant external statutory bodies in line with national legislation and implements appropriate guidance and requirements.

4. Duties and Responsibilities

4.1 Performance

I. To provide assurance to the Board on the performance of the Trust across the range of performance indicators within the Integrated Performance Report (IPR) related to the Committee remit.

II. To seek assurance that key performance risks, as delegated to the Committee through the Board Assurance Framework, are being effectively managed and mitigated, with appropriate actions in place to address actual and potential risks or issues.

III. To seek assurance that actions to manage the Trust's compliance with activity levels are in line with contracted levels, financial limits, and quality standards, to meet contractual requirements for mandatory services.

IV. To seek assurance that the measures within the Committee remit are appropriately incorporated in the Integrated Performance Report (IPR) to the Board, and that these measures meet both internal requirements and those of external stakeholders, to ensure the delivery of safe and effective services.

V. To scrutinise and monitor performance improvement plans, providing assurance to the Board on their delivery and appropriate triangulation across relevant performance metrics.

VI. The Committee shall, when appropriate, scrutinise reports informed by external benchmarking data and best practice.

4.2 Partnerships

I. To gain assurance that the arrangements for Non-Emergency Patient Transport Services (NEPTS) are suitable and sufficient to maintain operational performance and comply with contractual requirements.

II. To maintain oversight and approval of the development of commercial activities, and to seek assurance on the implementation of these activities, ensuring requirements remain within agreed financial limits.

III. To gain assurance that the service provision arrangements of private providers are suitable and sufficient to maintain operational performance and comply with contractual requirements.

IV. To gain assurance that partnership working across the region is operating effectively in support of operational performance, that roles, responsibilities, and expectations are clearly defined through contractual or agreed arrangements, and that delivery is monitored to provide assurance to the Committee.

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4.3 **Transformation -** Operational Productivity, Operational Support and Emergency Operations Centres

I. To provide assurance on the effectiveness of project governance in the delivery of agreed transformation and improvement initiatives related to the Committee remit.

II. To seek assurance that the development and delivery of transformation activity is aligned with, and driven by, the vision and values of the Trust.

III. To provide assurance that transformational initiatives that have been implemented are being delivered in line with plan, and that any proposed initiatives have robust and deliverable plans in place.

5. Membership

5.1 The Committee membership shall be appointed by the Board from amongst both the Executive Directors and Non-Executive Directors and shall consist of no fewer than three designated members. One Non-Executive Director will act as Chair of the Committee. The Chief Operating Officer and the Director of Strategy, Transformation and Governance shall be members of the Committee.

5.2 Members should aim to attend every meeting and should attend a minimum of 75% of meetings held in each financial year. Where a member is unable to attend a meeting, they should notify the Committee Chair or the Secretary of the Committee in advance.

5.3 Any member of the Committee may participate virtually provided this is undertaken from a private and secure location with due regards to data security and confidentiality requirements set out in the annual Information Governance training.

5.4 Additional attendees may be invited at the discretion of the Committee to provide advice and expertise.

6. Quorum

6.1 The quorum necessary for the transaction of business is two members, (inclusive of one Non-executive Director).

7. Frequency of Meetings

7.1 Meetings of the Committee shall be formal, properly minuted, and compliant with relevant statutory and good practice guidance, as well as the Trust's Standing Orders and Standing Financial Instructions.

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7.2 Meetings of the Committee shall be held at least six times per year, scheduled to support the business cycle of the Board, and at such other times as the Committee Chair shall identify, subject to agreement with the Board Chair.

7.3 The Committee Chair may, at any time, convene additional meetings of the Committee to consider business that requires urgent attention.

8. Administration

8.1 The minutes of all meetings of the Committee may be formally recorded to aid in the production of written minutes and the recording will be deleted in line with Trust guidance.

8.2 All meetings will be formal and minuted. Minutes of the meeting will be available not more than 10 business days following the meeting. Minutes of the meeting will be recorded formally and ratified by the Committee at its next meeting.

8.3 Meeting papers will be circulated to members a minimum of three business days prior to the meeting.

8.4 A record will be kept of the schedule of business and matters and issues to be carried forward.

9. Reporting and Monitoring Arrangements

9.1 The Committee is directly accountable to the Trust Board.

9.2 The Committee chair shall prepare a report of each Committee meeting for submission to the Board at its next formal business meeting, highlighting any issues or areas of concern for attention.

9.3 The Committee will provide an annual report to the Board setting out how it has discharged its responsibilities as set out in these Terms of Reference. Within this report, the Committee will review its own effectiveness in the discharge of its responsibilities and the annual workplan.

9.4 The Committee will receive assurance reports at each meeting from the:

- Operational Service Delivery Group

9.5 The following triggers outline the framework to be used for escalating an item from the Committee to the Board:

I. Operational or integration risks scoring 15 or higher residually, with inadequate mitigating actions in place, or with actions overdue and no agreed or assured plan to resolve.

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II. Improvement plan trajectories being off-track with no clear recovery plan.

III. A variance of 10% or more from KPI targets or agreed trajectory.

IV. Material variance from the year-end projection.

9.6 The Committee will report to the Audit Committee on the following strategic mission risks within the Board Assurance Framework (BAF), including the risk appetite, assessing the quality and specificity of assurances linked to their controls and any related risks within the Corporate Risk Register (CRR):

Mission:	**BAF Ref:**	**Title:**	**Risk:**
Patient Mission	SR1	Demand and Capacity	If we do not effectively address demands, then our resources may be over stretched, resulting in an inability to deliver safe, high-quality care, transform, innovate and meet our partnership ambitions.
Partnership Mission	SR6	System Partnership	If EEAST does not work closely with partners across the Integrated Care Board (ICB) Sectors, then Category 2 (C2) performance is unlikely to be delivered, whilst the wrong patients will be conveyed to Emergency Departments, resulting in poor patient outcomes.

10. Conduct of Business

10.1 The Committee Chair will be responsible for ensuring that the Committee conducts its business in accordance with the Trust's Standards of Business Conduct, Conflicts of Interest Policy, and other relevant Trust policies.

10.2 Members must declare any conflicts of interest at the start of each meeting. The Committee Chair will decide how these will be managed and ensure they are recorded in the minutes.

10.3 Papers should be concise and analytical, and clearly identify the risks, controls, and assurance implications of the issues presented, including Board Assurance Framework (BAF) / Corporate Risk Register (CRR) references where applicable.

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FINANCE AND SUSTAINABILITY COMMITTEE: AGENDA PLAN 2026-27 (DRAFT)

	May 27.05.2026	July 29.07.2026	September 30.09.2026	November 25.11.2026	January 27.01.2027	March 31.03.2027
FINANCIAL DELIVERY						
Long-term Financial Model - Planning and Delivery	X			X		
Capital Plan		X				
Financial Statement and Investments	X	X	X	X	X	X
Finance Report and Cash Flow Forecast	X	X	X	X	X	X
Annual Budget and Plan						X
Year-end Forecast						X
SUSTAINABILITY						
Sustainability Strategy Delivery *Estates, Fleet, Financial, HR, Procurement, Frontline Operations*	X	X	X	X	X	X
TRANSFORMATION						
Integrated Transformation Programme Update, including Quality Cost Improvement Programmes (QCIP) and Infrastructure and Support Services Change Programme Board	X	X	X	X	X	X
Green Plan Delivery		X		X		X
POLICY AND STRATEGY						
Sustainability Strategy (ratification / approval)	AS REQUIRED					
Digital Plan	X					
GOVERNANCE AND RISK						
Board Assurance Framework	X	X	X	X	X	X
BAF Deep Dive - SR3	X				X	

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BAF Deep Dive - SR4		X				X
BAF Deep Dive - SR5			X			
BAF Deep Dive - SR10				X		
Group Assurance Reports: - Capital Investment Group - Sustainability Group	X	X	X	X	X	X
Committee Annual Report						X
OTHER						
Internal Audit Reports (as relevant to the Committee)	AS REQUIRED					
Topical, legal and regulatory issues (as relevant to the Committee)	AS REQUIRED					

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East of England Ambulance Service NHS Trust

Terms of Reference – Finance and Sustainability Committee 2026-2027

Document Reference	To be assigned by Corporate Records Manager
Document Status	Draft
Version:	0.1

DOCUMENT CHANGE HISTORY		
Initiated by	**Date**	**Author(s)**
Annual Review	February 2026	Esther Kingsmill, Deputy Head of Corporate Governance

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Document Owner	Governance Improvement Specialist
Recommended at Date	Finance and Sustainability Committee
Approved at Date	Board
Valid Until Date	March 2027
Linked Policy Documents	Standing Orders Reservation of Powers Scheme of Delegation Other Committee Terms of Reference Standing Financial Instructions Board Governance Assurance Framework Risk Management Policy
Dissemination requirements	Cascade to Board members and Senior Leaders and forms part of Board level induction pack
Part of Trust's publication scheme	Yes

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Finance and Sustainability Committee

Draft Terms of Reference

East of England Ambulance Service NHS Trust

1. Constitution

1.1 The Finance and Sustainability Committee ("the committee") is constituted as a standing committee of the Trust's Board of Directors ("the trust board"). Its constitution and Terms of Reference shall be as set out below and any changes will be subject to trust board approval.

2. Purpose

2.1 The Committee is responsible for providing assurance to the Board that financial and digital performance is delivered in line with the strategy, plans and trajectories. The Committee will oversee and assure on the delivery and performance of the sustainability and digital strategy.

3. Authority

3.1 The Committee is authorised by the Board to act within its Terms of Reference. All members of staff are directed to co-operate with any request made by the Committee.

3.2 The Committee is authorised to instruct professional advisors and request the attendance of individuals and authorities from outside the Trust with relevant experience (e.g. external auditors and expertise if it considers this necessary for, or expedient to, the exercise of its functions). Any external advice that is commissioned must comply with the trust's Standing Financial Instructions.

3.3 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

3.4 The Committee may establish, subject to Board approval, sub-groups with defined governance arrangements and reporting lines to execute the delegated powers within these Terms of Reference.

3.5 The Board has determined that the Audit and Risk Committee will have responsibility for risk management. As such the Audit Committee has overall responsibility for the Board Assurance Framework and will delegate any appropriate areas to this Committee as required.

3.6 The Board has determined that the Committee ensures that the Trust works collaboratively with relevant external statutory bodies in line with national legislation and implements appropriate guidance and requirements.

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4. Duties and Responsibilities

4.1 Sustainability

To oversee the delivery of the Sustainability Strategy and Green Plan and recommend its adoption by the Board, assuring on compliance with all legal and regulatory compliance requirements related to sustainability and any sustainability impacts on patients, carers and staff.

Identify strategic opportunities to support sustainability not only within the Trust but in the local integrated health and care system, working with system partners to ensure delivery of the NHS Net Zero targets.

4.2 Finance

Oversee and scrutinise all aspects of the Trust's financial arrangements, including the annual budget planning cycle, QCIP, capital expenditure, reserves and cash flow, providing the Board with assurance that the Trust's financial related matters are being properly managed and effectively delivered, whilst meeting all statutory and regulatory obligations.

Review benchmarking information to challenge how the Trust can demonstrate best value in corporate and service functions.

4.3 Digital

Oversee and assure on the progress to deliver the Trust's Digital Plan, and seek assurance that the Trust is supported by technology which is scalable, interoperable, flexible and resilient, ensuring digital plans are aligned with the business plan and system priorities.

Seek assurance that the risks associated with the adoption of use of digital technologies are understood, weighted against the benefits and mitigated as far as is possible.

4.4 Commercial Activity

Gain assurance that commercial activity is delivered in accordance with the agreed strategy, plans and trajectories. Oversee the Trusts approach for bidding for new business and maximising existing business via the commercial activity plan, providing review, recommendations and assurance on upcoming bids.

4.5 Estate

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Scrutinise the delivery of the Trust's estate plans (and assets) and review future land and property transactions to enable the Trust to deliver its strategies, ensuring compliance with relevant statutory and regulatory requirements. Work alongside system partners to deliver integrated estate solutions.

4.6 Performance

Provide assurance to the Board on the financial, digital and sustainability performance of the Trust across the range of performance indicators within the Integrated Performance Report related to the Committee remit.

Seek assurance that key risks, as delegated to the committee, via the Board Assurance Framework, are being effectively managed and mitigated, by ensuring action is being taken to address actual and potential risks or issues.

Seek assurance that actions to manage the Trust's compliance around activity levels are in line with contracted levels, financial limits and quality standards to meet contractual compliance for mandatory services.

5. Membership

5.1 The Committee membership shall be appointed by the Board from amongst both the Executive Directors and Non-Executive Directors and shall consist of not less than three designated members. One Non-Executive member will act as chair of the Committee. The Chief Finance Officer and Director of Digital Innovation will be members of the Committee.

5.2 Members should aim to attend every meeting and should attend a minimum of 75% of meetings held in each financial year. Where a member is unable to attend a meeting they should notify the Committee chair or Secretary of the Committee in advance.

5.3 Any member of the Committee may participate virtually provided this is undertaken from a private and secure location with due regards to data security and confidentiality requirements set out in the annual Information Governance training.

5.4 Additional attendees may be invited at the discretion of the Committee to provide advice and expertise.

6. Quorum

6.1 The quorum necessary for the transaction of business is two members (inclusive of one Non-executive Director).

7. Frequency of Meetings

7.1 Meetings of the Committee shall be formal, minuted and compliant with relevant statutory and good practice guidance as well as the Trust's Standing Orders and Standing Financial Instructions.

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7.2 Meetings of the Committee shall be held at least four times per year, scheduled to support the business cycle of the Board and at such other times

as the Committee chair shall identify, subject to agreement with the Board Chair.

7.3 The chair may at any time convene additional meetings of the Committee to consider business that requires urgent attention.

8. Administration

8.1 The minutes of all meetings of the Committee may be formally recorded to aid in the production of written minutes and the recording will be deleted in line with Trust guidance.

8.2 All meetings will be formal and minuted. Minutes of the meeting will be available no more than 10 business days following the meeting. Minutes of the meeting will be recorded formally and ratified by the Committee at its next meeting.

8.3 Meeting papers will be circulated to members a minimum of three business days prior to the meeting.

8.4 A record will be kept of the schedule of business and matters and issues to be carried forward.

9. Reporting and Monitoring Arrangements

9.1 The Committee is directly accountable to the Trust Board.

9.2 The Committee chair shall prepare a report of each Committee meeting for submission to the Board at its next formal business meeting, highlighting any issues or areas of concern for attention.

9.3 The Committee will provide an annual report to the Board setting out how it has discharged its responsibilities as set out in these Terms of Reference. Within this report, the Committee will review its own effectiveness in the discharge of its responsibilities and the annual workplan.

9.4 The Trust's Annual Report shall include a section describing the work of the Committee in discharging its responsibilities.

9.5 The following triggers outline the framework to be used for escalating an item from the Committee to the Board:

I. Finance or Sustainability risks scoring 15 or higher residually, with inadequate mitigating actions in place, or with actions overdue with no assured plan to resolve

II. QCIP milestone non-delivery with no clear plan – red RAG rating

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III. Trajectory for financial or efficiency gain from QCIP programme off track by more than 10%

IV. Variation of 10% from target or agreed trajectory

V. Variation from the year end projection

9.6 The Committee will report to the Audit Committee on the following strategic mission risks within the Board Assurance Framework (BAF), including the risk appetite, assessing the quality and specificity of assurances linked to their controls and any related risks within the Corporate Risk Register (CRR):

Mission:	BAF Ref:	Title:	Risk:
Productivity	SR3	Estates	If EEAST does not maintain appropriate estate infrastructure to support service delivery, then it may not have the right facilities and assets to deliver safe, high quality care resulting in not attaining our safety, quality and compliance ambitions.
Productivity	SR4	Finance Use of Resources	If EEAST cannot achieve financial sustainability there is a risk to its ability to deliver high quality (safe and effective) services
Productivity	SR5	Cyber Security	If the Trust fails to prevent a Cyber Incident Then one or more Digital Systems will be compromised Leading To Operational, Reputational, Financial and Patient impact.
Productivity	SR10	Digital	If EEAST does not invest in, modernise, and integrate its digital systems, platforms, and infrastructure, then digital may be unable to deliver efficient, high-quality service, support innovation, or meet future service and partnership needs.

10. Conduct of Business

10.1 The Chair will be responsible for ensuring that the Committee conducts its business in accordance with the Trust's Standards of Business Conduct, Conflicts of Interest Policy and other relevant policies.

10.2 Members must declare any conflicts of interest at the start of each meeting. The Chair will decide how these will be managed and ensure they are recorded in the minutes.

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10.3 Papers should be concise, analytical and clearly identify the risk and assurance implications of the issues presented, including BAF/CRR references where applicable.

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East of England Ambulance Service NHS Trust

UNCONFIRMED

MINUTES OF THE EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST CORPORATE TRUSTEE MEETING HELD IN PUBLIC ON WEDNESDAY 11 FEBRUARY 2026 at EEAST HEADQUARTERS, MELBOURN HQ, SG8 6NA

Present:			
Members	Mrunal Sisodia	Trust Chair	TC
	Darren Meads	Chief Operating Officer	COO
	George Lynn	Non-Executive Director	NED-GL
	Dr Hein Scheffer	Director of Strategy, Transformation and Governance	DoSTG
	Julie Thallon	Non-Executive Director	NED_JT
	Marika Stephenson	Chief People Officer	CPO
	Neill Moloney	Chief Executive Officer	CEO
	Omid Shiraji	Associate Non-Executive Director	NED_OS
	Sian Clark	Director of Digital Innovation	DDI
	Simon Chase	Chief Paramedic and Director of Quality	CP-DoQ
	Dr Simon Walsh	Medical Director	MD
	Steven Course	Chief Finance Officer	CFO
	Susan Wilkinson	Non-Executive Director	NED-SW
In attendance			
	Jamie O'Callaghan	Governance Improvement Specialist	GIS
	Tom Bennett	Head of Communications	HoC
Administration	Esther Kingsmill	Deputy Head of Corporate Governance	DHoCG

PUBLIC SESSION (Disclosable)	
The meeting commenced at 12:20	
PUB26/02/07	**CORPORATE TRUSTEE**
7.1	**Minutes of the Previous Meeting** The minutes of the meeting held on 5 November 2025 were approved as an accurate record.
7.2 7.2.1	**Charitable Funds Committee Assurance Report** The Corporate Trustee received and considered the Charitable Funds Committee Assurance Report from the meeting held on 22 January 2026. • Two additional CFR cars had been purchased, with further funding being sought for more. • The restart a heart campaign and the good dog campaign had both received high levels of engagement, raising the charities profile. • There were 59 volunteers helping to provide support to the Trust through the Welfare Wagons. Previous committees had reviewed the effectiveness of the Welfare Wagons and the impact it had on the Trust's staff and it was proved to be beneficial. A £12k investment was agreed to help fund the consumables for the Wagons.

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	• The Committee heard about the success of the out of hours cardiac arrest pilot which would be shared at ALF. • A good level of reserves had been maintained. • There were no areas for escalation. The Board as Corporate Trustee noted the report.
7.3	**Date of Next Meeting: Wednesday 8 April 2026..**

The meeting closed at 12:30

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00Meeting:	Board Meeting	**Date:**	08.04.2026
Report Title:	Charity Annual Report and Accounts		
Agenda Item:	CT26/02/7.2		
Author(s):	Ed Davison – Head of Financial Governance and Compliance		
Lead Director:	Steven Course – Chief Financial Officer		

Purpose:	Decision Approval		Discussion Review		Information Noting	x		
Assurance:								
	None		Limited		Reasonable		Substantial	x

Link to CQC domain:		**Link to EEAST's Strategic Missions:**	
Caring		Patient Mission	
Responsive		Partnership Mission	
Effective		People Mission	x
Well Led	x	Productivity Mission	
Safe	x		

Link to Strategic Risk:

SR1		SR3		SR5		SR7		SR9	
SR2		SR4	x	SR6		SR8	x	SR10	

Equality Impact Assessment: YES		**NO**	x

Previously considered by:

Charitable Funds Committee
Trust Chair & Chief Financial Officer

Purpose:

To fulfil the Trustee responsibilities over the East of England Ambulance Service NHS Trust Charitable Funds (East of England Ambulance Service Charity), for which the Trust is the corporate Trustee.

Recommendation:

Note the finalised 2024/25 Annual Report and Financial Statements, and Chairty Impact Report as Corporate Trustee of the EEAST Charity.

Executive Summary:

Chairty Annual Report 2024/25

The finalised Annual Report and Financial Statements for 2024/25 are presented.

The annual report sets out the activities which have occurred throughout the 2024/25 year, describing the key objectives, activities, governance and oversight arrangements.

The financial statements set out the financial performance of the Charity across the year and the financial position as at 31 March 2025.

The independent examination of the annual accounts is finalised with no matters or concerns identified.

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The annual report has been filed with the Charity Commission on 29 January 2026 through their online portal, ahead of the 31 January deadline.

Charity Impact Report 2024/25

The Charity Impact Report is a summary annual report focussing on the performance narrative with photographs and graphics, produced alongside the statutory annual report document as a communication document being more accessible than the full annual report and annual accounts.

Introduction / Background:

The East of England Ambulance Service Charity is the official charity of the East of England Ambulance Service NHS Trust which has the role of corporate Trustee of the charity. The day-to-day management of the Charitable Fund is led by Head of Charity, Kate Lott, supported by officers within the Finance Directorate.

The Charitable Funds Committee has the role of advising the Board on the appropriate receipt, use and security of charitable monies, provide oversight, assurance monitoring of the charitable funds strategy and approach. It specifically gives detailed scrutiny to proposed expenditure and the annual accounts and annual report.

Key Issues / Risks:

The Annual Report and financial statements, and the summary provided in the Impact report are key communication documents with stakeholders about the activities and performance of the Charity across the year.

Late submission to the Charity Commission could degrade public and donor confidence in the Charity, as filing accounts and a compliant annual report is key to transparency and public trust in charities.

Options:

Note the Annual report and financial statements, and Charity Impact Report.

How does this report link with EEAST's vision, purpose and values?

https://www.eastamb.nhs.uk/about-us/our-corporate-strategy

The Charity while following its own priorities and purpose supports the Trust's strategy in all four of the missions:

- **Patient mission:** To provide high-quality urgent and emergency care that is fair, responsive and focused on patient need.
- **People mission:** To provide a supportive, inclusive and empowering environment for our people. It will support individual and organisational performance.
- **Partnership mission**: To connect patients to the best care, at the right time, first time, every time through working with our partners.
- **Productivity mission:** To be an innovative, efficient and sustainable healthcare partner, to meet the needs of our communities within the resources available to us.

Summary:

Annual Report and financial statements

The finalised Annual Report and Financial Statements for 2024/25 are presented. These have been previously reviewed by the Charitable Funds Committee, and approved by the Trust Chair and Chief Financial Officer ahead of submission to the Charities Commission in time for the 31 January 2026 deadline.

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In summary the Charity has achieved £329,000 of Income and £610,000 of Expenditure, for a £281,000 net expenditure in this year.

The main expenditure of the Charitable funds has been the provision of community based medical equipment such as community public access defibrillators, and the equipping and supporting of the Community First Responder groups who are volunteers operating throughout the six counties covered by the East of England Ambulance Service NHS Trust.

In the furtherance of charitable objectives to benefit the health of the population through the provision of patient welfare and amenities, £240,000 has been spent during the year to provide community public access defibrillators and cabinets, automated external defibrillators and other medical devices such as blood oxygenation monitors with community based first responder groups.

In the use of funds for the benefit of National Health Service staff, East of England Ambulance Service NHS Trust staff and volunteers have benefited from the expenditure of £216,000 on staff welfare and amenities, including the provision enhanced outdoor spaces at stations, provision of training equipment and materials, uniforms, TV licenses for stations, care packages, welfare wagons and retirement celebration contributions.

In ensuring the appropriate administration of the Charitable Fund, as well as compliance with Charity Commission requirements, the Fundraising Regulator and the Fundraising Preference Service, £129,000 has been expended on Governance costs, which comprises the independent examination of the annual accounts, recharge of the administration by the corporate Trustee, the East of England Ambulance Service NHS Trust, expenses for the finance software costs and membership fees for NHS Charities Together.

Reserves of the Charity are strong at £1.7m. Accumulated reserves have been utilised in the year with a net overall reduction in funds by £281,000. The efforts to utilise funds sees the consumption of reserves which have grown in prior years, in particular the receipt of legacies in 2022/23, an unpredictable but vital source of charitable funds.

The Charitable Funds Committee of EEAST oversee and provide guidance on how accumulated unrestricted funds held in reserves will be utilised to meet the objectives of the Charity in a timely manner without excessive reserves being built up.

The independent examination of the annual accounts is finalised with no matters or concerns identified.

The annual report has been filed with the Charity Commission on 29 January 2026 through their online portal, ahead of the 31 January deadline.

Chairty Impact Report 2024/25

The Charity Impact Report focussing on the performance narrative with photographs and graphics is being produced alongside the statutory annual report document as a communication and engagement document being more accessible than the full annual report and annual accounts.

This document has been approved by the Charitable Funds Committee and is intended to be utilised where the full formal Annual Report and Accounts may not be as appropriate or engaging a document due to the span of statutory content.

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East of England Ambulance Service charity

NHS East of England Ambulance Service NHS Trust

East of England Ambulance Service NHS Trust Charitable Funds

Annual Report and Accounts 2024/25



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Registered Charity Number: 1047987

Registered address: East of England Ambulance Service Charity, 18 Central Avenue, St Andrews Business Park, Norwich, NR7 0HR

Annual Report and Accounts 2024/25

Trustee's Report

Legal and Administrative Information

Working name: East of England Ambulance Service Charity

Registered Name: East of England Ambulance Service NHS Trust Charitable Funds

Charity Commission Number: 1047987

Principal Office: 18 Central Avenue, St Andrew's Business Park, Norwich, NR7 0HR

Bankers: Barclays Bank, Norwich

Independent Examiners: Larking Gowen LLP, 1st Floor Prospect House, Rouen Road, Norwich, NR1 1RE

Trustee

The Charitable Trust, constituted by the Trust Deed, is administered and managed by the East of England Ambulance Service NHS Trust as Corporate Trustee of the Charitable Funds. The responsibility for the management and use of these funds held on trust generally lies with the board of a NHS body acting as corporate trustee.

Members of the East of England Ambulance Service NHS Trust Board from 1st April 2024 to 31st March 2025 were:

Mrunal Sisodia OBE, Trust Chair

Chris Brook, Non-Executive Director and Chair of Charitable Funds Committee

George Lynn, Non-Executive Director

Julie Thallon, Non-Executive Director

Wendy Thomas, Non-Executive Director (to 3 July 2025)

Catherine Glickman, Non-Executive Director

Kiran Mahil, Associate Non-Executive Director

Victoria Corbishley, Associate Non-Executive Director

Omid Shiraji, Associate Non-Executive Director

Neill Moloney, Chief Executive Officer (from 2 September 2024)

Kevin Smith, Director of Finance and Commissioning (to 31 July 2025)

Marika Stephenson, Director of People Services

Dr Simon Walsh, Medical Director

Hein Scheffer Director of Strategy, Culture and Education

Simon Chase, Chief Paramedic and Director of Quality

Members who joined the East of England Ambulance Service NHS Trust Board after 31 March 2025:

Steven Course, Chief Finance Officer (from 11 July 2025)

Darren Meads from, Chief Operating Officer (from 10 June 2025)

Members who left the East of England Ambulance Service NHS Trust Board

Kate Vaughton, Director of Integration and Deputy Chief Executive Officer (to 2 September 2024 secondment)

Jo Cripps, Interim Director of Corporate Affairs and Performance (to 28 September 2024)

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Tom Abell, Chief Executive Officer (to 10 August 2024)

Melissa Dowdeswell, Chief of Clinical Operations (to 24 March 2025 secondment)

Raising funds to support the staff, volunteers, and local communities of the East of England Ambulance Service, strengthening the provision of outstanding care to patients

The East of England Ambulance Service Charity is the official charity of the East of England Ambulance Service NHS Trust which has the role of corporate Trustee of the charity.
The charity plays a role in the delivery of the Trust's vision and purpose:

"Saving lives, investing in our people and supporting our partners. #WeAreEEAST"

This is being achieved by:

- Supporting and resourcing the volunteers in saving lives across the East of England
- Supporting the wellbeing and development of staff and volunteers
- Supporting collaboration, building networks and relationships with other charities and NHS associated bodies

This report on the activities of the Charity for the 2024/25 year, highlights the main activities, fundraising and expenditure of the Charity during this year. Thank you to all those who contributed to the successful operation and delivery of charitable activities during this year, and all of the supporters and donors who have made these activities possible.

The East of England Ambulance Service Charity is a member of NHS Charities Together, the overarching membership body for NHS Charities. In recent years the East of England Ambulance Service Charity has been successful in applying for and receiving substantial grant funding from NHS Charities Together in support of community projects and wellbeing initiatives. In 2024/25 these funds have been able support staff and volunteers in ways not normally provided for in the funding to NHS ambulance trusts, and for the coming years these funds provide for the support of a number of community and community response projects.

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Activities 2024/25

The Charity administers a number of funds under the single umbrella registration. The funds for 2024/25 have been received from the public as unsolicited donations to the fund in general and on occasion to benefit a specific area of the Charity's operation. Expenditure of £610,000 exceeds Income of £329,000.

The main expenditure of the Charitable funds has been the provision of community based medical equipment such as community public access defibrillators, and the equipping and supporting of the Community First Responder groups who are volunteers operating throughout the six counties covered by the East of England Ambulance Service NHS Trust.

In the furtherance of charitable objectives to benefit the health of the population through the provision of patient welfare and amenities, £240,000 has been spent during the year to provide community public access defibrillators and cabinets, automated external defibrillators and other medical devices such as blood oxygenation monitors with community based first responder groups.

In the use of funds for the benefit of National Health Service staff, East of England Ambulance Service NHS Trust staff and volunteers have benefited from the expenditure of £216,000 on staff welfare and amenities, including the provision enhanced outdoor spaces at stations, provision of training equipment and materials, uniforms, TV licenses for stations, care packages, welfare wagons and retirement celebration contributions.

In ensuring the appropriate administration of the Charitable Fund, as well as compliance with Charity Commission requirements, the Fundraising Regulator and the Fundraising Preference Service, £129,000 has been expended on Governance costs, which comprises the independent examination of the annual accounts, recharge of the administration by the corporate Trustee, the East of England Ambulance Service NHS Trust, expenses for the finance software costs and membership fees for NHS Charities Together.

Accumulated reserves have been utilised in the year with a net overall reduction in funds by £281,000. The efforts to utilise funds sees the consumption of reserves which have grown in prior years, in particular the receipt of legacies in 2022/23, an unpredictable but vital source of charitable funds. The Charitable Funds Committee of EEAST oversee and provide guidance on how accumulated unrestricted funds held in reserves will be utilised to meet the objectives of the Charity in a timely manner without excessive reserves being built up.

Restricted reserves have been utilised this year in delivering the projects for which funding has been received from successful grant applications in previous years from NHS Charities Together to support our local communities and charity development.

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Donations and fund raising:

During 2024/25 the Charity has received £194,000 from donations in support of the Charity.
The continued support of individuals, companies and public minded organisations has ensured the charity continues to support a wider reaching number of projects across the east of England region. It is not possible to name and thank every individual and organisation from whom support has been received, with such a fantastic continuation of public support for the NHS and its supporting charities.

The charity relies solely on donations and fundraising activities from our incredible supporters, generosity from legacies and income opportunities from grant programmes to enable these workstreams to happen.
Throughout the year, we have been in awe at our incredible fundraisers who go above and beyond in support of local stations and CFR groups. During the year, there have been some amazing fundraising efforts, including those from our dedicated CFR groups, these volunteers not only provide life-saving treatment in their spare time, but they go above and beyond to raise vital funds to support their local communities holding local charity and awareness events to fund additional CFR kit.

Donated funds have been used to support a vast array of projects and initiatives across the year. The charity has continued funding the creation of numerous wellbeing gardens across the Trust. Additionally, ambulance stations have created enriching outdoor spaces with planters, benches, gazebos and foliage. The charity has also funded the revamping of tired break out rooms with plants, pictures and recreational items all to provide staff and volunteers with a more mindful area for relaxation improving wellbeing.

Grants and Legacies:

During 2024/25, legacy gifts totalling £10,000 were compassionately bequeathed to the charity. These gifts form a lasting legacy, continuing to make a difference to EEAST colleagues and communities into the future.
Generosity from corporate bodies, community organisations and council local grants schemes, also helps to maintain the work of the charity through grants totalling £57,249.

During 2024/25 NHS CT Grants recognised in the year reflect £60,500 received for the Welfare Wagons provision.

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Governing Document and Charitable Objectives for the Public Benefit

The governing document is the Trust Deed dated 27 October 1994 updated by supplemental deed of declaration dated 31 March 2010.

The objects of the Charity as defined in the Trust Deed are: The Trustees shall hold the trust fund upon trust to apply the income, and at their discretion, as far as may be permissible, the capital, for any charitable purpose or purposes relating to the National Health Service.

The Charitable Funds are managed to encourage charitable giving for the benefit of the East of England Ambulance Service NHS Trust patients and staff and to provide a safe, well administered fund for the receipt and investment of Charitable Funds.

Organisational Structure

The Trustee delegates responsibility for the day-to-day management of the Charitable Fund to officers within the Finance Directorate of East of England Ambulance Service NHS Trust.
The Board of the East of England Ambulance Service NHS Trust, acting as Corporate Trustee, have appointed a Charitable Funds Committee whose role is to advise the Board on the appropriate receipt, use and security of charitable monies, provide oversight, assurance monitoring of the charitable funds strategy and approach. It specifically gives detailed scrutiny to proposed expenditure and the annual charitable accounts and report.
Various procedures have been implemented to ensure the Charity's funds are received, applied and accounted for in accordance with accounting policies set out in note 1 to the accounts and comply with the Charity's Trust Deed, the Charities Act 2011 and Accounting and Reporting by Charities: Statement of Recommended Practice (FRS 102) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland published effective 1 January 2019.

Incoming Resources are subject to the controls of the NHS Trust's general receipting and recording procedure.

Relevant officers and volunteers throughout the Trust are identified as "Fund Managers". Requests for expenditure from the Charitable Fund generated by Fund Managers are reviewed by the Finance Directorate under the Director of Finance and are approved only if expenditure will be made in accordance with the Charity's objectives, and criteria for expenditure and priorities set out in the Charitable Funds Strategy. The Head of Charity, or Head of Financial Governance and Compliance approves expenditure up to £1,500, the Deputy Director of Finance – Financial Services and Accounting approves expenditure up to £5,000 and the Director of Finance is required to approve all expenditure requests in excess of £5,001 up to £25,000. Any expenditure request in excess of £25,000 must be approved by the Chief Executive, Director of Finance, and Charitable Funds Committee Chair/Member

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Going Concern:

The Trustee has considered the Charitable Trust's financial position at the time of signing the financial statements. Financial reserves are held which will provide for the ongoing operation of the Charity in delivering its objectives for the foreseeable future.

The Trustee has concluded that they have a reasonable expectation that the Charitable Trust has adequate resources to continue in operational existence for the foreseeable future, and at least twelve months from the date of signing these financial statements. Therefore, they continue to adopt the going concern basis of accounting in preparing these financial statements. Further details can be found in the note 1.2.

Policies

Reserves Policy

The reserves policy is to encourage expenditure to benefit the purpose defined by the donor whilst protecting the funds which have a defined purpose and a committed expenditure profile. The unrestricted designated funds of the Trust cover three areas of purpose and control:

1) Community First Responder funds reserves are required to maintain the operational activities of responder groups, which can include training, medical and response equipment, vehicles and community defibrillators.

2) Ambulance Station funds reserves are required to support the wellbeing of staff and to enhance patient care, through for example wellbeing services, staff training and development, and provision of equipment or facilities in addition to that ordinarily afforded by the NHS.

3) Other designated funds reserves are required to support the continuation of specific directed groups such as cycle paramedics, chaplains, strategic fund and Daisy the vintage ambulance funds.

The Charity has 203 Community First responder funds, 40 Station funds and 8 other funds, alongside the General Fund.

An expenditure plan is required for all groups holding a balance of over £5,000, with excess balances designated to groups without plans swept to the general undesignated fund to ensure these accumulated funds are utilised in a timely manner towards the purposes of the Charity.

The Charity holds accumulated reserves of £1,438,000 at 31 March 2025. The restricted reserves are £300,000. The level of unrestricted reserves is £1,138,000, which reflects £662,000 of Community First Responder Funds, £85,000 of Station funds, and £7,000 of Other designated funds, and the General Fund of £384,000. There is no target level of reserves specified.

Investment Policy

The Trustee has determined that the reserves and working balances of the Charity will be maintained in a bank account specifically designed for Charity use with interest added without deduction of tax.

Risk

The Trustee has considered the financial, operational and compliance risks associated with the Charitable funds and is satisfied that the appropriate systems are in place to mitigate those risks.

Signed for and on behalf of the Corporate Trustee, East of England Ambulance Service NHS Trust (EEAST) by



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Mrunal Sisodia OBE
Chair of EEAST
Date: 28 January 2026



Steven Course
Director of EEAST
Date: 28 January 2026

Statement of Trustee's responsibilities

The Trustee is responsible for preparing the Trustee Report and financial statements in accordance with applicable law and United Kingdom Accountings Standards (United Kingdom General Accepted Accounting Practice).

The law applicable to charities in England & Wales requires the trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the trustee is required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustee is responsible for keeping accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the applicable Charities (Accounts and Reports) Regulations, and the provisions of the Trust deed. The Trustee is also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustee is responsible for the maintenance and integrity of the charity and financial information included on the charity's website in accordance with legislation in the United Kingdom governing the preparation and dissemination of financial statements.

The Trustee confirms that, in exercising their powers and duties, they have complied with their duty to have due regard to the guidance on public benefit published by the Charity Commission.

Signed for and on behalf of the Corporate Trustee, East of England Ambulance Service NHS Trust (EEAST) by





Mrunal Sisodia OBE
Chair of EEAST
Date: 28 January 2026

Steven Course
Director of EEAST
Date: 28 January 2026

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Independent Examiner's Report to the Trustee of the East of England Ambulance Service NHS Trust Charitable Funds

I report to the charity Trustee on my examination of the accounts of the charity for the year ended 31 March 2025.

Responsibilities and Basis of Report

As the Trustee of the charity you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the 2011 Act').

I report in respect of my examination of the charity's accounts carried out under section 145 of the 2011 Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent Examiner's Statement

Since the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the Act. I confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants in England and Wales, which is one of the listed bodies.

I have completed my examination. I can confirm that no matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the charity as required by section 130 of the 2011 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in other to enable a proper understanding of the accounts to be reached.

This report is made solely to the charity's Trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. My work has been undertaken so that I might state to the charity's Trustees those matters I am required to state to them in an Independent Examiner's Report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the charity and the charity's Trustees as a body, for my work or for this report.

Christopher Yeates

Christopher Yeates FCA DChA

Larking Gowen LLP, Norwich

29 January 2026

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Statement of Financial Activities for the year ended 31 March 2025

	Note	Unrestricted Funds £000	Restricted Funds £000	**2025 Total Funds £000**	2024 Total Funds £000
Income					
Donations		187	7	**194**	191
Legacies		10	-	**10**	10
Grants		57	61	**118**	98
Total Donations and Legacies		254	68	**322**	299
Investments & other income		7	-	**7**	**6**
Total income	2	**261**	**68**	**329**	**305**
Expenditure					
Charitable Activities					
Patients' welfare and amenities		148	92	**240**	204
Staff welfare and amenities		164	52	**216**	378
Governance costs	3	114	15	**129**	94
Losses/(gains) investment property	4	25	-	**25**	(43)
Total expenditure		**451**	**159**	**610**	**633**
Net movement in funds		**(190)**	**(91)**	**(281)**	**(328)**
Reconciliation of funds					
Fund balances brought forward at 31 March 2024		1,328	391	**1,719**	2,047
Transfer between funds		-	-	**-**	-
Fund balances carried forward at 31 March 2025		**1,138**	**300**	**1,719**	**1,719**

The notes at pages 13 to 20 form part of this account.

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Balance Sheet as at 31 March 2025

	Note	Unrestricted Funds £000	Restricted Funds £000	**Total at 31 March 2025 £000**	Total at 31 March 2024 £000
Current Assets					
Debtors and other assets	5	-	-	**-**	91
Cash at bank and in hand		1,199	307	**1,506**	1,463
Investment property	7	-	-	**-**	225
Total Current Assets		1,199	307	**1,506**	1,779
Current Liabilities					
Creditors: Amounts falling due within one year	6	(61)	(7)	**(68)**	(60)
Total Net Assets		**1,138**	**300**	**1,438**	1,719
Funds of the Charity					
Income Funds:					
Unrestricted	8	1,138	-	**1,138**	1,328
Restricted	9	-	300	**300**	391
Total Funds		**1,138**	**300**	**1,438**	1,719

The notes at pages 13 to 20 form part of this account.
Signed for and on behalf of the Corporate Trustee, East of England Ambulance Service NHS Trust (EEAST) by



Mrunal Sisodia OBE
Chair of EEAST
Date: 28 January 2026



Steven Course
Director of EEAST
Date: 28 January 2026

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Statement of Cash Flows for the year ended 31 March 2025

	Note	**Year ended 31 March 2025 £000**	Year ended 31 March 2024 £000
Cash flows from operating activities			
Net income/(expenditure) for the reporting period (as per the statement of financial activities)		**(281)**	328
Reconciliation adjustments for:			
Non-cash income (recognition of investment property)	7	**-**	-
Non-cash expenditure (investments value change)	4	**25**	(43)
(Increase)/decrease in debtors	5	**91**	11
Increase/(decrease) in creditors	6	**8**	15
Net cash provided by (used in) operating activities		**(157)**	(345)
Disposal of investment property		**200**	-
Refurbishment of investment property		**-**	(52)
Cash flows from investing activities:		**200**	**(52)**
Cash flows from financing activities:		**0**	**0**
Change in cash and cash equivalents in the reporting period		**43**	**(397)**
Cash and cash equivalents at the beginning of the reporting period		1,463	1,860
Cash and cash equivalents at the end of the reporting period		**1,506**	**1,463**

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Notes to the Accounts

Note 1 Accounting Policies

Note 1.1 Basis of preparation of financial statements

The financial statements have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair' view. This departure has involved following the Charities SORP 2019 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The financial statements have been prepared under the historical cost convention with items recognised at cost or transaction value unless otherwise stated in the relevant notes to these accounts. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland effective 1 January 2019.

The charity constitutes a public benefit entity as defined by FRS 102.

Note 1.2 Going concern

The Trustee has considered the charity's position at the time of signing the financial statements, including but not limited to levels of financial reserves, utilisation plans, and potential economic factors in the wider economy.

The charity has utilised restricted and unrestricted funds in excess of in year income in delivering its objectives this year.

Based on this, the Trustee has concluded that they have a reasonable expectation that the charity will have adequate resources to continue in operational existence for the foreseeable future, and at least twelve months from the date of signing these financial statements. They therefore continue to adopt the going concern basis of accounting in preparing these financial statements.

Note 1.3 Income

a) General

All income is recognised once the charity has entitlement to the income, it is probable that the income will be received, and the amount of income receivable can be measured reliably.

b) Legacies

Legacies are recognised on a case by case basis following the granting of probate when the administrator/executor for the estate has communicated in writing both the amount and settlement date. In the event that the gift is in the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy and the title to the asset having been transferred to the charity. Legacies of £10k (2024: £10k) were received during the year.

c) Investment Income

Investment income is recognised on the accruals concept. This relates to bank interest receivable.

d) Grant Income

A grant is recognised in income when the grant proceeds are received (or receivable) provided that the terms of the grant do not impose future performance-related conditions. If the terms of a grant do impose performance-related conditions on the recipient, the grant is only recognised in income when the performance-related conditions are met.

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Accounting Policies continued

Note 1.3 continued:

During 2024/25 NHS CT Grants recognised in the year reflect £44,798 and £15,702 received for the Welfare Wagons provision.
The payments for NHS CT grants have been recognised in stages based on i) the award of the grant, and ii) the future performance conditions of the grant being met and the reporting of this confirmed and accepted by NHSCT at agreed points into the projects the grants support.

Note 1.4 Expenditure

a) General
Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that settlement will be required and the amount of the obligation can be measured reliably.

All expenditure is accounted for on an accruals basis. All expenses including support costs and governance costs are allocated or apportioned to the applicable expenditure headings.

b) Charitable expenditure
Payments are made to third parties (including NHS bodies) in the furtherance of the funds held on trust's charitable objectives. They are accounted for on an accruals basis where the conditions for payment have been met or where a third party has a reasonable expectation that they will receive the payment. This includes payments made to NHS bodies. Payments are directly classified as patients' welfare or staff welfare dependent on the nature of the transaction.

c) Governance costs
These are accounted for on an accruals basis and are recharges of administration costs from East of England Ambulance Service NHS Trust, software maintenance costs and independent examination fees. The Charity employees no staff, the Head of Charity and administrative assistants are employees of the East of England Ambulance Service NHS Trust (the corporate trustee of the Charity).

Note 1.5 Structure of funds

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified in the accounts as a restricted fund. Funds where the capital is held to generate income for charitable purposes and cannot itself be spent are accounted for as endowment funds. Other funds are classified as unrestricted funds. Funds which are not legally restricted but which the Trustee has chosen to earmark for set purposes are classified as designated funds. The major funds held within these categories are disclosed on notes 8 and 9.

Note 1.6 VAT

Irrecoverable VAT is included in resources expended.

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Note 2 Details of Material Income

	Unrestricted Funds £000	Restricted Funds £000	**Total 2025 Funds £000**	Total 2024 Funds £000
Material incoming resources				
General Fund	62	-	**62**	46
NHS Charities Together Restricted funds	-	61	**61**	68
Harpenden Community First Responders	27	-	**27**	7
Felixstowe Responders	12	-	**12**	4
Wroxham Responders	10	-	**10**	-
Wells Cycle Response unit		7	**7**	2
Bungay First Responders	8	-	**8**	26
Other funds	142	-	**142**	152
Total income	**261**	**68**	**329**	**305**

Included within the above analysis are legacies of £10k within Wroxham First Responders.
NHS CT Grants recognised in the year reflect £60,500 of funding for the operation of Welfare Wagons.

Note 3 Analysis of Governance Costs

	Unrestricted Funds £000	Restricted Funds £000	**Total 2025 Funds £000**	Total 2024 Funds £000
Independent Examination Fee	3	-	**3**	3
Software Licence	1	-	**1**	1
Miscellaneous fees and charges	9	-	**9**	-
Management resources	101	15	**116**	90
	114	**15**	**129**	**94**

To drive the achievement of charitable objectives additional management resources have been provided by the Corporate Trustee in the provision of a Head of Charity employed by the Corporate Trustee and recharged to the Charity.

Note 4 Analysis of (Gains)/losses on investments

	Unrestricted Funds £000	Restricted Funds £000	**Total 2025 Funds £000**	Total 2024 Funds £000
(Gains)/losses on investments	25	-	**25**	(43)
	25	**-**	**25**	**(43)**

The property received by legacy has been disposed of during the year following an open market sales process. The difference between the carrying value from valuation and disposal proceeds being recognised as a loss on investment valuation.

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Note 5 Analysis of Debtors and other assets

	31 March 2025 £000	31 March 2024 £000
Amounts falling due within one year:		
Prepayments and other receivables	-	91
Total debtors	**-**	**91**

Note 6 Analysis of Creditors

	31 March 2025 £000	31 March 2024 £000
Amounts falling due within one year:		
Accruals	26	3
East of England Ambulance Service NHS Trust	42	57
Total creditors falling due within one year	**68**	**60**

Note 7 Investment Property

		31 March 2025 £000	31 March 2024 £000
Opening		225	130
Receipts		(200)	-
Refurbishment costs capitalised		-	52
Valuation changes	See note 4	(25)	43
Closing		**-**	**225**

The property received by legacy has been disposed of during the year following an open market sales process. The difference between the carrying value from valuation and disposal proceeds being recognised as a loss on investment valuation.

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Note 8 Analysis of Funds

Note 8.1 Unrestricted Funds 2024/25

	Balance 31 March 2024 £000	Incoming Resources £000	Resources Expended £000	**Balance 31 March 2025 £000**
Designated funds				
Bungay First Responders	23	8	4	**27**
Burwell First Responders	28	-	8	**20**
Cambridge University Student and CFR	12	-	1	**11**
Chafford Hundred First Responders	15	-	5	**10**
Diss First Responders	29	1	3	**27**
Felixstowe Responders	6	12	6	**12**
Harpenden Community First Responders	7	27	18	**16**
Little Gaddesden Responders	7	7	-	**14**
March Ambulance Station	25	-	2	**23**
Mundesley and Roughton First Responders	13	2	2	**13**
Newmarket Responders	12	-	2	**10**
Norfolk First Responder Co-ordinator Fund	7	3	-	**10**
Norwich Responders	21	-	10	**11**
Otley First Responders	11	3	2	**12**
Waveney Car CFR	16	-	-	**16**
Wisbech Ambulance Station	20	-	-	**20**
Wroxham Responders	18	10	1	**27**
Other Designated Funds	537	126	188	**475**
Undesignated Funds (General fund)	521	62	199	**384**
Total	**1,534**	**235**	**441**	**1,328**

Note 8.1 Unrestricted Funds 2023/24

	Balance 31 March 2023 £000	Incoming Resources £000	Resources Expended £000	**Balance 31 March 2024 £000**
Designated funds				
Aylsham Responders	22	4	10	**16**
Burwell First Responders	28	-	-	**28**
Cambridge University Student and CFR	12	1	1	**12**
Chafford Hundred First Responders	17	3	4	**16**
Diss First Responders	29	1	1	**29**
Harwich Responders	13	-	2	**11**
March Ambulance Station	25	-	-	**25**
Mundesley and Roughton First Responders	11	4	3	**12**
Newmarket Responders	12	-	-	**12**
Norfolk First Responder Co-ordinator Fund	10	1	4	**7**
Norwich Responders	22	1	2	**21**
Regional CFR Management Fund	37	16	31	**22**
Waveney Car CFR	16	-	-	**16**
Welfare Wagons - XX180	19	85	104	**-**
Whittlesey First Responders	10	-	1	**9**
Wisbech Ambulance Station	19	-	-	**19**
Wroxham Responders	21	-	2	**19**
Other Designated Funds	524	79	70	**533**
Undesignated Funds (General fund)	687	40	206	**521**
Total	1,534	235	441	1,328

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Designated unrestricted funds are regularly reviewed and the designations removed where these have been identified as limiting the utilisation of these funds in line with the Charity's Reserves Policy.

Note 8.2 Details of Material Funds - Unrestricted Funds

Name of fund	Description of the nature and purpose of each fund
Bungay First Responders	To assist with the provision of first emergency response for the Bungay area
Burwell First Responders	To assist with the provision of first emergency response for the Burwell area
Cambridge University Students Responders	To assist with the provision of first emergency response for the Cambridge area
Chafford Hundred First Responders	To assist with the provision of first emergency response for the Chafford Hundred area
Diss First Responders	To assist with the provision of first emergency response for the Diss area
Felixstowe Responders	To assist with the provision of first emergency response for the Felixstowe area
Harpenden Community First Responders	To assist with the provision of first emergency response for the Harpenden area
Little Gaddesden Responders	To assist with the provision of first emergency response for the Little Gaddesden area
March Ambulance Station	For the benefit of the crew of March Ambulance Station
Mundesley and Roughton First Responders	To assist with the provision of first emergency response for the Mundesley & Roughton area
Newmarket Responders	To assist with the provision of first emergency response for the Newmarket area
Norfolk First Responder Co-Ordinator fund	To assist with the provision of first emergency response for the county of Norfolk
Norwich First Responders	To assist with the provision of first emergency response for the Norwich area
Otley First Responders	To assist with the provision of first emergency response for the Otley area
Waveney Car CFR	To assist with the provision of CFR car for the Waveney area
Wisbech Ambulance Station	For the benefit of the crew of Wisbech Ambulance Station
Wroxham Responders	To assist with the provision of first emergency response for the Wroxham area
Other Funds	To provide various benefits to the patients and staff of the ambulance service and assist with the provision of first emergency response for the county.

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Note 9 Analysis Funds

Note 9.1 Restricted Funds 2024/25

	Balance 31 March 2024 £000	Incoming Resources £000	Resources Expended £000	**Balance 31 March 2025 £000**
Material funds				
NHS Charities Together	357	61	152	**266**
Bernstein RRV	21	-	(2)	**23**
WB Wright - Cambridge City	1	-	1	**-**
Mental Health and counselling	10	-	4	**6**
Wells Cycle Response Unit	-	7	4	**3**
Other funds	2	-	-	**2**
Total	391	68	159	300

Note 9.1 Restricted Funds 2023/24

	Balance 31 March 2023 £000	Incoming Resources £000	Resources Expended £000	**Balance 31 March 2024 £000**
Material funds				
NHS Charities Together	467	69	179	**357**
Bernstein RRV	34	-	13	**21**
WB Wright – Cambridge City	1	-	-	**1**
Mental Health and counselling	10	-	-	**10**
Other funds	1	1	-	**2**
Total	513	70	192	**391**

Note 9.2 Details of Material Funds Restricted Funds

Name of fund	**Description of the nature and purpose of each fund**
NHS Charities Together	During 2024/25 NHS CT Grants recognised in the year reflect £44,798 and £15,702 received for the Welfare Wagons provision. During 2023/24 NHS CT Grants recognised in the year reflect £23,325 of funding being the final 20% distribution of the Unmet Needs Navigator grant, and £44,798 received for the Welfare Wagons provision.
Mental Health and counselling	During 2020/21 paramedic Dionne Jones an apprentice emergency care support worker at the East of England Ambulance Service NHS Trust (EEAST), walked ten kilometres a day for 30 days around Bedfordshire, while shielding, to raise over £10,000 to support colleagues who were working on the front line during the pandemic, to go towards mental health and well-being of ambulance staff including counselling and therapy.
Wells Cycle Response Unit	The East of England Ambulance Service's Cycle Response Unit (CRU) in Norfolk has received a turbo boost with its first e-bike. The purchase of the e-bike has been made possible through the incredible support of the Wells-next-the-Sea community and the East of England Ambulance Service Charity.
Bernstein RRV	To provide ambulance services for the Cromer Area. During 2023/24 funds have been expended on equipment for RRVs operating out of Cromer, a reversal of some of this expenditure has been recognised in 2024/25.

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Note 10 Connected Organisations

East of England Ambulance Service NHS Trust is the Charity's Corporate Trustee and as such is a connected organisation
The East of England Ambulance Service NHS Trust (EEAST) provide emergency and urgent care, non-emergency patient transport services, and telephone and online clinical advice services to the six counties of Norfolk, Suffolk, Essex, Hertfordshire, Bedfordshire and Cambridgeshire. The Board of EEAST, acting as Corporate Trustee, have a Charitable Funds Committee whose role is to advise the Board on the appropriate receipt, use and security of charitable monies, provide oversight, assurance monitoring of the charitable funds' strategy and approach. It specifically gives detailed scrutiny to proposed expenditure and the annual charitable accounts and report.

	2024/25	2023/24
Turnover of EEAST £'000	496,639	440,136
Net surplus/(deficit) for EEAST after impairments and revaluations £'000	1,880	889

*Values disclosed above are prepared and audited in line with the DHSC Group Accounting Manual
The full annual report of EEAST is available on their website at:
https://www.eastamb.nhs.uk/about-us/current-annual-report-and-quality-account-documents.htm

Note 11 Other

During the year neither the Trustee nor members of the key management staff or parties related to them has undertaken any material transactions with the Charitable Trust.
The East of England Ambulance Service NHS Trust (EEAST) provides administrative and management services to the Charitable Trust, for which a charge of £113,204 (reflecting actual costs) has been made for the 2023/24 financial year (£89,361 for 23/24). At 31 March 2025 the Charity has a payable to EEAST of £42,085 arising from transactions settled by EEAST on behalf of the Charity.

All members of the NHS Trust Board act on behalf of the Trust in its capacity as the Corporate Trustee of the Charitable Trust.

Note 12 Independent Examiner Remuneration

The independent examiner's remuneration of £2,898 including VAT (2023/24: £2,898) related solely to the independent examination with no other additional work undertake

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This year the charity has achieved so much, and this is because of you.

Thank you!

East of England Ambulance Service charity

Together, we make a difference.

www.eastamb.nhs.uk/about-us/charity
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01603 422731

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The East of England Ambulance Service Charity (Registered Charity Number 1047987). The charity is a separate legal entity from the East of England Ambulance Serivce NHS Trust (EEAST), the Trust is corporate trustee for the charity.

Registered address:
East of England Ambulance Service Charity, 18 Central Avenue, St. Andrews Business Park, Norwich, NR7 0HR

East of England Ambulance Service charity

NHS East of England Ambulance Service NHS Trust

Charity Impact Report 2024/25



Together, we make a difference

Our mission

Raising funds to support the staff, volunteers, and local communities of the East of England Ambulance Service NHS Trust (EEAST), strengthening the provision of outstanding care to patients.



Welcome to the East of England Ambulance Service Charity Impact Report 2024 - 2025.

This year marks another remarkable chapter in our journey - a year where compassion and generosity have brought countless schemes to life across our region. Every project, every initiative, every moment of care has been possible because of you - our incredible supporters.

Throughout 2024/25, the charity has continued to grow and thrive. Despite receiving no government funding, our impact has expanded significantly thanks to your unwavering commitment through donations, fundraising efforts, gifts in wills, and grant opportunities.

Your generosity enables us to provide vital assistance to staff, volunteers, and local communities, enhancing patient care across the East of England. Our mission is to go beyond what NHS budgets ordinarily cover, ensuring that the Trust can deliver even more for those who need it most.

Together, you have raised an astounding **£329,015**.

That figure represents more than generosity - it represents hope, support, and life-saving impact for thousands of people.

The compassion you show year after year is truly inspiring.

I am continually humbled by the extraordinary people I meet through EEAST. Your contributions in 2024-25 have created a profound difference across our region - saving lives, supporting our crews, and strengthening communities

Thank you for standing with us and for believing in what we can achieve together.

Neill Moloney
EEAST Chief Executive Officer

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The impact of your generosity



Patient care

Your support helps frontline staff deliver compassionate care when it matters most. From funding the first e-bike for the cycle response unit, to supplying specialist equipment, and even tiny hats for premature babies, your generosity enhances patient care across the east of England.

Local volunteers

Volunteers make a vital difference every single day. From frontline 999 community first responders (CFRs) to those supporting our welfare wagons, driving patients to hospital appointments and countless other roles. Your financial support helps to provide enhanced training, additional equipment, uniform and training aids.



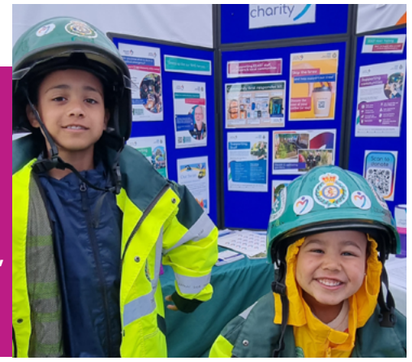


Staff support

Behind every 999 call is a dedicated team of staff who give their all, often in high-pressure, emotionally demanding situations. Thanks to your vital donations, the charity can help fund staff wellbeing initiatives that make a real difference. From welfare wagons offering rest and refreshments during long shifts, to the comforting presence of GoodDogs, these programmes help boost morale and show appreciation for their incredible work.

Community education

Your generosity funds the EEAST Heart community-led programme, providing free CPR and automated external defibrillator (AED) awareness to the public. By empowering communities with these vital skills, more people can act confidently in emergencies and potentially save lives. Thanks to your generous support, we're building a region that's is better prepared.



Supporting patient care

Thanks to the incredible fundraising efforts of the Wells-next-the-Sea community, which raised over £6,000, the charity was able to fund the first ever e-bike for the EEAST cycle response unit. This has made a significant impact on both the team and the patients they serve - transforming how the team reaches patients quickly and efficiently.



"The e-bike is a real game-changer for the cycle response unit. It will enhance our ability to respond to emergencies in Wells-next-the-Sea and nearby villages, improving response times significantly.

"The extra power from the e-bike also makes it easier to carry our equipment and navigate the hilly landscape much more effectively."

Andy Long, Cycle Response Unit Paramedic

Sagle Bernstein left a legacy that helped the charity purchase an additional life-saving Lucas device. This powerful machine delivers continuous CPR during cardiac arrests. Your support means they can focus on advanced life-saving treatments, giving patients the best possible chance when very second counts.



Sagle's generous gift is making an incredible difference, and we're deeply grateful for the support that's made this possible.

"With rapid response vehicles often staffed by a single crew member, the Lucas device is a potential life saver. By taking over manual CPR, which can be physically exhausting, the Lucas allows solo clinicians to manage other critical aspects of patient care, coordinate with family, and prepare for patient transport.

"Already, this device has played a key role in helping to revive patients in cardiac arrest emergencies."

Dale Meacham-Roberts, Leading Operations Manager at EEAST

Leaving a gift in your will is a very special way to ensure your generosity lasts beyond your lifetime. Your support can help save lives for years to come. Scan the QR code to discover how you can make a lasting difference.



Thanks to incredible volunteer crafters, we're helping keep tiny fighters warm!

Premature babies often suffer from hypothermia as they quickly lose heat after birth. So, keeping them warm is vital for their health.

Daimon Wheddon, Regional Maternity Lead at the EEAST with the help of volunteer knitters have made small hats, perfect for premature babies available on EEAST ambulances.

"This project greatly benefits our premature baby patients. It keeps them warm on the way to the hospital and helps us provide optimal care."

Kind donations from Eco-Craft Ltd and Badger Converters Ltd helped make this possible.

Supporting volunteers

Because of you, over £209,738 this year has equipped EEAST CFRs with uniforms, training aids, additional lifesaving equipment, and community AEDs.

These incredible volunteers not only respond to 999 calls with potentially life-saving treatment, they also give their own time to fundraise and run free EEAST Heart CPR and AED awareness sessions to their local communities.

Volunteers are vital in supporting EEAST. Thank you to every single one, for everything you do!



Your support enabled £3,473 to fund county based CFR roadshows - a chance to bring volunteers together for a day of medical updates, skills refreshers, networking, and celebration. It was an opportunity to recognise unsung heroes for everything they do for their communities, all in their own time. Thank you for making this possible!



Thanks to your generous donations, we were able to celebrate Volunteers Week in a special way, funding 180 Costa vouchers for our incredible frontline volunteers. Selected by a random draw, this was a heartfelt opportunity to say thank you for the time they give to help others in need. £900 well spent to show appreciation for their extraordinary commitment.



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"We are humbled by the wonderful generosity from Janet's friends and family, knowing we can ensure Janet's legacy continues is such an honour"

Leighton Page, Framlingham CFR Coordinator



Thanks to a generous gift in memory of Janet Walne, a dedicated nurse practitioner who gave over 40 years to her community, the Framlingham and Debenham CFR groups have received two new kits and a backup loan kit accessible to all of Suffolk. Janet's legacy of care will continue to protect and support local communities when they need it most, for many years to come.

This year ...

256,500
volunteer hours across our communities

1,219
volunteers

26,117
calls to attend 999 medical emergencies by CFRs

Supporting staff



The North Essex Fun Day provided ambulance staff and volunteers a joyful afternoon, with classic games like hook-a-duck and splat-the-rat, a bouncy castle for families, live music, and a BBQ, the event offered a much-needed opportunity for colleagues to unwind and spend quality time with loved ones. Organised with support from the charity, the fun day not only boosted morale but also raised an impressive £918. This initiative highlights the positive impact of charitable support in enhancing staff wellbeing and fostering a sense of community across the service.

Enhancing wellbeing through garden care
The Costessey gardening group has helped boost staff morale by taking on the upkeep of the Longwater Wellbeing Garden. Their dedication has transformed the space into a calming retreat, offering staff a place to pause, reflect, and recharge during demanding shifts. This initiative has strengthened the sense of community and wellbeing within the Trust. With wellbeing gardens located across the east of England, similar support is needed - if you're interested in helping, please get in touch.





Supporting 999 staff over Christmas
Thanks to generous donations, the charity was able to fund festive treats for 999 staff working throughout the Christmas period. From breakfast baps on Christmas morning and seasonal lunches, to an advent calendar raffle, these small gestures brought a smile before a busy shift when spending the festive period away from their families during the busiest and most challenging times of the year. The Welfare Wagon also made its rounds, delivering hot drinks and snacks to crews on duty, offering comfort and connection during long shifts.





"A visit from a GoodDOG makes my day"

Any pet lover knows the comfort and joy animals can bring and thanks to the compassion of staff looking out for one another, the GoodDOG initiative was born.

These specially assessed wellbeing dogs, owned by staff members, regularly visit crew rooms and welfare wagons, offering a friendly face and a wagging tail to brighten the day.

It is said that spending time with dogs can help lower stress and anxiety levels, and the feedback from this initiative has been overwhelming.

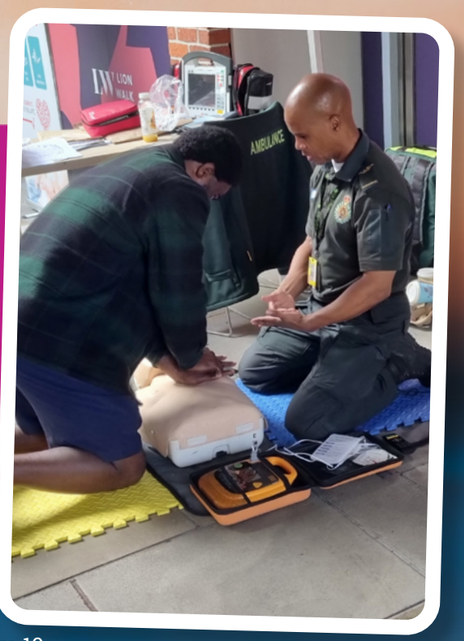
Supporting communities

EEAST Heart

EEAST Heart is a free community-based education programme in basic life support & defibrillator awareness for the members of the public run by East of England Ambulance Service NHS Trust qualified volunteers & staff. Funded solely from the generosity of donors, many of whom have attended the awareness sessions themselves. All donations received, are reinvested into the project to provide training aids, certificates, promotional materials and other equipment to support sessions.

6,805

People trained to save lives this year - thanks to you!



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Inspiring the next generation

Through engaging school visits, the charity volunteers have helped raise awareness of emergency care, taught life-saving CPR skills, and inspired young people to support their local ambulance service. These visits not only empower students with practical knowledge but also contribute to fundraising efforts that support frontline staff and volunteers. Well done to everyone involved in delivering these impactful days.

"Ambo the otter has been spreading joy across Colchester, visiting schools to engage with over 300 children with smiles and high fives - all while raising vital funds for the charity."
Keri Drury, EEAST Charity fundraiser

Volunteers and staff from the charity made a powerful impact at the Suffolk, Royal Norfolk, and Tendring Hundred Shows by engaging with the public, raising awareness of the charity, and delivering vital CPR training to hundreds of attendees. These events also helped reduce fear and build trust in ambulance services among children through friendly interactions and hands-on activities. On behalf of the charity, we extend heartfelt thanks to the volunteers who supported the show - your energy, professionalism, and dedication made the day truly special. The overwhelming engagement showed the value of these events, and we know we'll need even more support next year!





Falls cars – volunteer-led support making a real difference

The charity funded falls cars, operated by dedicated volunteers, are making a significant impact in communities across the region. By attending to 516 patients, these vehicles have helped avoid potential hospital admissions, easing pressure on emergency services and improving patient outcomes. This initiative demonstrates the power of charitable funding and volunteer commitment in delivering compassionate, community-based care. A heartfelt thank you to all the volunteers and the NHS Charities Together for their continued support.

SUPPORTED BY NHS CHARITIES TOGETHER

Our incredible fundraisers

Together, we make a difference. That difference would not be possible without you. Your dedication, enthusiasm, and drive to help support volunteers, staff, patients and the local communities above and beyond what the Trust can fund constantly inspires us all.

Thank you for everything you continue to do to raise vital funds to truly make a difference to those who support us when we need it most.

Here is just a snapshot of some of the amazing fundraising you have achieved.



A huge thank you to the Pop Chorus, who chose to support the Felixstowe CFRs as their charity for 2024, recognising the life-saving work these volunteers do in their communities. Through a wonderful mix of fundraising activities, including pub quizzes, book sales, 70 mile walk, and many more, they raised a magnificent £10,688. With their remarkable donation, the CFR group has been able to buy another kit bag full of life-saving equipment and additional training resources such as CPR training manikins and an AED trainer.

Out swimming an ambulance



This year we had our first ever out swim an ambulance. Jo, Tori, Geraldine, Kate and Kate took on this challenge in open water, swimming 15 miles raising an amazing £737.

Inspired? Scan the QR code to sign up and join our Outrun an Ambulance campaign.

Miles in memory



Keri took on her first marathon in memory of her Grandad. Not only did she smash her marathon but she crushed her fundraising target, raising an outstanding £2,082.

"I'm running in loving memory of my Grandad George. The day before he passed, the doctor told him, 'Your body will never run a marathon.' That stuck with me, and now, in his honour, I'm determined to run this marathon and raise as much as I can for the East of England Ambulance Service Charity."

Conquering the peaks



Paul took on the mighty Yorkshire Three Peaks Challenge, conquering 24 miles and raising an incredible £823!

"My goal is to raise enough money for a new defibrillator and a gazebo, allowing us to go out into the community to teach the public CPR and how to use an AED - a life saving skill."

Pawsome duo



A huge well done to Simon and his pawsome rescue dog Hera. They ran over 102 miles in a month and a day, completing the outrun an ambulance challenge, raising £508 for the charity.

"I'm in my 18th year of being a volunteer CFR. I've seen first-hand the genuine difference they make in life or death situations being swiftly followed by the ambulance crews. I wanted to raise some funds to help support all the EEAST volunteers and staff."

Meet one of our inspiring fundraisers

Every fundraiser has a story - and yours makes a difference. Every year, incredible supporters have gone above and beyond to raise vital funds for patient care and community support. Here's one inspiring example of how generosity and determination can change lives.



"They managed to realign my foot and make me feel safe and comfortable. They were calming, supportive and extremely professional. These amazing, talented professionals are there 24/7, helping us in our most vulnerable moments"

Farrah

Farrah's story

In September 2023, Farrah suffered a serious fall while bouldering, resulting in multiple breaks and dislocations to her right ankle. She underwent surgery to insert pins and screws, and was told by doctors that she might never climb again.

But Farrah refused to give up. With incredible strength and determination, she got back on her feet and wanted to show her appreciation to the ambulance crews who treated her.

"The paramedics that came out to me were amazing which is why I wanted to raise money for the ambulance charity.

"They managed to realign my foot and make me feel safe and comfortable. They were calming, supportive and extremely professional.

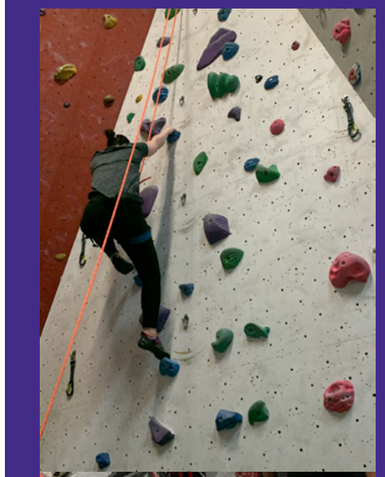
"These amazing, talented professionals are there 24/7, helping us in our most vulnerable moments, and deserve recognition, praise, and funding to continue their outstanding work."

In August 2024, Farrah took on the bold challenge of climbing Mount Snowdon, supported by her friends and family. Not only did she complete the climb, defying the odds, but she raised over £700 for the charity.

It's thanks to supporters like Farrah that our work is possible.

Thank you for giving back in an extraordinary way. Your strength and generosity inspire us all!





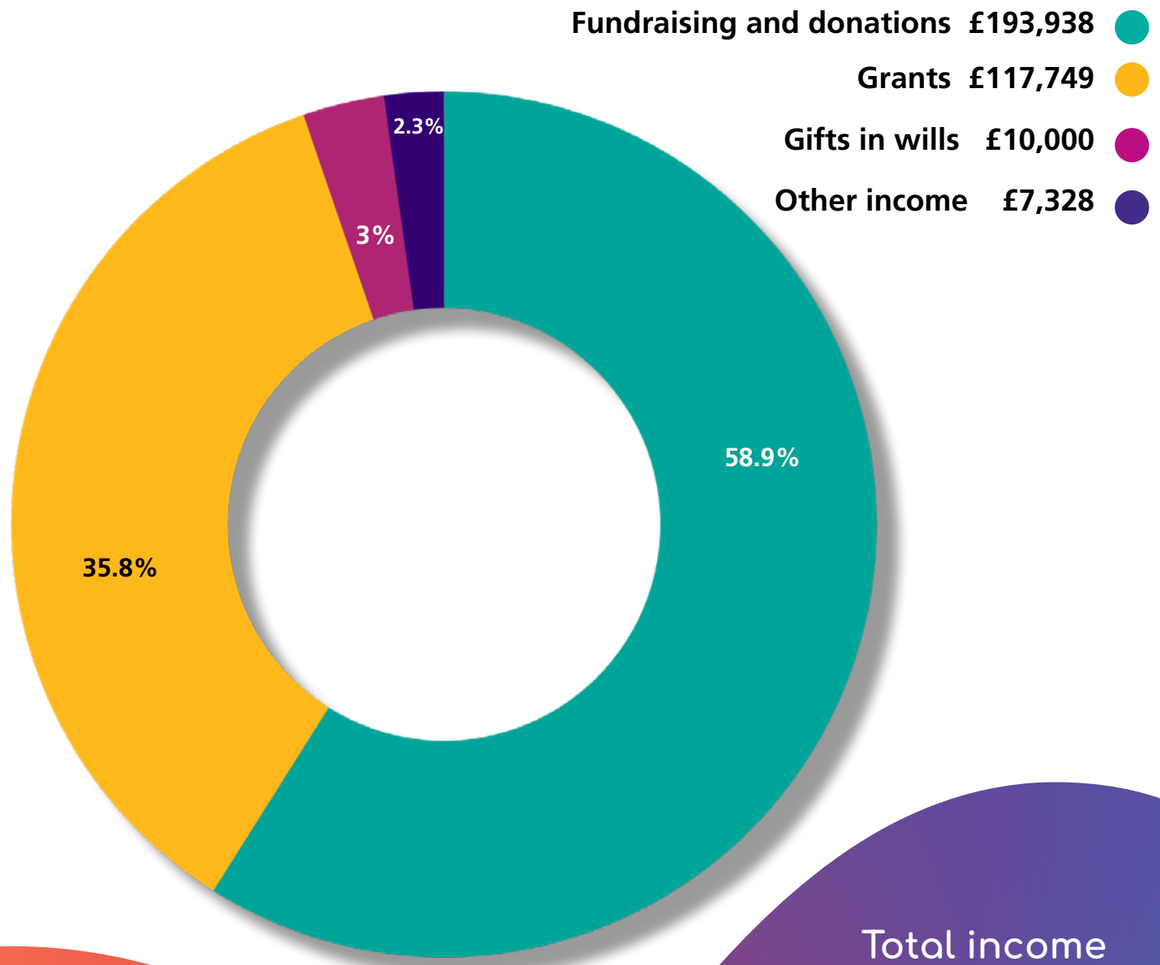






Income vs Expenditure

Where our funds came from during 2024/25



Total income

£329,015

How our funds were spent during 2024/25

£209,738

CFR groups
Vital funds directly supporting volunteer 999 responders

£5,287

Cycle response unit
E-bike & specialist accessories

£25,705

Wellbeing gardens, wellbeing rooms & specialised mental health treatment

£25,886

Unmet Needs navigator scheme
Social signposting

£64,942

Volunteer community response car schemes

£49,871

Welfare wagons & emergency call centre wellbeing

£9,957

Stars of EEAST awards

£38,791

Investment property
Change in value to property left as gift in will

£41,896

Other health and wellbeing initiatives

£137,532

Staff and other support costs

Total expenditure

£609,606



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A heartfelt thank you!

We couldn't do it without you.

However you wish to help, you can continue to make the difference to your community and your NHS heroes today, please click here to donate or scan the QR code.



How you can support

Every donation, big or small, helps us continue our life-saving work, and we're deeply grateful for your support. There are many ways to give, and each one makes a real impact. You might choose to support a fund close to your heart, an ambulance station in your community, or a community first responder team that helped someone you love. However you decide to give, your kindness helps us be there when it matters most

Direct debit or standing order

If you'd like to donate to us regularly, you can do so by setting up a direct debit or standing order. You can decide the amount and whether it's monthly, quarterly, yearly or however often you'd like. Contact charity@eastamb.nhs.uk to find out our bank details.

JustGiving

The easiest way to donate online is through our JustGiving page. You'll also find touching testimonies of why people donated and inspiring stories about their fundraising activities.

Cheque

When sending a donation by cheque, please provide your name, address, details of your donation and whether you would like to add Gift Aid. If you'd like your donation to be used by a specific fund, simply write the name of the fund on the reverse of the cheque. Please send cheques to the address found on the back page.

Giving in memory

Making a donation in memory of a loved one is a meaningful way to celebrate their life. Many choose to ask for donations instead of flowers at funerals, or set up a tribute page where friends and family can contribute. These heartfelt gifts help us continue our work in honour of someone special.

Gifts in Wills

Leaving a gift in your will is a lasting way to support the charity. Even a small contribution can make a big difference to our future work. If you're considering this, we're here to help.

Fundraising

Whatever your challenge, whether it's a bake sale, a fitness challenge, or something completely unique, fundraising is a fantastic way to support the charity. You can easily set up your own JustGiving page to help raise donations and share your story.

We'd love to hear what you're planning! Let us know by emailing us or reaching out on social media.

This year the charity has achieved so much, and this is because of you.

Thank you!

East of England Ambulance Service charity

Together, we make a difference.

www.eastamb.nhs.uk/about-us/charity
charity@eastamb.nhs.uk
01603 422731

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