Public Board Meeting 10.06.2026

Wed 10 June 2026, 09:30 - 12:30

East of England Ambulance Service NHS Trust

Agenda

09:30 - 09:55
25 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 (2 pages)

1.5. Trust Chair and Non-Executive Report

Discussion *Trust Chair*

Trust Chair and Non-Executive Report.pdf (3 pages)

1.6. CEO Report

Discussion *Chief Executive Officer*

June 2026 CEO Report - amended.pdf (5 pages)

1.7. Minutes of the Previous Meeting

Decision *Trust Chair*

Draft Public Board Minutes 08.04.2026.pdf (15 pages)

1.8. Matters Arising and Action Tracker

Discussion *All*

Public Board Action Tracker 10.06.2026.pdf (1 pages)

09:55 - 10:25
30 min

2. Patients

Kingshill Estates
09/06/2026 08:37:10

2.1. Board Assurance Framework Summary

Discussion *Chief Paramedic and Director of Quality, Medical Director, Chief Operating Officer*

Board Assurance Framework.pdf (4 pages)

2.2. Integrated Performance Report

Discussion *Chief Paramedic and Director of Quality, Medical Director, Chief Operating Officer*

- Coversheet - Integrated Performance Report.pdf (3 pages)
- Integrated Performance Report - May 2026.pdf (54 pages)

2.3. Quality Account

Decision *Chief Paramedic and Director of Quality*

- Coversheet - EEAST Quality Account 2025-26.pdf (2 pages)
- EEAST Annual Quality Account 2025-26.pdf (92 pages)

2.4. Community Engagement Group Report

Discussion *CEG Lead*

- Community Engagement Group Report.pdf (5 pages)

10:25 - 10:40
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*

10:40 - 10:50
10 min

Break

10:50 - 11:35
45 min

4. People

4.1. Board Assurance Framework Summary

Discussion *Chief People Officer*

4.2. Integrated Performance Report

Discussion *Chief People Officer*

4.3. Modern Slavery Statement

Decision *Chief People Officer*

- Modern Slavery Statement.pdf (3 pages)

4.4. Freedom to Speak Up Report

Discussion *FTSU Guardians*

- Coversheet - Freedom to Speak Up.pdf (3 pages)
- Appendix 1 - EEAST FTSU Annual Report.pdf (18 pages)

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09/06/2026 08:37:10

4.5. People Committee Assurance Report

Discussion *Committee Chair*

- People Committee Assurance Report 29042026.pdf (3 pages)

11:35 - 12:15
40 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. Data Protection and Security Toolkit Submission

Decision *Director of Digital Innovation*

DSPT Submission.pdf (2 pages)

5.4. Audit and Risk Committee Assurance Report

Discussion *Committee Chair*

Audit and Risk Committee Assurance Report 20052026.pdf (3 pages)

5.5. Performance Committee Assurance Report

Discussion *Committee Chair*

Performance Committee Assurance Report 270526.pdf (3 pages)

5.6. Finance and Sustainability Committee Assurance Report

Discussion *Committee Chair*

12:15 - 12:20
5 min

6. Closing Administration

6.1. Reflection on Meeting

Discussion

6.2. Any Other Business

Information *Trust Chair*

6.3. Date of Next Meeting: Wednesday 10 June 2026 (09.30 – 12:30)

12:20 - 12:30
10 min

7. Corporate Trustee

7.1. Minutes of Previous Meeting

Decision *Trust Chair*

Corporate Trustee Minutes 08.04.2026.pdf (1 pages)

7.2. Charitable Funds Committee Assurance Report

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09/06/2026 08:37:10

Decision *Committee Chair*

Charitable Funds Committee Report 14052026.pdf (2 pages)

NHS
East of England Ambulance Service
NHS Trust

Meeting:	Trust Board – Public Meeting	**Date:**	10/06/2026
Report Title:	Out of Hospital Cardiac Arrest Desk Rescuers Stories		
Agenda Item:	PUB26/06/1.4		
Author(s):	Joanna Wells, Patient Safety Improvement Specialist		
Lead Director:	Simon Chase, Chief Paramedic and Director of Quality		

Purpose:	Decision Approval		Discussion Review	X	Information Noting		
Assurance:							
	None		Limited		Reasonable		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	X	SR4	X	SR6		SR8			

Equality Impact Assessment: YES		**NO**	X

Previously considered by:

The video has not been shown publicly before or considered at other Committees.

Purpose:

To identify the innovation of the work of the Out of Hospital Cardiac Arrest Desk and share the stories from two of the rescuers who have benefited from this vital service.

Recommendation:

The Trust Board is asked to recognise the innovative work of the Out of Hospital Cardiac Arrest Desk (OHCAD) and the impact the initial call and the after-care service have on the community who are first on scene to our patients. This service deals with the highest urgency need for patients who are in cardiac arrest when time and correct assessment and treatment will save lives.

Executive Summary:

This video is the story of three rescuers who came across members of the public in cardiac arrest and called 999. They were put through to EEAST's Out of Hospital Cardiac Arrest Desk (OHCAD) – the first in the UK, who provided advice and guidance from a clinician via a live video link. The clinician was able to guide them to give effective CPR on the patient and reassure them that they were doing the best they could to help save the patient's life. The rescuers also received follow up care from a specialised team to signpost them to any further support they might need and answer any questions they had about the service or the incident.

Knights Hill Estbp 09/06/2026 23:37:10

The OHCAD is currently on a trial period through charitable and innovation funding and this video demonstrates the positive impact this service is having on the community and any suggestions they have to improve the service.

Introduction / Background:

This video is a compilation from three rescuers who used EEAST's OHCAD when they came across members of the public in cardiac arrest.

These rescuers were directed to use the video link to the cardiac arrest desk following ringing 999 for the patients that they had found whilst on a walk and following a road traffic collision.

They talk about the incidents they attended and how the support of the clinician on the video call helped them cope with a stressful incident and know they were doing the best they could for the patient. They also talk about the after-care service they have received from EEAST and their feelings about the trial of this desk.

Furthermore, the video will be shared in the July edition of the Safety Matters newsletter to promote the work and support provided by the OHCAD to all staff across EEAST. This edition is themed solely on the OHCAD with the aim to raise awareness of it and the benefits to all staff across the organisation.

Key Issues / Risks:

The OHCAD is in a trial phase so may not always be available to support our patient and rescuers. Currently a longer trial is underway to determine the efficacy and value of the service.

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.

It also links to the productivity mission as we are the first ambulance service in the UK to roll out this service therefore being innovative to meet the needs of our communities.

Summary:

The OHCAD is beneficial to both EEAST and the public by having oversight of the scene from early in the 999 call, being able to support the public to provide lifesaving interventions and supporting the crew with a clinical handover.

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09/06/2026 08:37:10

NHS
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Meeting:	Trust Board – Public Meeting	**Date:**	10.06.2026
Report Title:	Trust Chair and Non Executive Report		
Agenda Item:	PUB26/06/1.5		
Author(s):	Mrunal Sisodia, Trust Chair		
Lead Director:	Julie Thallon, Interim 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:

Performance & Productivity

The last three months have seen EEAST performance continue to improve and consolidate into sustained and continuous improvement. The board is immensely proud of the efforts of the management and staff of the trust to deliver this. All of our internal measures that drive performance show significant improvement over the last 2 years – this has been the result of a clear strategy grounded in strong management practice, better data and analytics and improvements in processes across the trust.

Trust Board – Public Meeting: Report title

#WeAre EEAST

People

We are confident that we can continue this improvement and over the next year and will be renewing our efforts to improve staff welfare and experience. The people plan was discussed by the board last month and the theme of “fix the fundamentals” is a key plank of our strategy over the next 24 months.

This includes a continued focus on our culture. The board remains under no illusions that there remain many cultural issues at EEAST. For example, we continue to take a robust approach to issues of sexual safety. Reported incidents are high which is encouraging as staff are no longer tolerating unwanted and inappropriate behaviour and as a board, we have determined that we will have the courage to take action to address these behaviours – this starts with training and support, but where necessary disciplinary action, up to and including dismissal is being taken.

Partnerships

The new ICBs continue to set up and settle into their new structures. EEAST continues to work with our partners to address current concerns and to shape the future of urgent and emergency care. We will be engaging with hospitals over the coming months to consider how hospital handover delays can be reduced – most notably in discussing handover 45 protocols. We will also be discussing the evolution of our strategy as a urgent and emergency care navigator across the East of England.

Changes in the board

In April, George Lynn, our Audit Committee chair stood down as a result of ill health. We are delighted that Victoria Corbishley will be joining the board as a substantive Non Executive Director to replace George. Victoria has been with the Trust for 5 years as an associate NED and has served on the Quality Committee amongst others. Victoria brings a wealth of experience from the NHS and charity sectors and it is pleasing to see continuity and effective succession planning in board appointments.

The process of recruitment of a new chair in under way. Whilst this is ongoing, Julie Thallon who has served on the board for over 5 years and has been the Senior Independent Director, will step into the role of interim chair.

Staff and Stakeholder engagement
The NEDs and the previous chair 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 union representatives • Joined an advance practice team shift from Stevenage • Joined a Ambulance shift from Kempston

Kirkpatrick Esther
09/01/2026 08:37:10

Board / Committee (in addition to regular board and committee meetings)	• Joined a Multi Faith network meeting • Attended the launch of the staff networks week
External Governance and events	• Attended BLMK and Cambridge and Peterborough ICB chairs meeting • Regular meetings with NHSE regional director, Clare Panniker • Supported the recruitment process for new EEAST chair
Activity by other NEDS	Catherine Glickman had the following engagements: • Joined an ambulance shift from Herts and West Essex • 1:1 with Marika Stephenson • 1:! With Darren Meads Julie Thallon Omid Shiraji Chris Brook Victoria Corbishley Susan Wilkinson had the following engagements: • 1:1 with Simon Chase • Supported interviews for Company Secretary • Supported appointment process for new chair

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NHS
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Meeting:	Public Board	**Date:**	10.06.2026
Report Title:	Chief Executive's Report		
Agenda Item:	PUB26/02/1.6		
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:

I had the opportunity to join a crew in Basildon for a shift in May, and the standard of care I saw from Nadine and Ben was exceptional. Their professionalism and knowledge was hugely impressive, it was great to see the enormous difference our people make to patients. I know we deliver this all across the organisation day in day out.

In April and early May our Category 2 performance was better than it had been for 5 years. Like the patients I saw with Nadine and Ben, in this category are health conditions in which a timely response is important and we have the opportunity to make a real difference with high quality care.

The sunshine has been lovely on rest days but I know it has created challenging working conditions and made it hard to sleep and rest prior to shifts. The extreme heat has resulted in a surge in demand, up to 9% increase in incidents across the organisation. Acute colleagues have also seen an increase in demand which has resulted in increased hospital handover delays.

Kingsmead Estate
09/06/2026 08:37:14

I would like to take this opportunity to say a huge thank you to all our teams for your continued hard work in extreme conditions.

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 April 2026, with faster response times across both Category 1 and Category 2 incidents. In April C2 performance was 27 minutes and 21 seconds, 1 minute faster than March. Category 1 performance was 8 minutes and 4 seconds, 5 seconds quicker than March.

The Trust is working with clinicians to reduce our average on scene time for conveyed patients. Our times are currently longer than the national average. On scene times are an important part of how we deliver high quality care for patients. The majority of patients benefit from timely clinical assessment and onward conveyance, and the speed at which a treatment plan is determined is a critical factor in patient outcomes. These times are being improved with clinical support and working in partnership with clinicians.

Our Emergency Operational Control (EOC) rooms have maintained excellent call pick up performance in April with an average call answer time of 1 second. This is despite dealing with 116,388 emergency contacts in the month, almost 4,000 per day. Our Hear and Treat rate is currently 16.52% which is meets our target for the month.

Operational support colleagues continue to work hard to reduce the Vehicle off Road % (VOR) and in April numbers reduced to 16.67%. This has been helped by a steady supply of new vehicles, and makes a huge contribution to the service we deliver to patients.

Regulatory update

Care Quality Commission (CQC)
Following discussions with the Care Quality Commission (CQC) they have informed us of their intention to reinspect EEAST, after which the report from the 2024 inspection, and the 2026 inspection will be published together.

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 May we have taken a different approach and held an action event focusing on operational compliance against the standards expected of us under the Health and Social Care Act. All our teams were engaged in visiting stations and reviewing specific areas of compliance to ensure our crews are supported to deliver high quality patient care safely.

Encouragingly, the visits to 18 stations found that most are performing strongly, with teams demonstrating high standards of care, organisation and professionalism. The results will be collated to establish themes and areas for improvement. These will be followed up during our June Time to Listen event.

The Patient Plan

In May we published our Patient Plan, this strategy for care outlines a shift in how patient care is delivered and how responsibility is shared across our urgent and emergency care system. The plan comes as demand for ambulance services rises and patient needs become more complex, placing increasing pressure on hospitals and emergency care. This decisive action plan is divided into three programmes of work:

Kayleigh Fenner 6/9/2026 09:57:19

1. Getting people the right care first time – This means navigating care effectively and giving clear advice when patients first call us. Closer links between 999,111 and clinical advice calls will mean patients receive consistent advice and are directed to the right support from the start.
2. Faster emergency care – Faster responses to our sickest patients with life threatening emergencies.
3. More care closer to home – Working closely with local health and care teams so patients can get the care they need closer to home when safe to do so.

Just as importantly, we are supporting our staff with better training, stronger leadership and improved tools, so they can make confident decisions and provide high-quality care.

Independent Culture Review

In April we launched an independent cultural review in our Norfolk and Waveney and Bedfordshire and Luton sectors. We are focusing on these two sectors because they represent 33% of the operational workforce and will give us a rounded picture. The lessons we learn from the review will be applied across the whole organisation.

This review is being led by Nazir Afzal OBE and Rise Associates, who are highly respected for their work in cultural transformation, safeguarding, and listening reviews across public services.

We are launching this review now because colleagues across the organisation have told us, through staff surveys, engagement sessions and speaking-up routes, that while progress has been made, there are still inconsistencies in lived experience. This is a natural next step in our ongoing commitment to creating a culture that reflects our values of accountability, respect, and striving to be excellent in all we do.

At the time of writing this report Nazir and his team have held a number of listening events in stations, on teams and on the phone.

A final report detailing recommendations for cultural transformation will be provided later in the year.

Engagement

Pete Newsom



It is with great sadness that I share the passing of our colleague, Pete Newsom, who died on Saturday, 4 April 2026.

Our thoughts are with Pete's wife, Meryl, his son, and daughter, and all his family, friends, and colleagues at this very difficult time.

Pete began his career in the NHS as a nurse at Bedford Hospital before pursuing his passion for pre-hospital care. He went on to train as a paramedic, qualifying with EEAST. After a short period working with Royal Mail, Pete re-joined the Trust as an emergency medical technician.

Kingsmill Estates 09/06/2026 08:37:20

Pete was deeply committed to his role within the ambulance service and dedicated many years to caring for patients and supporting colleagues. Outside of work, he enjoyed spending time snowboarding on holidays, something he spoke about fondly.

Pete will be greatly missed by all who had the privilege of working alongside him and by those whose lives he touched through his service.

Celebrations

CEO Commendation – Laura Chappell

Laura was presented with a CEO commendation in May for the remarkable care she provided to a patient in Basildon. In November, Drew and Laura were called to assist Police colleagues when the woman was in a high-risk situation in Basildon. Police officers were attempting to engage with her and bring her to safety.



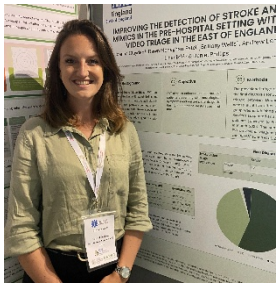
Recognising she was the only woman at the scene, Laura offered to assist after the woman asked to speak to her. Without hesitation, Laura made her way to speak directly to the woman, calmly approached her, and quickly built a rapport. After a period of reassurance and conversation, Laura persuaded her to step away from danger and walk to safety.

Laura remained by the woman's side throughout the journey to hospital, offering comfort and reassurance until she was safely handed over to staff at Basildon Mental Health Unit.

Ambulance stroke video calls recognised with NHS award

An EEAST initiative using video calls to help stroke patients get faster, life-saving treatment has been shortlisted for a national NHS award.

The Trust has been named a regional champion in the NHS Excellence Awards for its Stroke Video Triage service, which allows ambulance crews to connect patients directly with hospital stroke specialists using a handheld device.



The technology means patients can be assessed by a specialist while still at home or on the way to hospital, cutting down crucial delays. Since the service was introduced in 2022, more than 5,000 people with suspected strokes have benefited from faster diagnosis and treatment.

The system is now live at 12 of the 15 stroke centres across the East of England.

The video assessments mean many patients can avoid crowded accident and emergency departments and be taken straight to specialist stroke units. Hospital teams can also prepare in advance by booking scans and tests while the ambulance is still on the road.

Across the region, the average time from arrival at hospital to a brain scan for stroke patients has fallen from 50 minutes to just 15 minutes. At Luton and Dunstable Hospital, this has reduced to just three minutes.

Abigail Turner
09/01/2026 08:37:20

Huge congratulations to Brittany Farthing the clinical lead for the stroke video triage and thank you for everything you are doing for our patients.

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:

- North Walsham, Longwater, Waveney Depot
- Swaffham, Kings Lynn
- Harlow, Welwyn Garden City, Letchworth, Brentwood
- Watford, Lakeview, Bedford EOC
- Basildon Ambulance shift
- Thurrock, Chelmsford EOC
- Longwater, Norwich EOC

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:

- Terry Jermy MP
- Matt Turmaine MP
- Clive Lewis MP

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09/06/2026 08:37:10

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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 8 MARCH 2026 (09:30-12:30) at EEAST, MELBOURN HEADQUARTERS, SG8 6NA

Present:			
Members	Mrunal Sisodia	Trust Chair	TC
	Catherine Glickman	Non-Executive Director	NED-CG
	Darren Meads	Chief Operating Officer	COO
	Dr Hein Scheffer	Director of Strategy, Transformation and Governance	DoSTG
	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
	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
	Julie Young	Interim Company Secretary	CS
	Tom Bennett	Head of Communications	HoC
Administration	Esther Kingsmill	Deputy Head of Corporate Governance	DHoCG

PUBLIC SESSION (Disclosable)	
PUB26/04/1.1	**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.
PUB26/04/1.2	**Apologies for Absence**
1.2.1	Apologies were received from: • Julie Thallon, Non-Executive Director (NED-JT) • Marika Stephenson, Chief People Officer (CPO) • Dr Simon Walsh, Medical Director (MD) • George Lynn, Non-Executive Director
PUB26/04/1.3	**Declarations of Interest**
1.3.1	Hein Scheffer, Director of Strategy, Transformation and Governance (DoSTG) confirmed that his wife had been appointed as the commissioning manager for Essex ICB.

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Kingsmill Esther 06/03/2026 08:37:14

PUB26/04/1.4	Patient Story
1.4.1	Simon Chase, Chief Paramedic and Director of Quality (CP-DoQ) introduced the patient story. The Board heard from Adele and Rob, who had received an ambulance response after Adele went into labour at home, which progressed quickly. This was a worrying time, but they recognised the kindness and professionalism shown by respondents. The CP-DoQ reflected that generally labour was very safe, but could be stressful and worrying for the patients. He was pleased the family felt there was a calm and measured approach. To support crews in responding to maternity calls, which were an infrequent occurrence key changes had been implemented: • The maternal safety board had introduced guidance on maternity safety which aimed to provide consistency in the advice provided to patients. • There was also a maternity early warning scorecard and a care bundle which helped to share this information. • Changes were implemented in hospitals to improve the signage for crews navigating patients to the maternity ward, to ensure this was standardised and easy to follow. • 120 LOMs had undertaken a bespoke clinical familiarisation course with a specific model focussed on maternity emergencies. This had received positive feedback and enabled not only crew response but also clinical manager response. • An outside of hospital neonatal ICU course was being launched. • There was a focus on thermoregulation challenges for both the mum and baby which included a newborn thermometer which had been placed in the maternity packs.
1.4.2	Non-Executive Director, Susan Wilkinson (NED-SW) queried whether there was the potential for paramedics to join the acute trust's simulated training for emergency maternity incidents. The CP-DoQ confirmed the sector clinical lead was working with NHSE regional maternity services to consider collaborative training opportunities. Crews responded to limited maternity calls and often there was a skills gap, so working with other services including midwives could support the response to the patient and provide additional assurance to crews.
1.4.3	Neill Moloney, Chief Executive Officer (CEO) noted that there were relatively few maternity cases crews were required to respond to. He enquired how feedback was received from patients to inform learning. The CP-DoQ confirmed that improving the engagement with communities specifically within maternal services was an area of focus, often feedback was provided where something had gone wrong however obtaining a wider view was essential to inform developments. It was important patients felt reassured, it was a calm approach and they were confident and in control.
1.4.4	NED-CB noted that these situations were relatively rare and enquired how skills were maintained as a result. The CP-DoQ confirmed that as part of the continued professional development maternity safety courses were offered to staff. Additionally, expanding this MDT alongside local providers was essential beyond the essential core skills.
1.4.5	The CP-DoQ advised that often when contacting 999 there were very generic call handling requirements. They would look at the worst-case scenario for a maternal emergency which was often where there was friction. If the call handler felt there was

Kingsmill.Esther 09/06/2026 08:37:10

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	further advice needed it would be referred to the clinician to provide more bespoke advice. In the case of Adele and Rob, the patient was asked to lay on her back to support consciousness in the event of a bleed, however this was often advice given without clinical assessment. Once a clinician was present they were able to tailor the approach to the patient.
1.4.6	The Public Board resolved to note the patient story and thank the patients for sharing their experience.
PUB26/04/1.5	**Trust Chair and Non-Executive Director's Report**
1.5.1	The TC presented the Chair and NED report: • Since the last Public Board there had been significant activity to bring forward the Trust strategy refresh. The Trust had worked on co-production with both staff and stakeholders to frame the evolution of the strategy. There were two core areas of co production which were essential to the strategy. As the TC he had met with the ICB chairs, hospital trust's and community trust chairs to share the key areas of focus. EEAST could not deliver this alone, improving the navigation of patients through the system was essential, including to out of hospital services. The release of ambulances from handover crews was also essential to the patient response. The strategy focussed on the development of staff to ensure the right skill mix to support the patient response, as well as maximising efficiencies to ensure value for money. • It was confirmed NED-GL would be stepping down from the Trust Board – the TC extended his thanks to NED-GL for his wisdom and the support provided during the time he worked with EEAST. • This was the final Public Board meeting for the TC.
PUB26/04/1.6	**Chief Executive Officer's Report**
1.6.1	The CEO presented the report: • In March 2026 the Trust had the best performance for C2 to date which he was pleased to note. • Call pickup times had significantly decreased. • There was an increase in the hear and treat rate, which was regularly reporting at 18%. • The vehicle off road rate had more than halved, providing more ambulances on the road to respond to emergencies. • The CEO extended his thanks to all operational colleagues who had supported this position. • The CQC report from November 2024 remained outstanding, it was anticipated this may be available in the coming weeks. • Shortly after the November 2024 CQC visit two improvement notices were issued which were being actively managed. The Trust had delivered significant improvements which had satisfied regulators including NHSE and ICB colleagues. • Actions from the staff survey were being developed and would be reported back through the organisation. Key areas of focus were; annual leave availability, rolling hours, bare below the elbows and staff wellbeing and access to services.

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1.6.2	The TC recognised the importance of achieving the C2 national target in March 2026, which was the result of two years of intensely focussed work. Although further work was required to ensure this was sustainable, it was a major achievement to celebrate. He was disappointed that the CQC report was not yet available, but work would continue to be undertaken with the CQC to address areas of concern. The majority of the items in the report were not unknown and were actively being addressed.
1.6.3	Non-Executive Director, Catherine Glickman (NED-CG) extended her congratulations for the achievement of C2 performance.
1.6.4	The Public Board resolved to note the update provided.
PUB26/04/1.7	**Minutes of Previous Meeting**
1.7.1	The minutes from the meeting on 11.02.2026 were approved subject to the below amendments. • 5.1.2 - £15m was available to AACE for ambient voice technology (not available to EEAST)
PUB26/04/1.8	**Matters Arising and Action Tracker**
1.8.1	The action tracker was reviewed and updated.
1.8.2	The following actions were agreed for closure: • PUB26/02/4.3.5 • PUB26/02/4.3.8
PUB26/04/2.0	**PATIENTS**
PUB26/04/2.1	**Board Assurance Framework Summary – SR1 and SR2**
2.1.1	The CP-DoQ presented on SR2: • This was an area in which the Trust was not meeting the required standards which could lead to avoidable harm or regulatory concerns. • The governance arrangements remained strong. There was good traction and positive improvements noted. • Management of the cardiac arrest response was performing well. The Trust had set ambitious targets for the ROSC, completing on a target outcome of 52.4%. • Overall survivability for cardiac arrest had achieved 29.2% which was the highest outcome to date. • Delivery of care bundles was one of the highest across ambulance services, reporting consistently above the national average. • The focus on improving C2 responses had a direct impact on the ability to care for and deliver improved outcomes for patients. • Mandatory training had been sustained above 90% for the last 12 months, exceeding the regulator target of 85%. This provided a strong foundation to deliver care to patients. • For every complaint received, four compliments were received. Further work was required to ensure all complaints were responded to in a timely manner.

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	• One preventing future deaths report was received since the last Public Board. This required the ambulance service to consider any learning, this was a joint response with Essex Police and AACE. Progress had been made to ensure training was implemented in all control rooms to ensure call in which a patient was being actively restrained by the police were given the highest priority. The cause of death was not directly related to EEAST, but to the police. • SR2 had a residual rating of 9, as there were further sustained improvements around the regulatory warning notice and sustainable outcomes it was anticipated this risk would further decrease.
2.1.2	Darren Meads, Chief Operating Officer (COO) presented on SR1: • The current residual risk score was 16 • Implementation of handover 45 (Ho45) required the handover of patients conveyed by ambulances within 45 minutes. This had been challenging in the East of England. At a meeting of the national NHS COOs there was general support for the implementation of handover 45. Programmes of work had been agreed to expand call before you convey which would further support Ho45. • All productivity targets set for the EOC were being delivered and were reporting at the highest level since EEAST began. The COO extended his thanks to all the staff which had supported this improvement, which enabled a swifter response to patients. • Calls received in February 2026 were notably higher than in previous periods. • The national standard of call pick up of 10s had been delivered consistently for a full year. • There was a small reduction in hospital handover delays in February 2026 which was not consistent with the performance improvement trajectory for some areas, which was why the risk remained higher.
2.1.3	NED-SW queried whether a risk score of 16 was accurate given the number of trajectories now being met. She acknowledged the impact of Ho45 however despite this a number of areas continued to improve and she challenged whether the Trust was being overly cautious. The COO advised this would be reviewed but he would like to see a more sustained improvement in some areas of risk. The CEO acknowledged the significant work which had gone into delivery of the improvements being recognised, which was extraordinary. However, performance was not where it needed to be. Some of the improvements required were reliant on working with partner organisations and some could be delivered internally. Ensuring consistent delivery of the national standard of 18 minutes sustainably was essential to providing ongoing assurance.
2.1.4	Non-Executive Director, Chris Brook (CED-CB) noted hear and treat rates had increased to 18% and enquired whether, where there was an ambulance response this was reflective more difficult cases, and the number of calls were reflective of less serious cases. The COO advised that the number of patients assisted via telephone indicated that 999 was not necessarily the most appropriate route for these patients. Working closely with providers across the East of England to enable direct referrals would reduce the ambulance response requirement. The patient would receive a swifter response from a more appropriate service, releasing the ambulance to respond to emergencies. The CP-DoQ confirmed there had been an increase in patients presenting with more complex conditions.

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2.1.5	NED-OS observed that language within the IPR was not user friendly for the general public, and requested this was reviewed in the new IPR. He enquired how the organisation surplus would support performance. The COO confirmed that there was the opportunity to funnel the surplus directly to support patient care over the winter period. This was utilised through winter incentivisation, PAS etc. The focus was now on identifying any potential underspend in 2026/27 to support the performance position throughout this year.
2.1.6	NED-SW suggested there also needed to be a focus getting the community response to the patient in a timely manner, to release the patient from the home without conveyance to hospital.
2.1.7	The Public Board resolved to note the update provided.
PUB26/04/2.2	**Integrated Performance Report**
2.2.1	The Integrated Performance Report and Board Assurance Framework were considered together due to the inter connectivities associated.
PUB26/04/2.3	**CQC Update**
2.3.1	The CP-DoQ presented the CQC update: • Release of the CQC report had been delayed from 15.04.2026. • There were areas of concern raised associated with low completion of mandatory training, call pick up times and the ability to investigate in a timely manner controlled drug incidents. • A rapid quality review meeting was undertaken on a monthly basis with all regulators including the CQC. At this meeting, it was unanimously agreed that all areas referenced within the warning notice in January 2025 would progress to routine surveillance, with the exception of cultural concerns. This provided recognition from regulators on the sustainability of the improvements delivered.
2.3.2	NED-SW enquired whether the warning notices had been lifted. The CP-DoQ confirmed that the two warning notices would be used in the report. There remained elements of the warning notice to address but the warning notice would not be taken away. If it was felt the Trust was not responding, further enforcement action may be taken. The TC welcomed the continued scrutiny on these areas.
2.3.3	The Public Board resolved to note the update provided.
PUB26/04/2.4	**Patient Plan**
2.4.1	The DoSTG introduced the item. He advised that 10,000 staff contributions had been received to inform the strategy. This had helped to inform the refreshed values of accountability, respect and excellence, and had helped to inform the four strategy pillars. Throughout this journey, ensuring the patient was central remained a focus. The missions enabling the strategy were being finalised, with the first mission being the patient and partnership mission.
2.4.2	The CP-DoQ presented the patient plan: • There were three pillars supporting the plan;

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	○ Integrated navigation: ensuring the ability to navigate patients within the system to the most appropriate source of care in a timely period. This would require working in partnership with 111 providers. ○ Delivering excellent emergency care: C1/C2 calls were the highest priority call for those in need of immediate, high-risk response there was a focus on how the Trust would develop and deliver this response to ensure a swift, skilled response to patients. ○ Neighbourhood care and partnership approach: a number of ICBs were forming. EEAST should be contributing to reducing health inequalities, co-designing neighbourhood teams etc. • Further opportunities were available in the digital roadmap, ambient voice technology etc to enable clinicians to be more confident
2.4.3	The TC acknowledged the need to ensure active engagement and co-production with staff, stakeholders and patients which would be key to ensure the success of the strategy. Ensuring clear and consistent messaging was essential to supporting this.
2.4.4	The Public Board resolved to note the update provided.
PUB26/04/2.5	**Quality Governance Committee Assurance Report**
2.5.1	NED-SW presented the report: • IPC standards were not improving although this was contributed to as some standards were not specific to the ambulance service and were very acute focussed. New guidance had been released which was more ambulance focussed which would be managed. Bare below the elbows and uniform compliance continued to be a challenge. • 67 of 69 must do actions from the CQC report had now been completed. Safe staffing and C2 response times remained outstanding. • Access to the stack – this would be captured under the urgent care governance. • Learning disabilities – ongoing activity would be addressed through the health inequalities work. • There was an increase in urgent care recontact rates noted.
2.5.2	The Public Board resolved to approve the QGC terms of reference and workplan.
PUB26/04/3.0	**PARTNERSHIP**
PUB26/04/3.1	**Board Assurance Framework – SR6**
3.1.1	The DoSTG presented the update to SR6: *System Partnership Working: If EEAST does not work effectively with system partners, patient flow and pathways may be suboptimal*: • The current risk score was 9. • ELT was undertaking a deep dive of each of the strategic risks on a rolling cycle, which had proven supportive to the assurance and challenge. • Six of the seven actions within the risk had been effectively closed which provided the opportunity to redesign the partnership risk. • A bespoke six weekly meeting had been established. • North East Essex PTS contract had successfully tupe'd to the new provider and was no longer managed by EEAST.

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	• Incident completion rates were reporting at 51%, showing an incremental improvement. • Community first responders and volunteer utilisation remained second best amongst ambulance services. Work remained to ensure the constructive and effective utilisation of these staff. • The ICB's had confirmed that where EEAST had funded system improvement through the £2m surplus, an assessment would be undertaken of the impact of these schemes to determine the ongoing potential.
3.1.2	NED-SW enquired whether there was any data to demonstrate how patients experienced process automation. The DDI advised that a trial period over 12 months would be undertaken which would provide an evaluation of the patient experience, impact and outcomes. From an activity perspective there was a clear demonstration of the staff support through the number of calls coming through, but work was being undertaken to assess the patient position.
3.1.3	The TC requested clarity on the approach planned for PTS. He noted that PTS contracts were not entirely in the remit of EEAST to control. The DoSTG reminded the Board that the decision was made not to tender for PTS contracts but to undertake co-design of contracts to ensure they were viable. At the time the North Essex PTS contract was released, the provider was unwilling to co-design. Where contracts had been co-designed these had proven effective, providing a better patient experience and financial viability. He had been in discussions with Essex to provide the opportunity to co-design contracts in future however co-designing these contracts was essential to ensure PTS did not make a loss and funding utilisation was used to maximum effectiveness. The TC emphasised that the Trust was not willing to enter into a contract which made significant losses as this directly impacted frontline resourcing. The Trust would also not enter a contract which compromised the quality of care for patients or welfare of staff.
3.1.4	The COO advised that the Trust currently dispatched more CFRs than any other ambulance service in the UK.
3.1.5	NED-CG suggested consideration was required of the missed opportunities for CFRs which was now being tracked. The contribution to responses was marginal but the opportunity for the CFR to get on scene faster and the missed opportunities in this regard was the major element. The DoSTG confirmed a dashboard had been developed which would enable the tracking of these missed opportunities.
3.1.6	The Public Board resolved to note the update provided.
PUB26/04/3.2	**Integrated Performance Report**
3.2.1	The Integrated Performance Report and Board Assurance Framework were considered together due to the inter connectivities associated.
PUB26/04/4.0	**PEOPLE**
PUB26/04/4.1	**Board Assurance Framework – SR7, SR8 and SR9**
4.1.1	The DoSTG presented on SR7, *Workforce Sustainability: If workforce plans do not support effective recruitment, the Trust may experience skills shortages*

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	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*: • SR8 had a residual score of 12. • There was a heavy focus on the employee experience as part of the people mission activity. A reward and recognition programme was under review alongside trade union colleagues to engage with staff better on how their feedback had informed changes. The commencement of the big conversations further supported this staff engagement. • The vacancy rate was stable at 4.17%, time to hire was 13 weeks/ • The ER case load remained very high, with a target of 142 delivered against 165 current active cases. There was an increase in sexual safety cases. • Informal resolution performance had increased. • Sickness absences reduced to 8.37%. • 407 wellbeing champions had been trained and occupational health referrals improved. • The introduction of leadership offsite meetings had proven helpful in engaging staff without an agenda. • Fix it fast clinics continued to resolve issues at pace. • Whilst there was a lot of good activity underway, there remained scope for improvement. • Appraisal rates had increased to 88.6% from a very low baseline position.
4.1.2	NED-CB advised that in discussions with a staff member, a number of practical changes had been posed to speed up the management of ER cases and appeals. He recommended in person training be implemented which would set the expectation for the management of cases, with a view to reduce the ER caseload. The CP-DoQ confirmed he had been involved in this discussion and it was suggested the day training be provided to every member of staff in a classroom – it was suggested this time investment would outweigh the case cost.
4.1.3	The DoSTG advised that often when undergoing an appeal staff reported that they felt that their actions were standard practice or 'banter'. He cautioned that it was important staff were not treated like children and re-educated for behaviours which had been actively cautioned against in the CEO sexual safety letter and other key communications. There was a balance between laying out the expectation and accepting personal responsibility for non-compliance with this.
4.1.4	The CEO advised that there had been an increase in cases rising from the sexual safety letter as staff confidence in the management of these increased. An assessment was underway of the process to reduce the timelines for cases or identify how they could be managed differently and more effectively.
4.1.5	The TC enquired whether there was assurance on the quality of the appraisal process. He enquired whether there was any assessment or auditing process for appraisals. The DoSTG acknowledged the experience was not as it should be. The movement from paper to an electronic system for appraisals was taking time to embed and was resulting in duplication in areas.

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4.1.6	NED-SW suggested that rather than looking at sickness, suspension etc data in isolation it would be more valuable to look at the overall percentage of staff available at any given point.
4.1.7	The Public Board resolved to note the update provided.
PUB26/04/4.2	**Integrated Performance Report**
4.2.1	The Integrated Performance Report and Board Assurance Framework were considered together due to the inter connectivities associated.
PUB26/02/4.3	**Annual Staff Survey Report and Plan**
4.3.1	The DoSTG presented the staff survey report: • A 61% response rate was received which demonstrated staff wanted to engage and provide feedback. • Of the 100 questions, 6 improved significantly and 24 had declined significantly over the last three years. • Areas of improvement included pay satisfaction, feeling valued and feeling appreciated by colleagues. • Areas of most decline were involvement in change and innovation, development and career progression and feedback from managers. • There was also an improvement in the response rate for bank staff. • Concerns were associated with a lack of appropriate career development etc. • After a period of improvement, staff survey results were now showing a decline. Like much of the NHS there was severe restructuring change which had impacted staff morale. • While results had deteriorated, they continued to show an improvement compared to the 2022 survey. This was an early warning to reset the plan and demonstrate the changes for staff. • The inconsistent delivery of action plans in the past had undermined Trust wide process. • There was a strong focus on directorate and line management accountability for the staff survey, with action plans being delivered at a directorate level with improved oversight and monitoring arrangements. • There had been strong participation from leaders. The focus was now on ensuring visibility as a leadership team and demonstrating that staff can feel this change.
4.3.2	NED-OS extended his thanks for the transparency demonstrated. Overall, the Trust productivity had increased alongside its performance and budget surplus. At the same time, the staff survey results demonstrated a challenging picture of staff morale which he was struggling to triangulate against the improvements delivered. He requested a view on the leading drivers for this. The CP-DoQ recognised there was an element of nervousness from staff on whether what was being proposed would have a positive impact. Potentially staff were waiting to see if there would be further changes. The CEO reflected that the changes delivered were very visible, there had been significant changes made to corporate teams, the transition to two EOCs, engagement on team-based working alongside other areas, not all of which would be received positively. Within these there was an impact on almost everybody within the organisation. Additionally, the engagement of staff was not where it could be, part of the activity with

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	senior leaders was to support them in providing this support and make these changes locally.
4.3.3	The TC advised there was a focus on ensuring the accurate and effective dissemination of messaging to staff. The engagement approach would both gather and respond to staff feedback. He advised that given the number of changes within the organisation the staff survey results were not unexpected but it was important to emphasise that performance was not being improved at the expense of staff satisfaction.
4.3.4	The Public Board resolved to note the update provided.
PUB26/04/4.4	**Freedom to Speak Up Report**
4.4.1	Kym Gillingham, FTSU Guardian (FTSU-KG) presented the report: • 35 concerns were raised, predominantly associated with system and process concerns. • System and process concerns was a broad term covering both operational and central issues – not just the HR function. This could include a lack of confidence or ineffective action in relation to the elements raised internally. • The FTSUG were attending all LOM meetings. • Only one recommendation was provided. The annual report to be received at the next meeting would provide greater detail.
4.4.2	The CP-DoQ noted the FTSUG had now met and spoken with all areas. There were areas of higher concern noted, but he queried whether there were any areas raising an unusually low number of concerns. The FTSUG-KG advised that concerns raised by area varied. If no concerns were raised this triggered a visit from the FTSUG to understand the causes for this and often it was not an outlier.
4.4.3	The DoSTG advised that health and wellbeing referral appointment metric had improved to 10.57 days but mental health referrals was noted in the FTSUG report as 16 weeks for the first counselling appointment. It was confirmed this was associated with one staff member, and not the overall workforce. It was recommended this be reported to People Committee to understand the breakdown of time to appointment for all causes of health and wellbeing referrals. **ACTION: Report to People Committee a breakdown of the time to appointment following referral for all health and wellbeing referrals, broken down by cause. Lead: CPO**
4.4.4	It was confirmed the recommendations for FTSU would be incorporated in the People Mission plan.
4.4.5	The TC enquired whether the FTSU were satisfied FTSU was taken seriously within the organisation and the right support was being provided to facilitate this. The FTSUG-KG confirmed she was assured in this regard. Every concern was responded to within the required timeline with a swift response to support.
4.4.6	The Public Board resolved to note the update provided.
PUB26/04/4.5	**Remuneration Committee Assurance Report**

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4.5.1	NED-CG presented the report: • It was confirmed buddying arrangements had been agreed for the executive and NED. • The very senior manager reward framework had been reviewed to consider the exceptional performance indicators. • These indicators needed to be stretching but measurable. It was recommended the National Oversight Framework be used as the benchmark, which was externally benchmarked, objective and assessed all of patients, staff and finance. • The Trust was currently in NOF4, the lowest rating with the exception of special measures. The target was to move from NOF4 to NOF3.
4.5.2	The Remuneration Committee resolved to note the update provided.
PUB26/04/5.0	**PRODUCTIVITY**
PUB26/04/5.1	**Board Assurance Framework Summary – SR3, SR4, SR5 and SR10**
5.1.1	The Chief Finance Officer, Steven Course (CFO) presented the update: ○ SR3 – *Estates: If estates infrastructure is not adequately maintained, facilities may not support safe, high-quality care*: ○ The residual score was 16. ○ A scoping exercise was being undertaken of the existing hubs to ensure these were being maintained and disposed of appropriately. ○ The ERIC return was being undertaken to assess the maintenance requirements. ○ A new green plan would be launched in 2026/27 – workshops were put in place to support this but there was poor engagement which was affecting the shaping of the plan by staff and partners. ○ The capital programme had delivered on plan for 2025/26 and work was underway to determine the investment opportunities for 2026/27. ○ SR4 - *Finance Use of Resources: If financial sustainability is not achieved, the Trust may be unable to deliver safe and effective services:* ○ The residual score was 12. ○ The Trust was heavily reliant on the management accountant function to develop forecasting earlier in the month. The data was reported to NHSE. ○ The QCIP was being considered for 2026/27. There had been strong delivery in 2025/26. ○ Work associated with payment models and disaggregation of contracts including engagement with the ICB and NHSE would inform the medium term financial model but required longer term development. Consideration was required of the changes to payment models and how this might affect the position. ○ A £4.6m surplus in 2025/26 would be delivered. The original plan was to deliver £0.5m. ○ A key contributor to the cash position was good treasury management. ○ The better payment practice code required the payment of invoices within 30 days for 95% of invoices. The Trust was not yet meeting this standard.
5.1.2	Sian Clark, Director of Digital Innovation presented on SR5 and SR10: • SR5 - *Cyber Security: If a cyber incident occurs, digital systems may be compromised, leading to patient, operational or reputational impact*: ○ The residual score was 12.

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	○ The audit process for the data security protection toolkit was being undertaken. Two areas were not met the previous year, one of these areas the Trust was now achieving. ○ A request had been received to submit bids for funding to support cyber activity. Options were being considered for this bid. ○ There was a cyber incident in the organisation which had been reviewed by the NHSE cyber team who reviewed the approach and commended the speed of response. • SR10 - *Digital: If digital systems are not modernised or integrated, they may not support efficient, high-quality care or future needs*: ○ The residual score was 12. ○ There was a significant amount of work to incorporate digital innovation to support delivery of the strategy and prioritise this against the capacity and funding available. ○ There had been a request to apply for funding for frontline digitisation to support productivity. The bid was required by 17.04.2026.
5.1.3	The Public Board resolved to note the update provided.
PUB26/04/5.2	**Integrated Performance Report**
5.2.1	The Integrated Performance Report and Board Assurance Framework were considered together due to the inter connectivities associated.
PUB26/04/5.3	**NHSE Funding Update**
5.3.1	The CFO presented the report: • The Trust was approached in March 2026 regarding the possibility of accepting £3.5m deficit support funding. • This required the Trust and system to be in financial balance, and a plan to maintain financial balance, all of which EEAST met the criteria for. • The restrictions on the funds did not reference how this would affect the Trusts cumulative deficit. • NHSE had decided to redistribute this deficit support funding from systems which did not deliver the plan into systems which did. • The money was required to demonstrate a surplus position and could not be spent, but would earn interest which could be spent. • There was concern associate with the optics of delivering a surplus, particularly for funding which could not be expended, but there were benefits associated with the cumulative deficit and cash position. • This cash helped to ensure a system balance. • It was confirmed if the funding could be accounted against the cumulative deficit (which was being confirmed), it would fully eradicate the cumulative deficit.
5.3.2	The Public Board resolved to note the update provided.
PUB26/04/5.4	**Audit Committee Assurance Report**
5.4.1	NED-CG presented the assurance report: • There had been no change to audit fees year on year which was noted. • The counter fraud report was received – there remained a number of incidents in which staff were receiving sick pay from EEAST but working for other

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	organisations. Communications were being prepared to emphasise staff responsibilities where they were receiving sick pay.
5.4.2	The Public Board resolved to approve the Audit Committee ToR and agenda plan for 2026-27.
PUB26/04/5.5	**Performance Committee Assurance Report**
5.5.1	NED-CG presented the assurance report: • Improvements were noted in the BAF and the accuracy with which this described the risks and mitigations. • The NHS annual return was reviewed. NED-CG commended all those who had contributed to this activity. • The hear and treat rate was commended and would support the delivery of safe care. • The transformation programme was considered. The Trust ambition was to operate as a navigator of patients through the urgent care system. Work was being undertaken to review and potentially bid on 111 contracts. At the Performance Committee it was recognised this would be a major change for EEAST and would require partnering with other providers to deliver and understand the impacts to deliver effectively. • A commercial review was undertaken of Call EEAST, Train EEAST and the NPAG. There was an increase in revenue and a small increase in profit. A decision was made to review the three services to report back to ELT.
5.5.2	The Public Board resolved to approve the Performance Committee ToR and agenda plan for 2026-27.
PUB26/04/5.6	**Finance and Sustainability Committee Assurance Report**
5.6.1	NED-CB presented the assurance report: • The Trust was struggling to gain traction to embed sustainability within the organisation. • It was essential to continue to challenge and track the benefits expected from investments.
5.6.2	The Public Board resolved to approve the Finance and Sustainability Committee ToR and agenda plan for 2026-27.
PUB26/04/6.0	**CLOSING ADMINISTRATION**
PUB26/04/6.1	**Reflection on the Meeting**
6.1.1	NED-OS provided the reflection on the meeting: • There was a demonstrable improvement in productivity, performance and finance. • However this highlighted a clear and uncomfortable gap between performance and the staff experience, with staff not feeling this support, value and engagement which was a material risk. • There was a willingness from the Board to confront this tension. • The prolonged delays to receive the CQC report remained unsatisfactory, but the Board remained focussed on delivering the improvements required.

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	• NED-OS reflected on the purposeful chairing of the meeting. He extended his thanks and recognition to the TC for the psychological safety provided within the Board.
PUB26/04/6.2	**Any Other Business**
6.2.1	There was no other business and the meeting closed.
PUB26/04/6.3	**Date of Next Meeting: Wednesday 10 June 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 10.06.2026						
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		08.04.2026: A draft of the new IPR launched in May 2026 and would show improvements or significant change more clearly **Proposed for Closure**	C
Business Delegated to Public Board from Committees/Private Board						
4.2.1	*Referred to Trust Board* Audit and Risk Committee, 20.05.2026 **AC26/05/4.2.1** Internal Audit Progress Report (fleet management)	The fleet management partial assurance finding to be escalated to the Board in line with the Board Governance Assurance Framework	CC	10.06.2026	PUB26/06/5.4 **Proposed for Closure**	C
5.2.1	*Referred to Trust Board* Performance Committee, 27.05.2026 **PER26/05/5.2.1** Operational Performance and Transformation Update	Risk to delivery of the EOC Reconfiguration Programme due to insufficient call handler course fill rates, with potential impact on the November 2026 go-live, to be escalated to the Board	CC	10.06.2026	PUB26/06/5.5 **Proposed for Closure**	C
2.1.1	*Referred to Public Board* Private Board, 06.05.2026, PB26/05/2.1.1, Transformation Portfolio Board Update	The Private Board requested an update on EOC staff redeployment and redundancies report to the Public Board.	CPO	09.09.2026	Item not yet due	O
Business Delegated to Committees/Private Board						
4.4.3	*Referred to People Committee* Public Board, 08.04.2026, PUB26/04/4.4.4, FTSU Report	Report to People Committee a breakdown of the time to appointment following referral for all health and wellbeing referrals, broken down by cause.	CPO	22.07.2026	Item not yet due	O
2.1.6	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	Reported on 06.05.2026 **Closed: 06.05.2026**	C
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	Reported to Trust Board on 08.04.2026 **Closed**	C
Actions from Board Development/Service Visits						

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East of England Ambulance Service NHS Trust

Meeting:	Public Board Meeting	**Date:**	10/06/2026
Report Title:	Board Assurance Framework Update Summary Report		
Agenda Item:	PUB26/06/2.1		
Author(s):	Julie Young, interim Company Secretary		
Lead Director:	Dr Hein Scheffer, Director of Strategy, Transformation and Governance		

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	**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:

The Board Assurance Framework (BAF) is reviewed and updated monthly by individual executive directors and collectively at Executive Leadership Team meetings before being submitted to each Board Committee. Each Board Committee reviews the updates against the strategic risks assigned to them and ensures that they are content that the controls and assurances are working effectively.

Purpose:

The report provides the Board with an overview of status of the strategic risks at the end of 2025/26.

Recommendation:

The Board is asked to note:

i. the summary report **(Appendix 1)**
ii. check and challenge if the assurance sources are sufficient, duplicated or absent.
iii. that the new BAF for 2026/27 development is progressing well; **and:**
iv. to support the request for a session at the Board Development Day on 1st July 2026 to focus on the BAF 2026/27

Executive Summary:

At the end of the financial year 2025/26, the BAF shows that performance across key operational and clinical areas has shown measurable improvement through targeted actions, including increased productivity, improved workforce utilisation, and enhanced system working. These improvements demonstrate that existing controls are having a positive impact.

The Board will note that despite this improvement, the overall risk scores may remain unchanged, which, as discussed in Committees, is due to these improvements not yet being sufficient to materially reduce the likelihood or consequence of the risk.

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In addition to Board Committees reviewing the position at end of March 2026, there is further development work taking place with the Executive Leads on the production of the BAF 2026/27.

It is proposed that a session at the July Board Development Day be included that will focus on the BAF 2026/27 to ensure that the whole Board has input before the final version is reviewed by Committees in July 2026.

Introduction / Background:

The BAF remains the central mechanism which enables EEAST's Board to identify, understand evaluate and oversee the principal risks to achieving its strategic objectives. In October 2025, a strengthened governance approach was introduced, and further embedding has taken place to ensure that there is a clear *golden thread* between the BAF, the Integrated Performance Report (IPR) and Executive Leadership Team (ELT) discussions.

Update Summary

The BAF is updated monthly by executive directors and collectively at Executive Leadership Meetings before being discussed at Board Committees. As reported at the April Board Meeting, a structured ten-week review cycle has been implemented as a standing element of the ELT agenda, with deep dives into each strategic risk. The frequency of these deep dives will increase to an eight-week review cycle by 1st July 2026.

At the end of the financial year 2025/26 **(summary at Appendix 1):**

- Most risks originate at high levels (16–25) but are reduced through controls
- Current scores largely stabilise between 9–16
- Target (risk appetite) is generally low (4), except:
    - **Finance (12)** – reflects higher tolerance driven by system constraints
    - **Cyber (9)** – reflecting innovation trade-offs

Performance vs Risk Score

Performance across key operational and clinical areas has shown measurable improvement through targeted actions, including increased productivity, improved workforce utilisation, and enhanced system working. These improvements demonstrate that existing controls and interventions are having a positive impact.

However, as discussed in Committees, despite this performance position, overall risk scores may remain unchanged, due to improvements not yet sufficient to materially reduce the likelihood or consequence of the risk. This reflects several factors:

- Improvements are still being embedded and have not yet demonstrated sustained delivery.
- Variation in performance persists across services and system partners, limiting consistency of impact.
- Key elements of the risk remain influenced by external dependencies, including hospital handover delays and wider system pressures.
- The gap between demand and available capacity has reduced but has not yet been fully closed.
- Known control gaps remain, particularly in data maturity and workforce capacity.

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As a result, while the direction of travel is positive, it is not yet appropriate to reduce the risk rating until improvements are sustained, fully embedded, and demonstrably reduce system-wide risk exposure.

BAF 2026/27

As well as the Board Committees reviewing the position at end of March 2026, development work has continued with the Executive Leads to develop the BAF 2026/27. This 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 of the Trust's 2025–2030 Strategy. The BAF 2026/27 will also:

- Provide a clearer linkage between controls, assurances, and actions through presentation of positive, neutral and negative positions
- use RAG rating for visual impact of status
- front sheet including an at a glance summary of the BAF Strategic Risks, but also clearer explanation of the risk and assurance scoring methodology

The development of the BAF 2026/27 is taking into consideration the position as at the end of 2025/26, to ensure that improvements continue to be fully embedded.

It is proposed that a session at the Board Development Day on 1st July 2026 be held to focus on the BAF 2026/27, ensuring that the whole Board has input before the final version is reviewed by Committees later in July 2026.

Key Issues / Risks:

There are no associated risks.

Options:

None.

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

The Board Assurance Framework is the central mechanism that enables the Board to monitor the key risks to achievement of the Trusts Strategic Objectives.

Summary

- While the direction of travel is positive, it is not yet appropriate to reduce the risk rating until improvements are sustained, fully embedded, and demonstrably reduce system-wide risk exposure.
- A new BAF for 2026/27 is being developed.
- It is proposed that a session at the July Board Development Day will focus on the BAF 2026/07 to ensure that the whole Board has input before the final version is reviewed by Committees in July 2026.

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APPENDIX 1 – Summary of BAF at end 2025/26

Ref	Risk Area	Risk Description (summarised)/*Current Position*	Inherent Score	Current Score	Trend	Risk Appetite
SR1	**Demand & Capacity**	**Failure to match capacity to demand impacting response times** *Current risk remains high compared to the appetite, indicating ongoing pressure on response times.*	20	16	→ Stable	6
SR2	**Quality Governance**	**Failure to meet performance targets leading to harm and poor outcomes** *Current risk is controlled, although remains above appetite*	16	9	→ Stable	4
SR3	**Estates**	**Estate infrastructure not sufficient to deliver safe, high-quality care** *Current risk remains high and static, which reflects ongoing infrastructure challenges*	16	16	→ Static	4
SR4	**Finance**	**Failure to achieve financial sustainability and cost improvements** *Current risk aligns with appetite, indicating effective control, but continued reliance on delivery of savings and funding uncertainty.*	25	12	→ Stable	12
SR5	**Cyber Security**	**Failure to prevent cyber incidents impacting systems and services** *Current risk remains elevated compared to the appetite, reflecting increasing digital reliance.*	20	12	→ Stable	9
SR6	**Partnership Working**	**Ineffective partnership working impacting patient flow and outcomes** *Current risk remains above appetite, reflecting reliance on system partners to deliver patient pathways and performance.*	16	9	→ Stable	4
SR7	**Workforce Sustainability**	**Inadequate workforce planning leading to skills gaps** *Risk shows improvement, with recruitment and modelling improvements contributing to this downward trend.*	20	9	↓ Improving	4
SR8	**Staff Retention**	**Failure to retain staff leading to shortages and quality impact** *Current risk above appetite, indicating ongoing issues with turnover and workforce stability.*	16	12	→ Stable	4
SR9	**Organisational Development**	**Ineffective OD support impacting culture and change** *Current risk above appetite, indicating limited progress, but trend stable.*	16	12	→ Stable	4
SR10	**Digital**	**Failure to modernise digital systems affecting efficiency and innovation** *Current risk remains high against appetite, reflecting challenges in modernisation and integration of systems.*	20	12	→ Stable	4

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Meeting:	Trust Board	**Date:**	10/06/2026
Report Title:	Integrated Performance Report		
Agenda Item:	PUB26/06/2.2		
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 report is to provide the Board with a clear, mission-aligned assessment of Trust performance, offering assurance on progress and visibility of emerging risks using robust statistical analysis.

Recommendation:

- To note areas demonstrating positive assurance against the Strategic Missions.
- To discuss areas of special cause deterioration or persistent under-performance.
- To discuss whether mitigating actions are effective and that risks to delivery of the Strategic Missions are being appropriately managed.
- To note additional indicators in the appendix for contextual understanding, without detracting from the strategic focus.

Executive Summary:

The Integrated Performance Report (IPR) presents **April 2026** performance across the Trust, structured explicitly around the four Strategic Missions Patient, Partnership, People and Productivity. The reported metrics have been agreed with Executive Directors to ensure alignment between operational delivery and each Mission's strategic intent.

The report aims to provide the Board with:

- Assurance regarding areas where performance is demonstrating sustained or improving delivery against the Strategic Missions.
- Early visibility of risk where performance is deteriorating or showing sustained variation outside expected limits.
- A clear differentiation between normal variation and special-cause change through the application of Statistical Process Control (SPC).

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Additional IPR indicators are included within the appendix for information only, ensuring the Board's discussion remains focused on the strategically material metrics. Alongside the Strategic metrics any metrics that also are included in the NHSE National Oversight Framework are also included within the IPR for review.

SPC Assurance Introduction

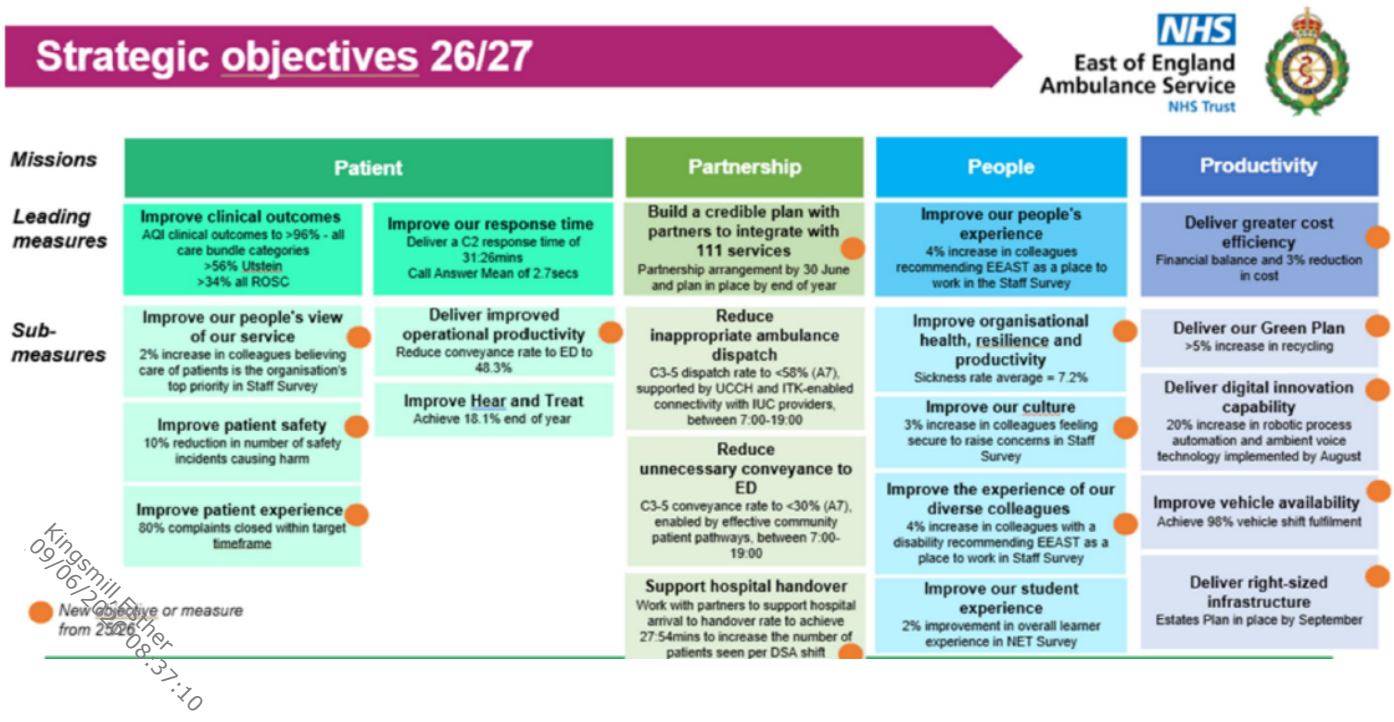
The separation of Strategic Mission level metrics from operational appendices ensures the Board is receiving a clear and coherent view of organisational performance. Consistent reporting across all Strategic Missions gives assurance that performance monitoring is methodologically robust and applied evenly across the Trust. Across all four Strategic Missions, SPC analysis has identified both areas of positive assurance and areas where further scrutiny or mitigation may be required. The key themes are:

1. *Areas of Assurance*
   - Metrics demonstrating special cause improvement provide confidence that targeted actions and strategic priorities are having the desired impact.

2. *Areas of Emerging or Sustained Risk*
   - Metrics showing special cause deterioration indicate performance changes that fall outside normal variation and therefore require continued oversight and robust mitigation plans.
   - Where common cause variation remains persistently below target, assurance is weaker, and there may be risks to delivery of the Strategic Missions if underlying issues are not addressed.
   - Areas without clear improvement trajectories or where mitigations have yet to stabilise performance signal an assurance gap for the Board.

Further detail on these areas is included in the main report and accompanying narrative.

Strategic Objectives Summary



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Strategic Metrics Summary April 2026/27

Strategic Indicator Metrics 2026/27

Strategy Section	Metric	Date	Value	Target	Assurance	Variation
Patient	Stemi Care Bundle	Jan 2026	95.4%	95%		
Patient	ROSC Care Bundle	Feb 2026	100%	95%		
Patient	ROSC - Utstein	Mar 2026	52.8%	55%		
Patient	ROSC - All	Mar 2026	30.9%	33%		
Patient	Falls in Older People - Discharged At Scene Care Bundle	Mar 2026	94.6%	95%		
Patient	Care of patients / service users is my organisations top priority	Apr 2026	51.1%	55.5%		
Patient	Declared Patient Safety events investigated under PSIRF	Apr 2026	2	4		
Patient	% of Complaints Closed in Compliant Timeframe	Apr 2026	57%	80%		
Patient	C2 Mean Response Time	Apr 2026	00:27:21	00:18:00		
Patient	Call Answer Mean (A3) (seconds)	Apr 2026	0.55	2.7		
Patient	See, Treat & Convey to ED %	Apr 2026	46.6%	48.3%		
Patient	Hear & Treat % (including A2S and PCT)	Apr 2026	16.52%	18.1%		
Partnership	C3-C5 Dispatch (Attendance) Rate % (% of A7) (7am - 8pm)	Apr 2026	59.3%	58%		
Partnership	C3-C5 Conveyance Rate % (% of A7) (7am - 8pm)	Apr 2026	29.73%	30%		
Partnership	Average Arrival to Handover Time	Apr 2026	00:29:58	00:15:00		
Partnership	Average Number of Patients seen per DSA Shift	Apr 2026	3.53			
People	I would recommend my organisation as a place to work	Apr 2026	34%	46.34%		
People	Sickness Absence Rate %	Apr 2026	7.14%	7.2%		
People	Colleagues feeling secure to raise concerns	Oct 2025	49.3%	61%		
People	Colleagues with a disability recommending EEAST as a place to work	Oct 2025	32.5%	32.5%		
Productivity	Recycling Rate %	Apr 2026	25%	40%		
Productivity	Number of 999 CAD Patients Managed by Robotic Process Automation	Apr 2026	172	122		

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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Integrated Performance Report

May 2026 (April 2026 data)

#WeAre EEAST

Strategic objectives 26/27

NHS East of England Ambulance Service NHS Trust

Missions	Patient		Partnership	People	Productivity
Leading measures	**Improve clinical outcomes** AQI clinical outcomes to >96% - all care bundle categories >56% Utstein >34% all ROSC	**Improve our response time** Deliver a C2 response time of 31:26mins Call Answer Mean of 2.7secs	**Build a credible plan with partners to integrate with 111 services** Partnership arrangement by 30 June and plan in place by end of year	**Improve our people's experience** 4% increase in colleagues recommending EEAST as a place to work in the Staff Survey	**Deliver greater cost efficiency** Financial balance and 3% reduction in cost
Sub-measures	**Improve our people's view of our service** 2% increase in colleagues believing care of patients is the organisation's top priority in Staff Survey	**Deliver improved operational productivity** Reduce conveyance rate to ED to 48.3%	**Reduce inappropriate ambulance dispatch** C3-5 dispatch rate to <58% (A7), supported by UCCH and ITK-enabled connectivity with IUC providers, between 7:00-19:00	**Improve organisational health, resilience and productivity** Sickness rate average = 7.2%	**Deliver our Green Plan** >5% increase in recycling
	Improve patient safety 10% reduction in number of safety incidents causing harm	**Improve Hear and Treat** Achieve 18.1% end of year	**Reduce unnecessary conveyance to ED** C3-5 conveyance rate to <30% (A7), enabled by effective community patient pathways, between 7:00-19:00	**Improve our culture** 3% increase in colleagues feeling secure to raise concerns in Staff Survey	**Deliver digital innovation capability** 20% increase in robotic process automation and ambient voice technology implemented by August
	Improve patient experience 80% complaints closed within target timeframe		**Support hospital handover** Work with partners to support hospital arrival to handover rate to achieve 27:54mins to increase the number of patients seen per DSA shift	**Improve the experience of our diverse colleagues** 4% increase in colleagues with a disability recommending EEAST as a place to work in Staff Survey	**Improve vehicle availability** Achieve 98% vehicle shift fulfilment
				Improve our student experience 2% improvement in overall learner experience in NET Survey	**Deliver right-sized infrastructure** Estates Plan in place by September

New objective or measure from 25/26

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Strategic Indicator Metrics 2026/27

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Strategy Section	Metric	Date	Value	Target	Assurance	Variation
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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)

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Data up to:

April 2026

Variance	Assurance: Consistently hit target	Assurance: Inconsistently achieve or fail target	Assurance: Consistently fail target	Assurance: No target given
Special Cause - Improvement	★	• C3-C5 Conveyance Rate % (% of A7) (7am - 8pm) ★ • Call Answer Mean (A3) (seconds) • See, Treat & Convey to ED %	• C3-C5 Dispatch (Attendance) Rate % (% of A7) (7am - 8pm) ★ • Hear & Treat % (including A2S and PCT)	★
Common Cause	★	• % change in energy use compared to the same month in the previous year • Declared Patient Safety events investigated under PSIRF • I would recommend my organisation as a place to work • Number of 999 CAD Patients Managed by Robotic Process Automation • OOS as a % of Vehicle Hours • ROSC - All • ROSC - Utstein • ROSC Care Bundle • Sickness Absence Rate % • Stemi Care Bundle • Vehicle off Road % – All Emergency Operational Vehicles	• Average Arrival to Handover Time • C2 Mean Response Time • Recycling Rate %	
Special Cause - Concern		• % of Complaints Closed in Compliant Timeframe • Care of patients / service users is my organisations top priority		• Average Number of Patients seen per DSA Shift

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Please note that Efficiency Savings Full Year Plan (due to not being an SPC chart), the Falls In Older People - Discharged at Scene Care Bundle, Colleagues feeling secure to raise concerns and Colleagues with a disability recommending EEAST as a place to work (due to not having enough data points) are not included on this page.

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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Patients - Performance

Director: Darren Meads

April 2026

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Patients - Performance

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:
April 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)	• Daily Average Patient Facing Staff Hours (excludes PAS) ★	• C3-C5 Conveyance Rate % (% of A7) (7am - 8pm) ★ • C3-C5 Conveyance Rate % (% of A7) (8pm - 7am) • Call Answer Mean (A3) (seconds) • Call Pickup 95th Percentile (A5) • See, Treat & Convey % • See, Treat & Convey to ED %	• C3-C5 Dispatch (Attendance) Rate % (% of A7) (7am - 8pm) ★ • C3-C5 Dispatch (Attendance) Rate % (% of A7) (8pm - 7am) • C4 90th PCTL Response Time • Hear & Treat % (including A2S and PCT)	• C4 Incidents ★ • C4 Mean Response Time • Calls diverted in automatically (A124) • Calls diverted out automatically (A125)
Common Cause	• Average Handover to Clear Time ★ • Average On Scene Time - Not Conveyed • See & Treat %	• C1 90th PCTL Response Time • OOS as a % of Vehicle Hours • Vehicle off Road % – All Emergency Operational Vehicles	• Average Arrival to Handover Time • Average Arrival to Handover Time - % Over 15 mins • Average On Scene Time - Conveyed • C1 Mean Response Time • C2 90th PCTL Response Time • C2 Mean Response Time • C3 90th PCTL Response Time • C3 Mean Response Time	• C1 Incidents • C2 Incidents • C3 Incidents • Daily Average Calls (A1) • Daily Average Contacts (A0) • Incidents (A7) • Multiple Assignment Ratio
Special Cause - Concern (L / H)				• Average Number of Patients seen per DSA Shift

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Patients - Performance

Summary

Data up to: April 2026

Data Owner / Responsible Exec
Darren Meads

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Calls & Incidents

Metric	Month	Value	Mean	Assurance	Variation
Daily Average Contacts (A0)	Apr 26	3879	4063.46		
Daily Average Calls (A1)	Apr 26	2855	2980.67		
Call Answer Mean (A3) (seconds)	Apr 26	0.55	1.8		
C1 Incidents	Apr 26	7761	8268.29		
C2 Incidents	Apr 26	43329	42383.33		
C3 Incidents	Apr 26	17003	16207.04		
C4 Incidents	Apr 26	372	455.38		
Incidents (A7)	Apr 26	83662	81678.59		
Hear & Treat % (including A2S and PCT)	Apr 26	16.52%	16.2%		
See & Treat %	Apr 26	33.93%	34.24%		
See, Treat & Convey to ED %	Apr 26	46.6%	47.45%		
See, Treat & Convey %	Apr 26	49.55%	50.42%		
C3-C5 Dispatch (Attendance) Rate % (% of A7) (7am - 8pm)	Apr 26	59.3%	64.46%		
C3-C5 Conveyance Rate % (% of A7) (7am - 8pm)	Apr 26	29.73%	33.26%		
Daily Average Patient Facing Staff Hours (excludes PAS)	Apr 26	13028.2	12595.74		
Average Number of Patients seen per DSA Shift	Apr 26	3.53	3.61		
Vehicle off Road % – All Emergency Operational Vehicles	Apr 26	16.11%	18.41%		
Call Pickup 95th Percentile (A5)	Apr 26	0	5.71		
Calls diverted in automatically (A124)	Apr 26	84	310.14		
Calls diverted out automatically (A125)	Apr 26	10	53.57		
Average On Scene Time - Conveyed	Apr 26	00:44:45	00:45:35		
Average On Scene Time - Not Conveyed	Apr 26	01:07:10	01:07:37		
OOS as a % of Vehicle Hours	Apr 26	4.91%	6%		
Multiple Assignment Ratio	Apr 26	1.04	1.03		

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Arrival to Handover & Handover to Clear

Metric	Month	Value	Mean	Assurance	Variation
Average Arrival to Handover Time	Apr 26	00:29:58	00:35:39		
Average Arrival to Handover Time - % Over 15 mins	Apr 26	67.33%	70.89%		
Average Handover to Clear Time	Apr 26	00:12:33	00:12:10		

C1

Metric	Month	Value	Mean	Assurance	Variation	YTD
C1 Incidents	Apr 26	7761	8268.29			
C1 Mean Response Time	Apr 26	00:08:04	00:08:37			00:08:04
C1 90th PCTL Response Time	Apr 26	00:15:17	00:16:07			00:15:17

C2

Metric	Month	Value	Mean	Assurance	Variation	YTD
C2 Incidents	Apr 26	43329	42383.33			
C2 Mean Response Time	Apr 26	00:27:21	00:34:59			00:27:21
C2 90th PCTL Response Time	Apr 26	00:55:38	01:13:20			00:55:38

C3

Metric	Month	Value	Mean	Assurance	Variation	YTD
C3 Incidents	Apr 26	17003	16207.04			
C3 Mean Response Time	Apr 26	01:17:36	01:54:20			01:17:36
C3 90th PCTL Response Time	Apr 26	03:03:51	04:29:54			03:03:51

C4

Metric	Month	Value	Mean	Assurance	Variation	YTD
C4 Incidents	Apr 26	372	455.38			
C4 Mean Response Time	Apr 26	01:39:01	02:40:41			01:39:01
C4 90th PCTL Response Time	Apr 26	03:57:43	06:35:05			03:57:18

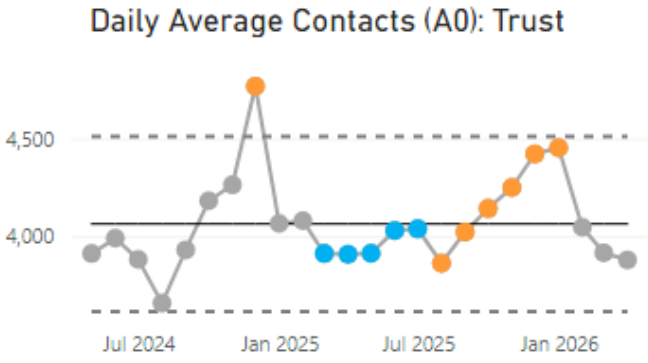
Patients - Performance

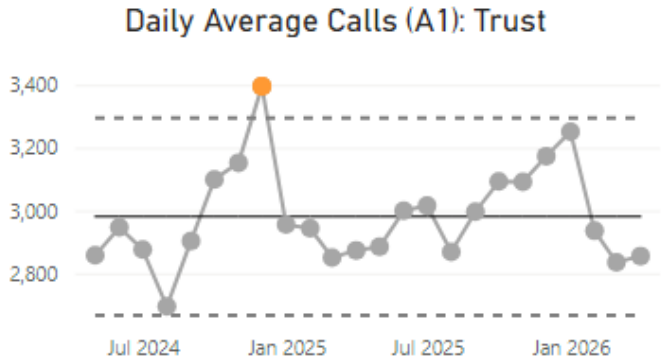
Call Volume

Data up to: April 2026

Data Owner / Responsible Exec
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Metric	Month	Value	Mean	Assurance	Variation
Daily Average Calls (A1)	Apr 26	2855	2980.67		
Daily Average Contacts (A0)	Apr 26	3879	4063.46		

Intelligence Narrative	Operations Narrative
Daily Average Contacts (A0) metric shows common cause variation Daily Average Calls (A1) metric shows common cause variation Kingsmill Esther 09/06/2026 08:37:10	Overall call demand reduced slightly in April. The average daily contact volume was 3,879 including an average of 2,855 emergency (999) calls per day. Over the month, the EOC handled 116,388 emergency contacts, of which 85,652 were BT connected public 999 calls In terms of overall call volumes, EEAST remains consistently among the five busiest Ambulance Services nationally.

Patients - Performance

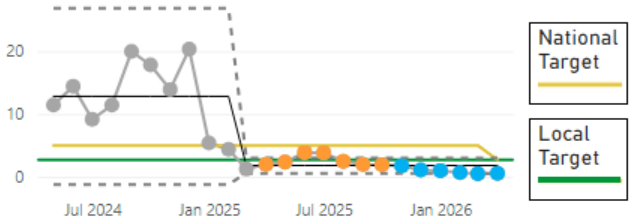
Call Pickup

Data up to: April 2026

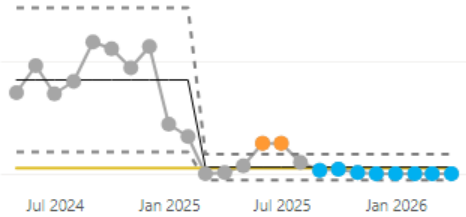
Data Owner / Responsible Exec
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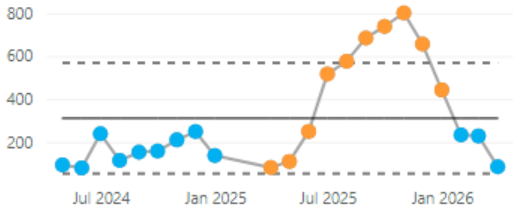
Call Answer Mean (A3) (seconds): **Strategy Metric**



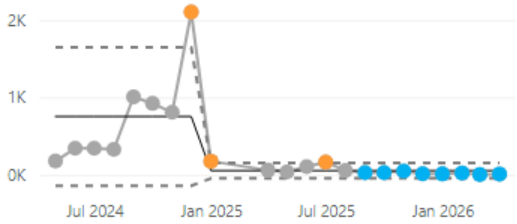
Call Pickup 95th Percentile (A5): Trust



Calls diverted in automatically (A124): Trust



Calls diverted out automatically (A125): Trust



Metric	Month	Value	Mean	Assurance	Variation
Call Answer Mean (A3) (seconds)	Apr 26	0.55	1.8		
Call Pickup 95th Percentile (A5)	Apr 26	0	5.71		
Calls diverted in automatically (A124)	Apr 26	84	310.14		
Calls diverted out automatically (A125)	Apr 26	10	53.57		

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 may hit it or miss target

Calls diverted in automatically (A124) metric shows special cause variation of an improving nature

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

Operations Narrative

Call answering performance continued to deliver both national and local standards. The average call answer time was 1 second, with a 95th percentile of 0 seconds, consistent with the previous month and demonstrating rapid call handling, including during periods of peak demand.

IRP activity saw 10 calls diverted to other Ambulance Services, while EEAST supported system pressures by receiving 84 diverted calls into our EOC.

In terms of call answering performance, EEAST continues to rank within the top five Ambulance Services nationally.

Kingsmill Esther
09/06/2026 08:37:10

Patients - Performance

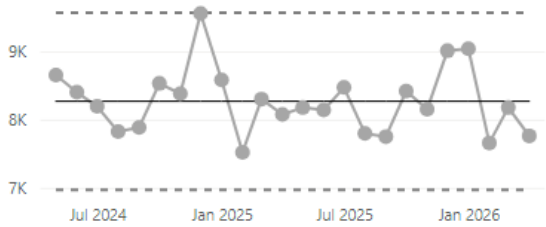
Incidents and Response Type

Data up to: April 2026

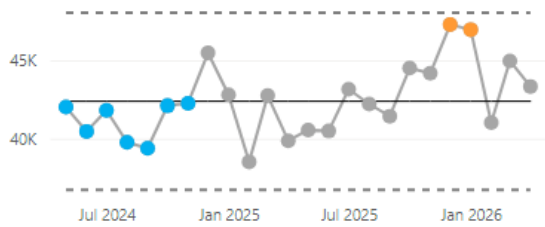
Data Owner / Responsible Exec
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C1 Incidents: Trust

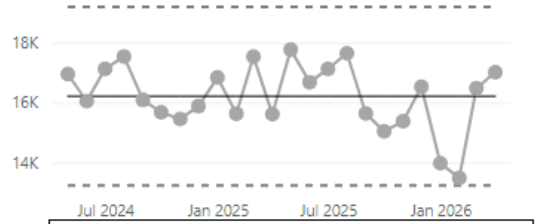


C2 Incidents: Trust

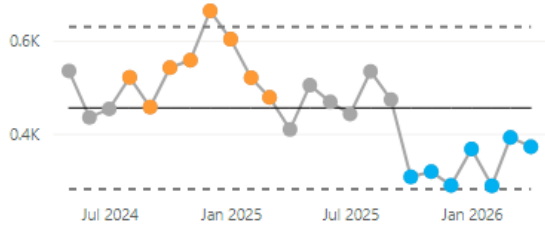


Metric	Month	Value	Mean	Assurance	Variation
C1 Incidents	Apr 26	7761	8268.29		
C2 Incidents	Apr 26	43329	42383.33		
C3 Incidents	Apr 26	17003	16207.04		
C4 Incidents	Apr 26	372	455.38		
Incidents (A7)	Apr 26	83662	81678.59		

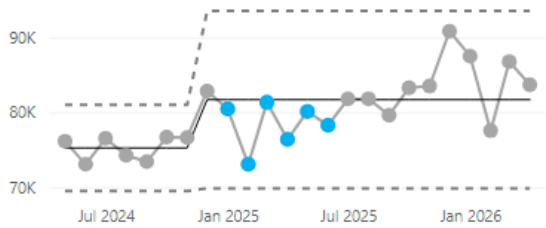
C3 Incidents: Trust



C4 Incidents: Trust



Incidents (A7): Trust



April 2026 Split

C1	11.34%
C2	63.29%
C3	24.83%
C4	0.54%

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

Intelligence Narrative	Operations Narrative
C1 Incidents metric shows common cause variation C2 Incidents metric shows common cause variation C3 Incidents metric shows common cause variation C4 Incidents metric shows special cause variation of an improving nature Incidents (A7) metric shows common cause variation	EEAST managed 83,662 A7 incidents in April 2026 a reduction of 3,101 compared to the previous month. The overall category mix remained consistent with previous months. C2 incidents continued to account for most of the activity at 63.29%, showing a slight reduction on the previous month while C3 incidents increased to 24.83%, while C1 incidents saw a slight decrease to 11.34%. C4 incidents remained low at 0.54% of total demand.

Kingsmill Esther
09/06/2026 08:37:10

Patients - Performance

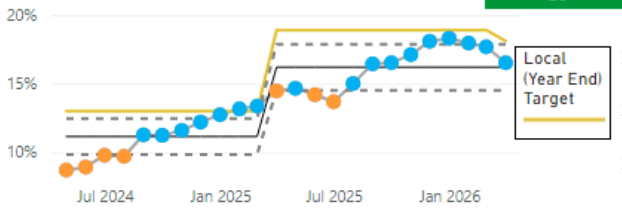
Hear & Treat, See & Treat and See, Treat & Convey

Data up to: April 2026

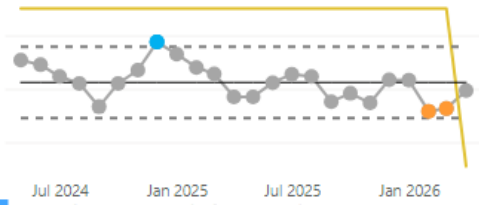
Data Owner / Responsible Exec
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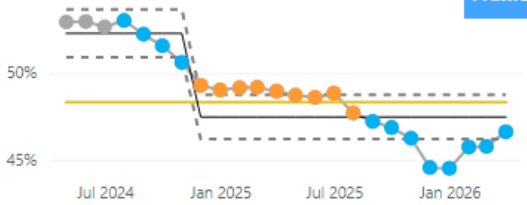
Hear & Treat % (Including A2S & PCT) **Strategy Metric**



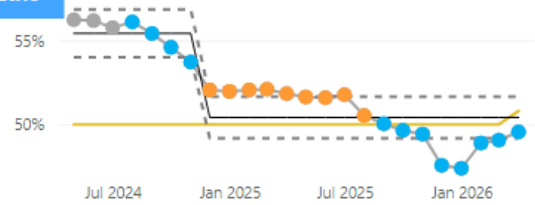
See & Treat %: Trust



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



See, Treat & Convey %: Trust



Metric	Month	Value	Mean	Assurance	Variation
Hear & Treat % (including A2S and PCT)	Apr 26	16.52%	16.2%		
See & Treat %	Apr 26	33.93%	34.24%		
See, Treat & Convey to ED %	Apr 26	46.6%	47.45%		
See, Treat & Convey %	Apr 26	49.55%	50.42%		

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 hit its target See, Treat & Convey to ED % metric shows special cause variation of an improving nature, but the metric may hit it or miss target See, Treat & Convey % metric shows special cause variation of an improving nature, but the metric may hit it or miss target	Across April 13,823 calls reached a Hear and Treat (H&T) disposition which is 16.52% of total activity. This is through CAS and UCCH management of calls and delivered the April target. It should be noted there is currently a national seasonal trend against reduced system pressure and fewer calls being suitable for telephone based clinical assessment. With fewer incidents waiting in the queue, there will be limited opportunities for secondary triage. As a result, we are seeing lower H&T figures which reflects those changes in demand and pressure.

Kingsmill Esther
09/06/2026 08:37:10

Patients - Performance

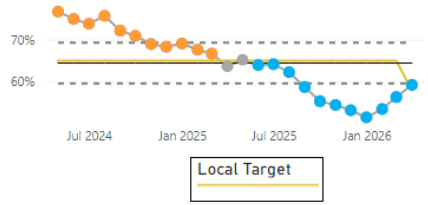
C3-C5 Dispatch and Conveyance Rates

Data up to: April 2026

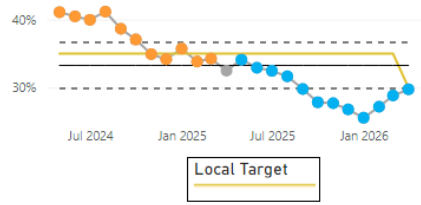
Data Owner / Responsible Exec
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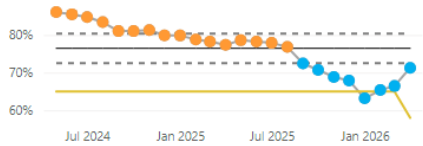
C3-C5 Dispatch (Attendance) Rate % (% of A7) (7am - 8pm) **Strategy Metric**



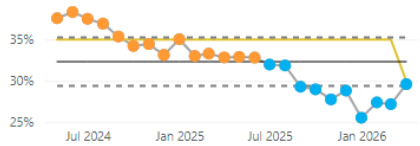
C3-C5 Conveyance Rate % (% of A7) (7am - 8pm) **Strategy Metric**



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



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



Metric	Month	Value	Mean	Assurance	Variation
C3-C5 Dispatch (Attendance) Rate % (% of A7) (7am - 8pm)	Apr 26	59.3%	64.46%		
C3-C5 Conveyance Rate % (% of A7) (7am - 8pm)	Apr 26	29.73%	33.26%		
C3-C5 Dispatch (Attendance) Rate % (% of A7) (8pm - 7am)	Apr 26	71.28%	76.45%		
C3-C5 Conveyance Rate % (% of A7) (8pm - 7am)	Apr 26	29.59%	32.31%		

Intelligence Narrative	Operations Narrative
C3-C5 Dispatch (Attendance) Rate % (% of A7) (7am - 8pm) metric shows special cause variation of an improving nature but the metric will consistently miss its target C3-C5 Conveyance Rate % (% of A7) (7am - 8pm) 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) (8pm - 7am) metric shows special cause variation of an improving nature but the metric will consistently miss its target C3-C5 Conveyance Rate % (% of A7) (8pm - 7am) 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 as well as opportunities where an increase in pathway utilisation is required. Against a target of 65% dispatch between 08:00–19:00, performance was 56.08%, improving on the previous month but remains under target. Performance between 19:00–20:00 was 71.28% which is also an improvement on the previous month. Conveyance rates remained consistent with the previous months across the 24-hour period, with C3–C5 conveyance at 29.73% in hours and 29.59% out of hours. EEAST will continue with work to focus on increasing the safe redirection of appropriate cases into alternative care pathways. Strengthened partnership working and more effective use of ITK transfers will reduce lower-acuity daytime dispatch, enabling CAS clinicians to prioritise higher-risk cases, improve Category 2 segmentation, and maintain capacity for the those with critical conditions.

Kingsmill Esther
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Patients - Performance

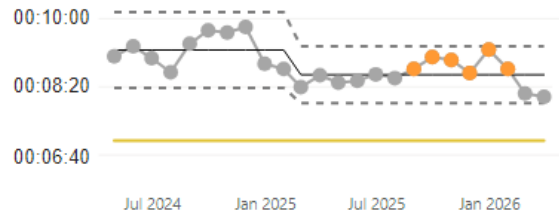
C1 / C2 Monthly Response Times

Data up to: April 2026

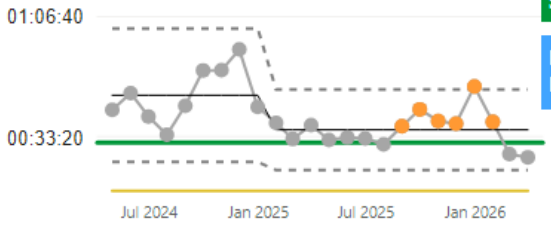
Data Owner / Responsible Exec
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C1 Mean Response Time: Trust



C2 Mean Response Time: Trust



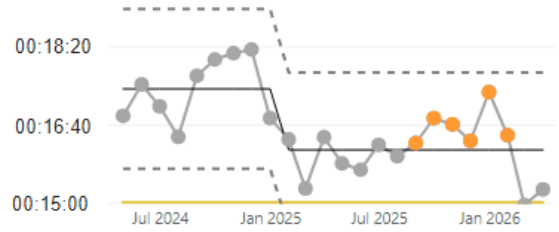
Strategy Metric

NHS Oversight Framework Metric

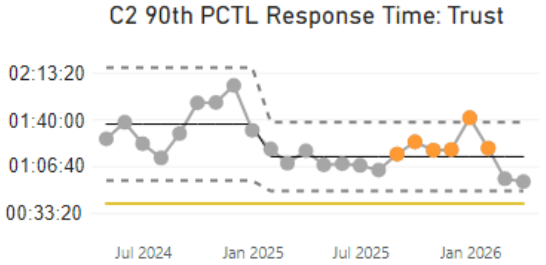
National Target

Local Target

C1 90th PCTL Response Time: Trust



C2 90th PCTL Response Time: Trust



Metric	Month	Value	Mean	Assurance	Variation
C1 Mean Response Time	Apr 26	00:08:04	00:08:37		
C2 Mean Response Time	Apr 26	00:27:21	00:34:59		
C1 90th PCTL Response Time	Apr 26	00:15:17	00:16:07		
C2 90th PCTL Response Time	Apr 26	00:55:38	01:13:20		

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 may hit it or miss 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 April 2026.

C1 Performance: The average C1 response time improved to 00:08:04, a 5 second improvement compared with March.
C2 Performance: The average C2 response time improved to 00:27:21 delivering an improvement of almost 1 minute compared with March.

Actions underway: Operational productivity continues to be monitored through check-and-challenge forums and Power BI dashboards to maximise efficiences, with targeted action on sickness absence supported by HR. Focus remains on maintaining Hear & Treat performance against plan and delivering the Vehicle Off Road reduction plan to maximise fleet availability.

Assurance: Operational response performance remains a priority for both the Clinical Operations Transformation Change Board and the Trust Portfolio Board. EEAST continues to work with ICB partners and NHS England to mitigate the impact of hospital handover delays on frontline delivery.

Kingsmill Esther
09/06/2026 08:37:10

Patients - Performance

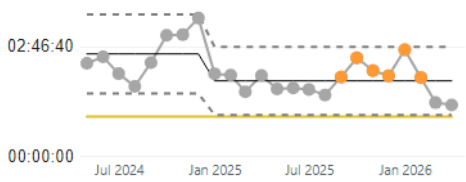
C3 / C4 Monthly Response Times

Data up to: April 2026

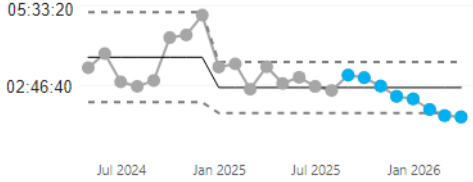
Data Owner / Responsible Exec
Darren Meads

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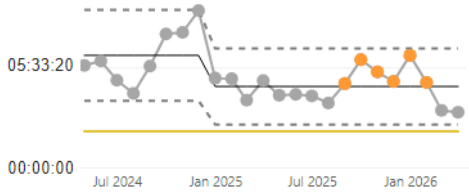
C3 Mean Response Time: Trust



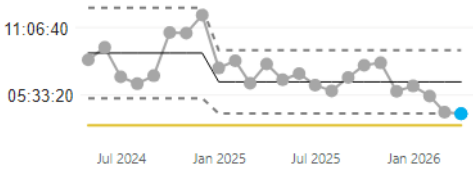
C4 Mean Response Time: Trust



C3 90th PCTL Response Time: Trust



C4 90th PCTL Response Time: Trust



Metric	Month	Value	Mean	Assurance	Variation
C3 Mean Response Time	Apr 26	01:17:36	01:54:20		
C4 Mean Response Time	Apr 26	01:39:01	02:40:41		
C3 90th PCTL Response Time	Apr 26	03:03:51	04:29:54		
C4 90th PCTL Response Time	Apr 26	03:57:43	06:35:05		

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 special cause variation of an improving nature but the metric will consistently miss its target

Operations Narrative

Performance for both Category 3 (C3) and Category 4 (C4) incidents continued to improve in April. C3 response times reduced by over 3.5 minutes, while C4 response times reduced by nearly 3 minutes.

Actions underway: Operational productivity continues to be monitored through check-and-challenge forums and Power BI dashboards to maximise efficiencies, with targeted action on sickness absence supported by HR. Focus remains on maintaining Hear & Treat performance against plan and delivering the Vehicle Off Road reduction plan to maximise fleet availability.

Assurance: Operational response performance remains a priority for both the Clinical Operations Transformation Change Board and the Trust Portfolio Board. EEAST continues to work with ICB partners and NHS England to mitigate the impact of hospital handover delays on frontline delivery.

Kingsmill Esther
09/06/2026 08:37:10

Patients - Performance

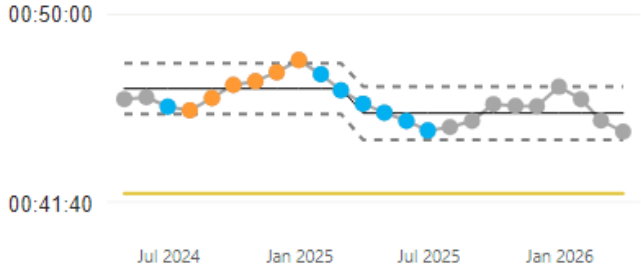
On Scene Times - Conveyed and Not Conveyed

Data up to: April 2026

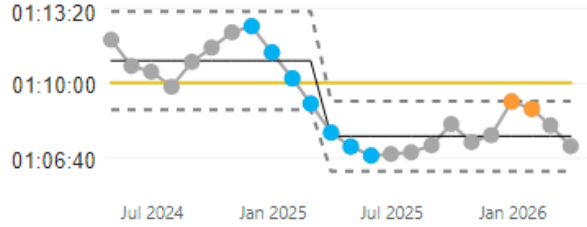
Data Owner / Responsible Exec
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Average On Scene Time - Conveyed: Trust



Average On Scene Time - Not Conveyed: Trust



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	Apr 26	00:44:45	00:45:35		
Average On Scene Time - Not Conveyed	Apr 26	01:07:10	01:07:37		

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 common cause variation and the metric will consistently hit its target

Operations Narrative

For conveyed patients, the average on scene time was consistent with previous months but above target at 00:44:45. For non conveyed patients, the average on scene time was 01:08:06, which continues to remain within target.

Performance against this metric was in line with expected operational practice, with crews spending more time on scene to properly assess patients and make use of appropriate alternative care pathways. As a result, the Trust's overall conveyance rate stayed below the 62% target at 59.36%.

Actions: Work against agreed KPIs and minimum datasets for referrals and hub call answering continues. Improvement activity within Call Before You Convey remains focused on reducing call-back times, with a five-minute target in place and clear direction for crews to leave scene after 20 minutes where no response is received. Operational areas can also identify staff who have the best and OST-NC times to target more specific development opportunities.

Assurance: On-scene time performance continues to be a key priority and is subject to regular oversight through local performance cells, the Trust Performance Board, and the Change Portfolio Board.

Kingsmill Esther
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Patients - Performance

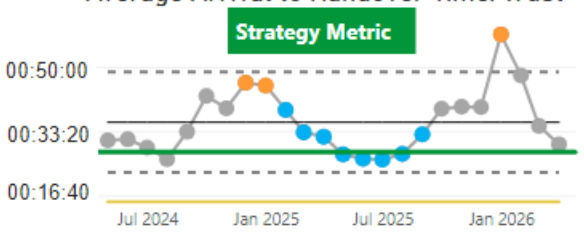
Handover

Data up to: April 2026

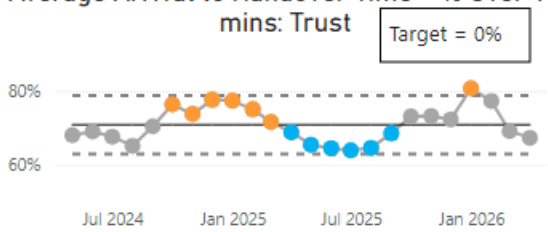
Data Owner / Responsible Exec
Darren Meads

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information@eastamb.nhs.uk

Average Arrival to Handover Time: Trust

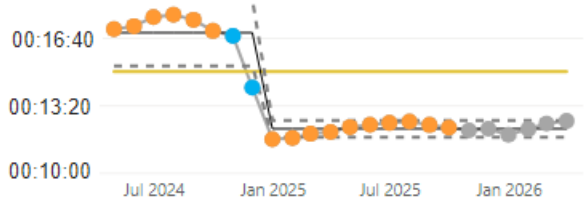


Average Arrival to Handover Time - % Over 15 mins: Trust



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	Apr 26	00:29:58	00:35:39		
Average Arrival to Handover Time - % Over 15 mins	Apr 26	67.33%	70.89%		
Average Handover to Clear Time	Apr 26	00:12:33	00:12:10		

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 common cause variation 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 fell slightly this month at 00:29:58 as did the % of handovers exceeding 15 minutes which was 67.33%. Handover to Clear performance remains within the 15-minute target at 00:12:10.

Actions: EEAST continues to work closely with regional teams to meet NHSE expectations, including reducing average handover times. We are waiting for the expected agreed trajectories from the acute sites. 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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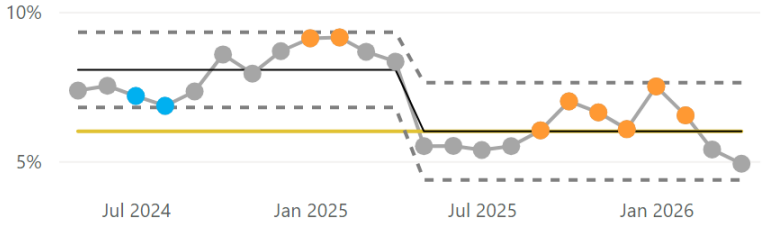
Patients - Performance

PFSH (Excluding PAS) and OOS

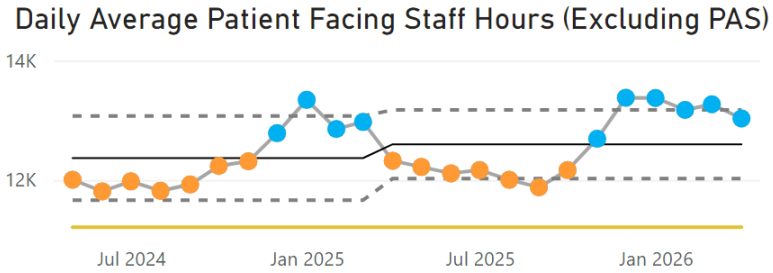
Data up to: April 2026

Data Owner / Responsible Exec
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Local Target



PFSH Minimum Floor Standard

Metric	Month	Value	Mean	Assurance	Variation
OOS as a % of Vehicle Hours	Apr 26	4.91%	6%		
Daily Average Patient Facing Staff Hours (excludes PAS)	Apr 26	13028.2	12595.74		

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 continued to meet the targets set out in the NHSE plan. Across the winter period additional PAS resources and overtime has been 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 including and excluding cohorting metrics. This dual 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 to 4.91% which achieves the 6% target. When cohorting is excluded, OOS reduces further to 4.14%.

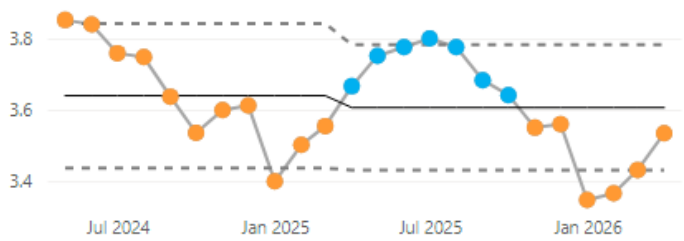
Patients - Performance
Average Number of Patients seen per DSA Shift & Multiple Assignment Ratio

Data up to: April 2026

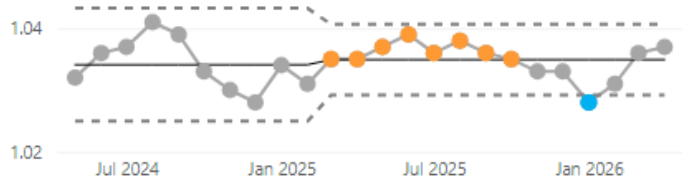
Data Owner / Responsible Exec
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Average Number of Patients seen per DSA Shift **Strategy Metric**



Multiple Assignment Ratio: Trust



Metric	Month	Value	Mean	Assurance	Variation
Average Number of Patients seen per DSA Shift	Apr 26	3.53	3.61		
Multiple Assignment Ratio	Apr 26	1.04	1.03		

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

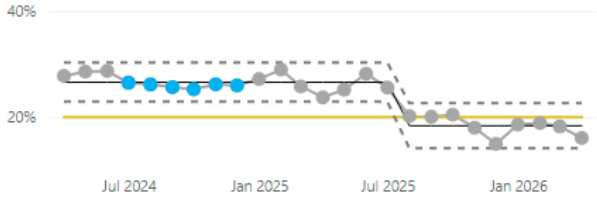
Intelligence Narrative	Sustainability Narrative
Average Number of Patients seen per DSA Shift metric shows special cause variation of a concerning nature Multiple Assignment Ratio metric shows common cause variation	Patients per shift (PPS) has remained steady over the past 12 months and is similar to the previous month's position. There's a clear seasonal trend, with PPS typically dipping over the winter period before improving again through the summer. This is largely due to increased pressure across the system in colder months, such as longer times on scene and delays at hospital handovers, which tend to impact PPS during periods of higher demand. Multiple Assignment Ratio (MAR) remains within target at 1.04 meaning that most incidents were attended by a single response. This helps to ensure resources are available to attend new incidents.

Kingsmill Exhibit 09/06/2026 Page 19

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Local Target

Vehicle Off Road % – All Emergency Operational Vehicles



Metric	Month	Value	Mean	Assurance	Variation
Vehicle off Road % – All Emergency Operational Vehicles	Apr 26	16.11%	18.41%		

Vehicle Shift Fulfilment % - Metric currently under discussion

Strategy Metric

Intelligence Narrative	Operational Narrative
Vehicle off Road % – All Emergency Operational Vehicles metric shows common cause variation and the metric may hit it or miss target	Overall average for Vehicle Off Road (VOR) performance has seen a continued downward trend with this month being 16.11% the DSA VOR has further improved to 16.67%. these improvements are a result of the progress being manage in ensuring a steady state supply of new vehicles. Enabling the rate of swapping out of the FIAT DSA to further increase. Responsibility for long term VOR has been reallocated back to the local workshop manager. they have the detail of the defects and now liaise with external suppliers when vehicles are taken externally for warranty or specialist repairs. Operations Support Logistics Desk is now embedded with new manager, and co-ordinators in place. further work under way to ensure the teams processes are aligned with delivery of service to workshops and depots.

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People

Director: Marika Stephenson

April 2026

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09/06/2026 08:37:10

People

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:
April 2026

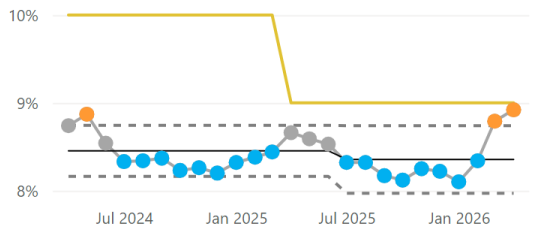
Variance	Assurance: Consistently hit target (P)	Assurance: Inconsistently achieve or fail target (?)	Assurance: Consistently fail target (F)	Assurance: No target given
Special Cause - Improvement (L, H)	★	• Appraisals % ★	• BME Staff % ★ • Declared Disability %	• % of All Eligible Trust Staff who have completed the Leadership Development Framework ★
Common Cause	★	• % of ER Cases Out of Timescale (% that are ER Red Cases) • Avg Working Days Suspended • I would recommend my organisation as a place to work • No of Staff on Suspension • OH - Average number of days between referral submission and first offered appointment • Sickness Absence Rate % • Time to Hire (Average Weeks)	• Employee Relation Live Cases • LGB Staff %	• Number of OH Cases • Sickness % - Anxiety/stress/depression/other psychiatric illnesses • Sickness % - Back problems & Other musculo-skeletal problems
Special Cause - Concern (H)	• Staff Turnover Rate %	• Care of patients / service users is my organisations top priority		

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

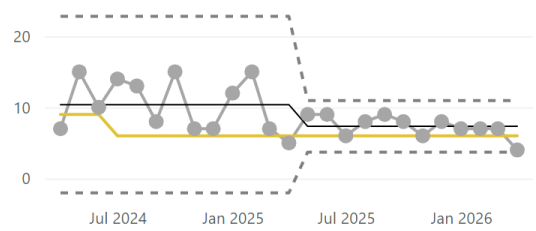
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Staff Turnover Rate %: Trust



Time to Hire (Average Weeks): Trust



Metric	Month	Value	Mean	Assurance	Variation
Staff Turnover Rate %	Apr 26	8.92%	8.36%		
Time to Hire (Average Weeks)	Apr 26	4	7.33		

Intelligence Narrative

Staff Turnover Rate % metric shows special cause variation of a concerning nature but the metric will consistently pass its target

Time to Hire (Average Weeks) metric shows common cause variation and the metric may hit it or miss target

People Services & Culture Narrative

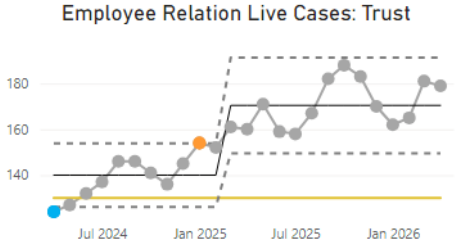
Summary:
Staff turnover has increased to 8.92%, sitting above the Trust average and showing a gradual upward trend since late 2024. This rise aligns with expected workforce movement associated with the Corporate Efficiency Programme, change programmes & PTS TUPE rather than indicating underlying instability. Turnover remains within the planned tolerance range, with no evidence of sharp or unanticipated spikes.
Time to hire continues to demonstrate strong and sustained improvement, reducing to 4 weeks in April and remaining consistently ahead of the Trust average of 7 weeks. While there is some month-to-month variation, overall performance shows a clear downward trend over the past year, highlighting improved recruitment efficiency and process maturity.
Actions:
Workforce Plan Delivery
• Maintain focus on delivery of Workforce Plans across priority clinical and operational roles, aligned to demand and service requirements.
• Continue targeted recruitment campaigns to reduce vacancies and manage forecast workforce risks.
• Sustain close monitoring of recruitment pipeline performance, including throughput and conversion rates, to preserve gains in time-to-hire.
Retention & Engagement
• Progress the design and mobilisation of the 2026 People Plan, ensuring alignment with the Patient and Productivity Plans.
• Continue to review Reward and Recognition approaches to ensure they support retention, engagement and attraction priorities in a competitive labour market.
Employee Experience
• Maintain consistent completion of exit and stay interviews, with ongoing focus on improving insight quality and thematic analysis.
• Continue monthly turnover and leaver trend analysis, supported by local review and senior HR oversight, to identify emerging themes early.
• Sustain regular People Reviews to strengthen engagement, support leadership visibility, and proactively manage workforce risks.

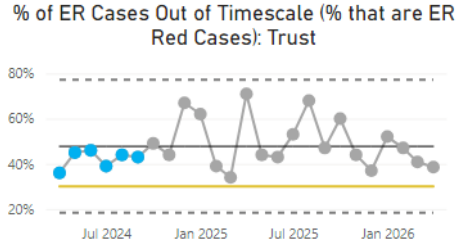
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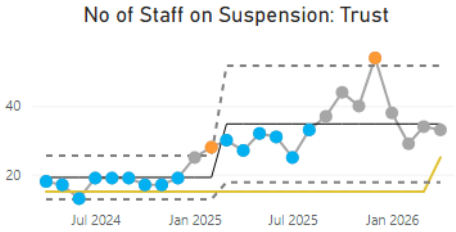
People
Employee Relations

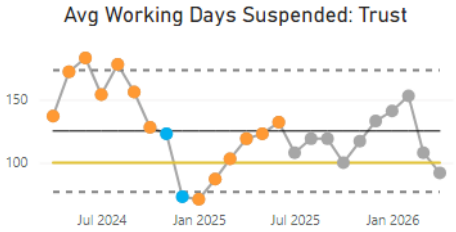
Information as at: April 2026

Data Owner / Responsible Exec
Marika Stephenson









Metric	Month	Value	Mean	Assurance	Variation
Employee Relation Live Cases	Apr 26	179	170.43		
% of ER Cases Out of Timescale (% that are ER Red Cases)	Apr 26	38.5%	47.73%		
No of Staff on Suspension	Apr 26	33	34.79		
Avg Working Days Suspended	Apr 26	92	125.16		

Intelligence Narrative

Employee Relation Live Cases metric shows common cause variation 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 common cause variation and 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 Employee Relations (ER) cases totalled 179 in April 2026 (69 informal & 110 formal cases), remaining significantly above both the Trust average and target. Following a marked step-increase in early 2025, volumes have continued to track at elevated levels with ongoing fluctuation, indicating sustained system pressure rather than a temporary spike. This pattern reflects continued high inflow of new cases and increasing complexity across the caseload.
The proportion of ER cases outside agreed timescales has reduced to 38.5%, showing a downward trend from previous peaks and remaining within common cause variation. While performance is still above the desired threshold, the overall trajectory indicates improving control and the positive impact of strengthened triage and case management discipline.
The number of staff on suspension has stabilised at 33 following a period of volatility and peaks earlier in the year. Levels remain above the Trust average; however, the average duration of suspension has reduced to 92 working days, continuing a downward trend from significantly higher levels in 2025/26. This demonstrates improved pace and grip in progressing more complex cases. Notwithstanding this, overall volumes and case complexity, including sexual safety-related concerns, continue to drive sustained pressure across the ER system.
Actions:
- Continue enhanced senior triage to accelerate case progression and ensure proportionate, risk-based handling.
- Strengthen ER capability by addressing training and capacity gaps across Commissioning Managers and Investigating Officers.
- Embed centralised case logging and improve coordination with HR Business Partner teams to enable earlier intervention and tighter case oversight.
- Increase adoption of informal resolution approaches where appropriate to reduce reliance on formal processes and overall case volume.
- Launch additional trust-wide sexual safety e-learning, focused on speaking up, boundary setting and access to support.
- Scope and implement structured aftercare support for individuals involved in ER processes to improve experience and reduce recurrence risk.

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People
Wellbeing - Sickness

Information as at: April 2026

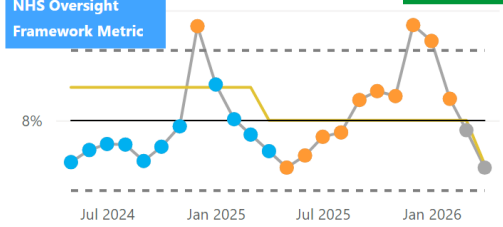
Data Owner / Responsible Exec
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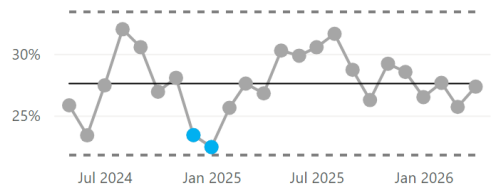
Sickness Absence Rate %

NHS Oversight Framework Metric

Strategy Metric

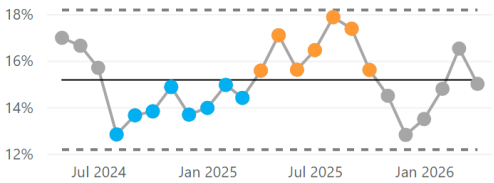


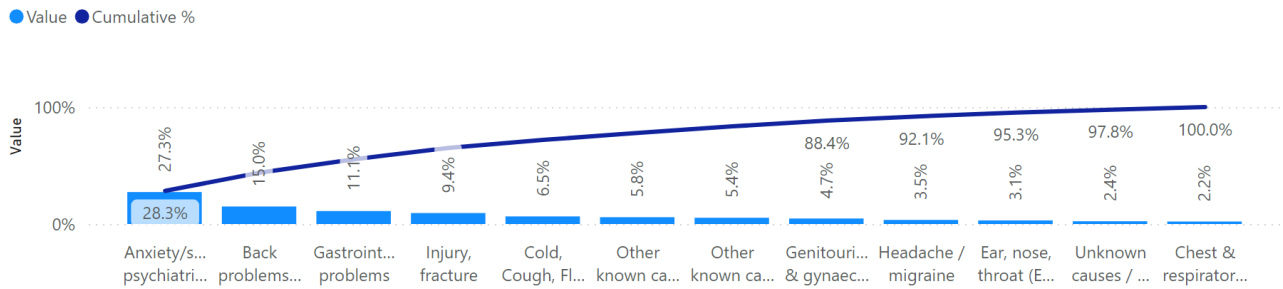
Sickness % - Anxiety/stress/depression/other psychiatric illnesses: Trust



Metric	Month	Value	Mean	Assurance	Variation
Sickness Absence Rate %	Apr 26	7.14%	8%		
Sickness % - Anxiety/stress/depression/other psychiatric illnesses	Apr 26	27.34%	27.59%		
Sickness % - Back problems & Other musculo-skeletal problems	Apr 26	15%	15.17%		

Sickness % - Back problems & Other musculo-skeletal problems: Trust





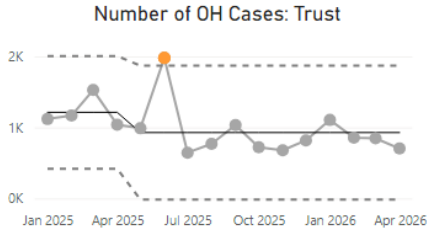
Intelligence Narrative	People Services & Culture Narrative
Sickness Absence Rate % metric shows common cause variation and the metric may hit it or miss target Sickness % - Anxiety/stress/depression/other psychiatric illnesses metric shows common cause variation	Summary: Sickness absence closed at 7.14% in April 2026, remaining below the Trust planned trajectory of 7.50% and representing a sustained improvement following the elevated levels seen over winter. The data shows a clear reduction from the peak in early 2025, with absence now stabilising within a narrower range, indicating improved control and a return to expected variation following earlier volatility. Early May performance (currently 7.16%) continues this positive trajectory, providing assurance that improvement is being sustained rather than representing a short-term recovery. Underlying drivers of absence remain consistent. Mental health conditions (anxiety, stress and depression) continue to represent the largest contributor, with a stable pattern over time, while musculoskeletal conditions, particularly back problems, remain the second most significant driver with some variability. The cumulative profile reinforces that a relatively small number of categories account for the majority of absence, supporting a targeted intervention approach. Weekly governance data shows continued improvement across both short-term and long-term sickness. This includes a sustained reduction in very long-term absence cohorts. This indicates that earlier intervention, improved pace of case progression, and strengthened management accountability are taking effect and becoming embedded. An updated position on this cohort will be provided in the next reporting cycle. Overall, sickness absence is now operating within common cause variation, with sustained improvement reflecting structural changes in management grip and case management rather than temporary controls. Actions: To sustain improvement and prevent regression, the following actions remain in place and continue to be strengthened: • Maintain weekly executive-led oversight of sickness through Monday governance reporting to ensure continued visibility and grip. • Sustain focused management of long-term absence cohorts, particularly 60-, 90- and 110-day cases, preventing avoidable progression into extended absence. • Continue bi-weekly senior leadership oversight through the QCIP framework, reinforcing pace, consistency and accountability. • Target the primary drivers of absence (mental health and musculoskeletal conditions) through enhanced support pathways, early intervention and proactive case management. • Continue cross-trust collaboration to adopt best practice in prevention and sustained absence reduction. • Maintain focus on policy, process and leadership capability to ensure improvements are embedded and resilient. Overall focus: sustain sickness performance below target, continue reducing long-term absence (particularly 110+ day cases), and concentrate intervention on the highest contributing causes.

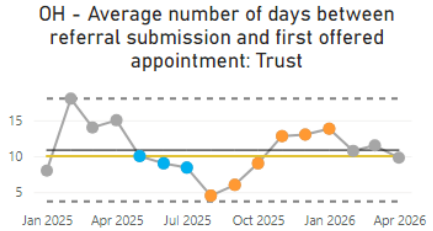
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People
Wellbeing - Support

Information as at: April 2026

Data Owner / Responsible Exec
Marika Stephenson





Metric	Month	Value	Mean	Assurance	Variation
Number of OH Cases	Apr 26	702	927.58		
OH - Average number of days between referral submission and first offered appointment	Apr 26	9.78	10.85		

Intelligence Narrative
Number of OH Cases metric shows common cause variation
OH - Average number of days between referral submission and first offered appointment metric shows common cause variation and the metric may hit it or miss target

People Services & Culture Narrative

Summary:
Occupational Health (OH) demand remains elevated but stable, with case volumes in April slightly reduced from March (846) to 702 cases, continuing the settled pattern observed since mid-2025. Following the earlier spike in summer 2025, demand has now normalised at a consistently higher baseline, with current variation reflecting expected common cause fluctuation rather than renewed growth in demand.
Service performance remains within tolerance despite ongoing pressure. The average wait time from referral to first offered appointment was 9.78 days in April, showing stability compared to recent months. While this represents a slight increase from the lowest levels achieved in late 2025, the overall trend continues to demonstrate sustained improvement compared to early 2025, when wait times were significantly higher.
The alignment of stable demand with consistent waiting times indicates that the OH service continues to maintain effective control of capacity and prioritisation, demonstrating resilience in managing higher baseline activity without deterioration in performance.

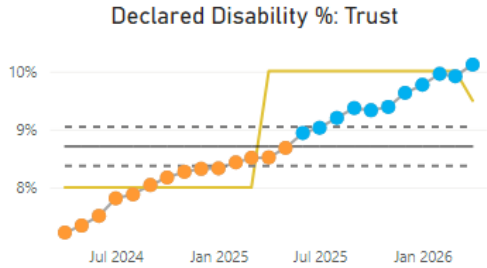
Actions:
To sustain performance and maximise the impact of wellbeing investment, the following actions continue:
- Ongoing delivery of targeted wellbeing training, including resilience, financial wellbeing, menopause support, and suicide prevention.
- Continued expansion and strengthening of the Wellbeing Champion network, with refresher training and improved local coordination.
- Close monitoring of OH demand and capacity, ensuring waiting times remain within tolerance as demand fluctuates.
- Further promotion of digital wellbeing support tools, including the Time for Me app, supported by targeted communications.
- Strengthening triangulation of wellbeing insights with sickness absence, Speak Up Guardian feedback, and staff survey data to identify emerging risks.
- Continued development of post-shift check-in support and workplace adjustment pathways to support early intervention and retention.
- Delivery of monthly executive-level reporting to maintain visibility and oversight of demand, performance, and wellbeing risks.

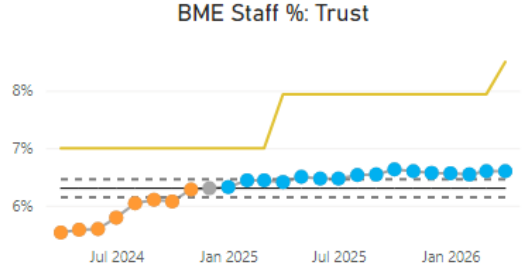
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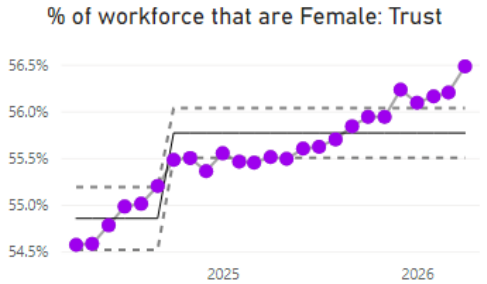
People
EDI

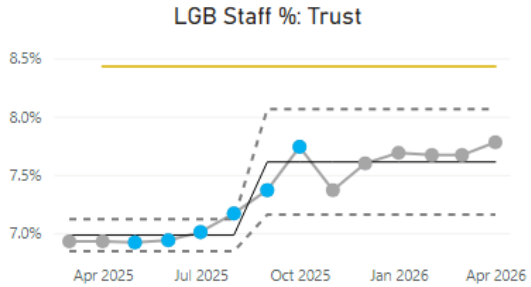
Information as at: April 2026

Data Owner / Responsible Exec
Marika Stephenson









Local Target

Metric	Month	Value	Mean	Assurance	Variation
Declared Disability %	Apr 26	10.12%	8.71%		
BME Staff %	Apr 26	6.6%	6.3%		
% of workforce that are Female	Apr 26	56.48%	55.77%		
LGB Staff %	Apr 26	7.78%	7.61%		

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

LGB Staff % metric shows common cause variation and the metric will consistently miss its target

People Services & Culture Narrative

Summary:
April 2026 data demonstrates continued incremental improvement in workforce representation, with sustained positive trends across most metrics.
Declared disability has increased to 10.12%, continuing a clear upward trajectory over the past 12 months and now performing above the historical baseline, reflecting the impact of ongoing declaration activity and increased confidence in self-reporting.
Ethnic minority representation has remained relatively stable at 6.6% for much of the year, with only modest movement until a recent step-increase in April, indicating emerging progress following a prolonged plateau. While this signals positive momentum, representation remains below target and requires continued focus.
Female representation has continued a steady upward trend, reaching 56.48%, demonstrating consistent and sustained improvement over time. LGBT+ representation remains broadly stable at 7.78%, with a gradual upward shift since mid-2025, indicating improving declaration rates rather than significant workforce change.
Overall, while trajectories are positive, several measures remain below target and show improving but not yet embedded performance, with patterns reflecting gradual progress rather than step-change improvement. Increasing declaration rates remains critical to strengthening data quality, assurance, and the ability to target interventions effectively.

Actions:
Activity continues to focus on embedding EDI into core people processes and strengthening accountability:
- Sustain delivery of the ESR annual declaration campaign to further improve completeness and confidence in workforce data.
- Continue embedding the refreshed EQIA framework to ensure inclusive decision-making is consistently applied across services.
- Progress work with an external supplier to enhance unconscious bias training for recruiting managers, aligning with the wider EDI learning offer.
- Deliver the Inclusivity Plan, including clear EDI KPIs for the Executive Team and strengthened reporting and assurance mechanisms.
- Translate insights from staff networks and Board/Executive development activity into targeted, measurable actions.
- Maintain focus on improving access to and timeliness of workplace adjustments, supporting equitable experience and retention outcomes.
- Continue WRES and WDES analysis and reporting to inform priorities and track progress against national benchmarks.

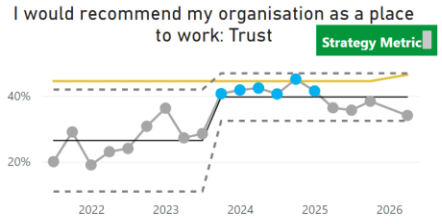
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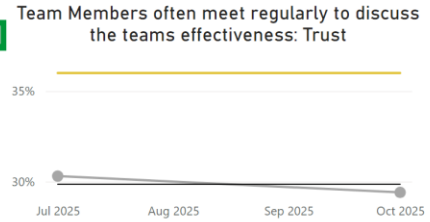
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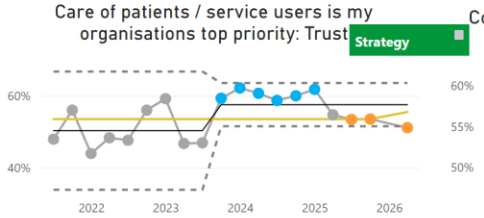
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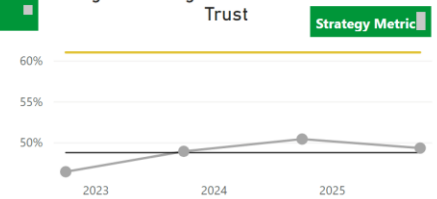
Information as at: April 2026

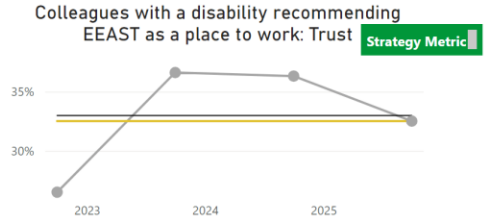
Data Owner / Responsible Exec
Marika Stephenson











Local Target

Metric	Month	Value	Mean	Assurance	Variation
I would recommend my organisation as a place to work	Apr 26	34%	39.57%		
Team Members often meet regularly to discuss the teams effectiveness	Oct 25	29.4%	29.85%		
Care of patients / service users is my organisations top priority	Apr 26	51.1%	57.54%		
Colleagues feeling secure to raise concerns	Oct 25	49.3%	48.75%		
Colleagues with a disability recommending EEAST as a place to work	Oct 25	32.5%	32.98%		

Intelligence Narrative	People Services & Culture Narrative
I would recommend my organisation as a place to work metric shows common cause variation and the metric may hit it or miss target Care of patients / service users is my organisations top priority metric shows special cause variation of a concerning nature, but the metric may hit it or miss target	Summary: The National Staff Survey results (October 2025) are now being actively used to prioritise focus areas for improvement, with April 2026 pulse survey insights providing an updated view of staff experience trends and enabling more responsive action. The score for "I would recommend my organisation as a place to work" remains below the 40% target, with April data indicating a continued decline from the peak achieved in 2024–25, though performance continues to track above earlier baseline levels, reflecting overall improvement over time despite recent variation. The measure "Team members often meet regularly to discuss the team's effectiveness" remains low (29.4%), with minimal movement over time, indicating a persistent organisational challenge around team functioning and local engagement rather than short-term deterioration. Additional indicators now being more actively monitored through the April pulse survey provide a broader and more nuanced picture of staff experience. Perceptions that patient care is the organisation's top priority show a recent decline following earlier improvement, while confidence to raise concerns remains relatively stable at around 49–50%, indicating consistent but not yet optimal psychological safety. Responses from colleagues with a disability recommending the organisation as a place to work have also reduced slightly from previous peaks, highlighting a continued disparity in experience. Collectively, the April position suggests that while foundations of improvement remain in place, there is evidence of plateauing and variation across key experience metrics, reinforcing the need for sustained, visible leadership focus. The expansion of survey questions and pulse monitoring is strengthening insight, enabling more targeted prioritisation of actions based on staff feedback. Actions: EEAST continues to prioritise staff experience and organisational culture through a coordinated programme of engagement and insight-led action: • Continued delivery of Trust-wide leadership offsites (March 2026 and October 2026), reinforcing alignment on People Plan priorities and staff experience. • Transition of Big Conversations 2025 actions into business-as-usual delivery, with Big Conversations 2026 now launched, aligned to survey findings. • Sustained rollout of the Time to Listen programme, strengthening direct engagement between senior leaders and frontline teams. • Ongoing operation of Fix it Fast Clinics to respond quickly to themes emerging from survey and pulse feedback. • Delivery of Listening into Action events, with local action plans in place from May 2026 to drive team-level improvement. • Expansion of pulse survey coverage and question sets, enabling more granular tracking of psychological safety, inclusion, team effectiveness and staff confidence. • Strengthening triangulation of staff survey, pulse data and other people metrics to ensure interventions are evidence-led and targeted to areas of greatest need. Overall focus: use expanded staff insight to move from broad improvement to targeted, team-level cultural change, strengthening psychological safety, inclusion and confidence in leadership.

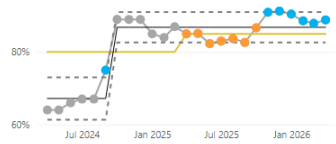
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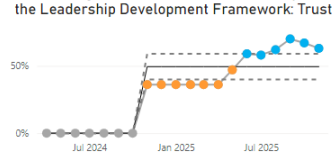
People

Leadership Development

Information as at: April 2026

Data Owner / Responsible Exec
Marika Stephenson





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

Metric	Month	Value	Mean	Assurance	Variation
Appraisals %	Apr 26	88.85%	86.82%		
% of All Eligible Trust Staff who have completed the Leadership Development Framework	Nov 25	63%	49.38%		

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 remains strong at 88.85% in April 2026, continuing to perform well above the Trust mean and target trajectory. The graph shows a step-change improvement during 2024 followed by sustained high compliance throughout 2025 and into 2026, with April reflecting a slight dip from recent peaks but remaining stable within a high-performing range. This indicates that improved managerial grip and governance are now embedded, with appraisal completion increasingly established as business-as-usual practice across most directorates. Completion of the Leadership Development Framework had previously shown improving trends; however, current reporting arrangements are being re-evaluated, and as a result, assurance on recent performance is limited. Updated metrics and improved reporting will be available in the next cycle, strengthening visibility of leadership capability and participation. As compliance has stabilised at a consistently high level, the focus is now shifting from completion to quality and impact, particularly in response to staff survey feedback relating to development, feedback, and overall engagement. Actions: To sustain progress and strengthen leadership capability, the following actions are underway: • Continued oversight of appraisal completion through established governance routes, with targeted support where any localised variation or decline is identified. • Increased focus on the quality and effectiveness of appraisal conversations, supported by enhanced guidance on objective setting, development planning and meaningful feedback. • Ongoing collaboration with Staff Circle to refine appraisal templates and introduce more outcomes-focused development tracking ahead of the 2026–27 cycle. • Review and redesign of Leadership Development Framework reporting, with new, more robust metrics and improved visibility of participation and impact to be introduced in the next reporting cycle. • Strengthening alignment between leadership development, cultural improvement and organisational priorities, ensuring clearer line-of-sight between leadership capability and performance outcomes.

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Ambulance Service
NHS Trust
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Patients - Clinical

Director: Simon Chase

April 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.'

Patients - 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

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

Data up to:
April 2026

Variance	Assurance: Consistently hit target (P)	Inconsistently achieve or fail target (?)	Consistently fail target (F)	No target given
Common Cause	• Complaints per 10000 Patient Interactions ★ • IG Training Compliance % • Patient Safety Incident Reviews (PSIRs) per 10000 Patient Interactions • Statutory/Mandatory Training (11 CSTF topics) mean %	• Declared Patient Safety events investigated under PSIRF ★ • 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 (L / H)	• Number of Incidents per 10000 Patient Interactions ★	• % of Complaints Closed in Compliant Timeframe		• Resus face to face element (Adult/Paediatric/Neonatal) %
Special Cause - Improvement (L / H)	• % of Incidents that are Moderate,Severe or Fatal Harm			

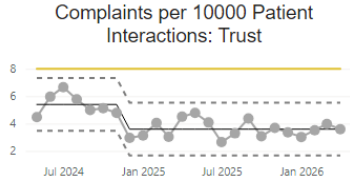
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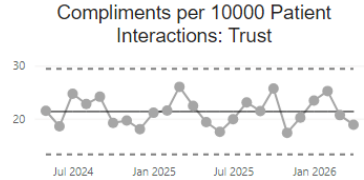
Please note that Falls in Older People - Discharged at Scene Care Bundle will not appear on the above grid until it has a sufficient amount of data points to be an SPC chart. Additionally, Number of Preventing Future Deaths (PFDs)/ Regulation 28 Reports is a bar chart so will also not show.

Patients - Clinical
Complaints & Compliments

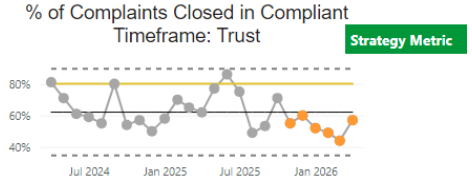
Data up to: April 2026

Data Owner / Responsible Exec
Simon Chase





Metric	Month	Value	Mean	Assurance	Variation
Complaints per 10000 Patient Interactions	Apr 26	3.59	3.59		
Compliments per 10000 Patient Interactions	Apr 26	18.86	21.34		
% of Complaints Closed in Compliant Timeframe	Apr 26	57%	62.05%		



Intelligence Narrative	Clinical Narrative
Complaints per 10000 Patient Interactions metric shows common cause variation and the metric will consistently hit its target Compliments per 10000 Patient Interactions metric shows common cause variation % of Complaints Closed in Compliant Timeframe metric shows special cause variation of a concerning nature, but the metric may hit it or miss target	Complaint volumes remained below the annual average in April (48) and within the expected range of variation observed throughout 2025/26, indicating stable performance overall. A total of 252 compliments were received in April (approx. 19 per 10,000 interactions). While this is below the annual average (21.34), compliments continue to significantly outweigh complaints, reflecting a positive patient experience. The lower level is consistent with normal fluctuations seen at similar points in the year (e.g. May/June 2025) and likely reflects variation in feedback volumes, including survey distribution, rather than a deterioration in patient experience. During April, UEC complaint themes continued to primarily relate to clinical treatment and assessment, staff attitude, and communication. Notably, delay-related complaints across UEC and EOC remained very low (1), despite continued system demand. PTS complaints have continued to mostly relate to transport and driving concerns (68.8%), although delay-related complaints have reduced, suggesting early signs of improvement in service delivery. Compliance and Governance Complaint closure compliance improved by more than 10% to 57% in April, compared to 44% in March. While this remains below the annual average (62.1%), the improvement reflects early progress following the end-to-end process deep dive and implementation of a targeted action plan to address identified constraints across the complaint pathway and ahead of the trajectory. There are currently 21 local investigations exceeding the 35-day local investigation timeframe. Operations account for 52.4% of these overdue investigations, followed by PTS (42.9%), with EOC fully compliant and reporting no overdue cases. Performance within Operations continues to improve; however, sustained focus is required to further reduce delays. Overdue PTS investigations have recently been escalated to drive improvement. Overall, now, 94.6% of open complaints remain within the compliant timeframe (either 55/65 working days), providing assurance that the majority of cases are managed within expected timescales. Work to improve compliance and the identification of learning continues to be escalated through OSDG, CRG and QGC, ensuring oversight, visibility and accountability. Actions • Continue delivery of the complaint improvement plan, with a focus on embedding changed identified through the end-to-end process review. • Maintain targeted oversight of overdue investigations, particularly within Operations and PTS, to support compliance improvement. • Continue monitoring of compliment levels to support understanding of patient feedback and engagement. • Strengthen co-ordination across teams to improve timeliness and to reduce delays across the complaints pathway. • Sustain escalation of non-compliance and learning via the Trust's governance channels to ensure organisational visibility and accountability. • Continue promotion of PHSO Complaints Standards and local investigation training. • Further develop and utilise the complaints performance dashboard to enable the early identification of risk or variation. Impact • Early improvement in complaint closure compliance demonstrates initial impact of targeted actions, although further progress is required to achieve expected standards. • Increased oversight and escalation are supporting a gradual reduction in overdue local investigations, particularly within Operations. • Strengthened governance arrangements continue to provide assurance of control across the complaints process, despite localised delays. • Sustained low complaint volumes, alongside stable themes, indicate a continued delivery of consistent patient experience.

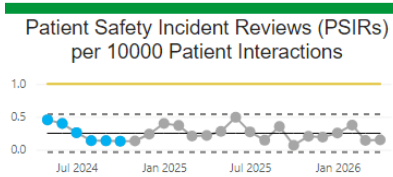
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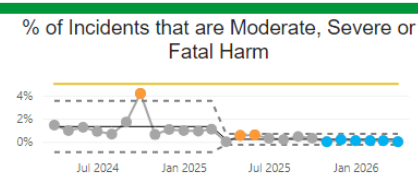
Patients - Clinical

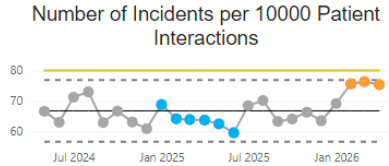
Patient Safety

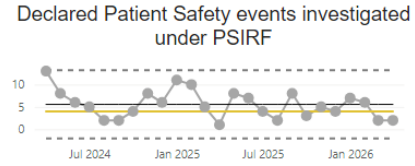
Data up to: April 2026

Data Owner / Responsible Exec
Simon Chase









Metric	Month	Value	Mean	Assurance	Variation
Patient Safety Incident Reviews (PSIRs) per 10000 Patient Interactions	Apr 26	0.15	0.25		
% of Incidents that are Moderate,Severe or Fatal Harm	Apr 26	0%	0.22%		
Number of Incidents per 10000 Patient Interactions	Apr 26	75.36	66.79		
Declared Patient Safety events investigated under PSIRF	Apr 26	2	5.56		

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 special cause variation of a concerning nature but the metric will consistently pass its target

Declared Patient Safety events investigated under PSIRF metric shows common cause variation and the metric may hit it or miss target

Clinical Narrative

The number of incidents reported in April 2026 was 1007, a slight reduction from the 1094 in March, reporting remains consistent with no special cause for concern. There was Zero delay incidents deemed to have caused harm in April 2026, two were discussed at incident review panel and deemed to be no harm.

The total number of SJR's completed for the 2025/26 financial year exceeded the mandated amount of 40 per quarter and totalled 1075. For 2026/27 financial year a total of 34 have been completed in Q1, this is on track to exceed compliance for the quarter. 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 continue 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.

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 and is being monitored to ensure it does not become a special cause for concern sustained. The number of overdue incidents as of the 1/4/26 was 741 across the trust, this is a reduction from the 747 reported in March 2026. Escalations have been reported to CRG and OSDG, Overdue incidents are now a standing agenda item to OSDG on a monthly basis for senior leaders to drive improvement within their sectors.

Actions:
With completion of the actions from the non conveyance review, a look back on the incident data on Datix has been completed by the patient safety team
AAR training will continue for managers in operation and EOC throughout the year. 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 due to publication in Q1 of 2026

Impact:
The number of non conveyance events causing harm to patients has reduced since the publication of the Non Conveyance PSII. The look back of incident data indicates a 50% reduction in non conveyance harm events in the last 24 months.
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 patient safety team will lead a review on incident data to further evidence the improvements made since the publication of the PSII.
The percentage of harm incidents per patient interaction has reduced significantly since its peak in December 2022, reporting indicates 1 harm event for every 72,854 patient interactions (0.001%) in March 2026.

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

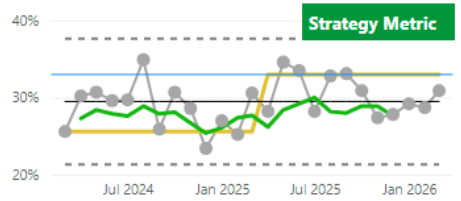
Please note the data on these Care Bundles pages will be more than 1 month behind unlike the rest of the pages in this reports due to when the data is available

Data up to:
April 2026

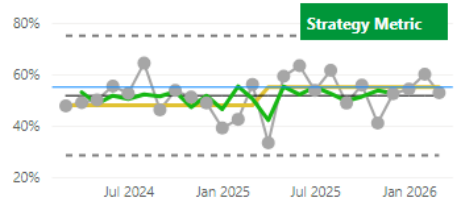
Data Owner / Responsible Exec
Simon Chase

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ROSC - All: Trust



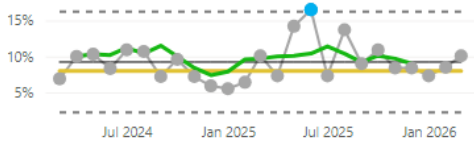
ROSC - Utstein: Trust



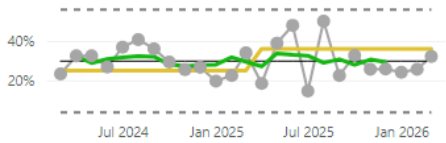
National Averages | Commissioner Set Target | Local Target

Metric	Month	Value	Mean	Assurance	Variation
ROSC - All	Mar 26	30.9%	29.5%		
ROSC - Utstein	Mar 26	52.8%	51.7%		
Survival to Discharge All - 30 Day Survival	Mar 26	10.1%	9.22%		
Survival to Discharge Utstein - 30 Day Survival	Mar 26	32.1%	29.77%		
ROSC Care Bundle	Feb 26	100%	96.47%		

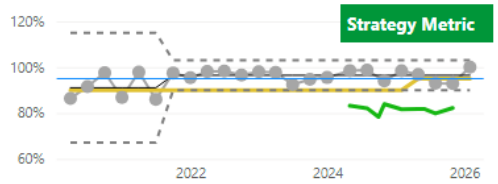
Survival to Discharge All - 30 Day Survival: Trust



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 – 3 of the cardiac arrest (ROSC Overall, STD Overall & STD Utstein) outcome indicators for March 26 increased slightly in performance when compared to Feb 2026, 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 Dec 2025), EEAST is performing above the national average (27.6%) for ROSC Overall = (27.8%), (currently 7th Best Performing Trust), STD Overall (9th Best Performing Trust at 8.4%) and STD Utstein (8th Best Performing Trust at 25.8%) and no special cause for concern. The Trust met 1 of its own 'stretch' targets for these outcomes however met all 4 of the Commissioner set thresholds.The latest National comparable month for the quarterly Post ROSC Care Bundle (Nov 2025) demonstrates that EEAST, achieving 92.3%, and still continues to perform well above (10.1%) the trending national average (82.2%) with EEAST being the 5th 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.

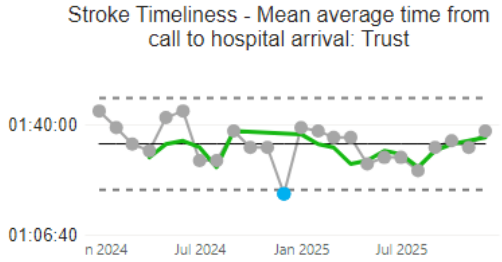
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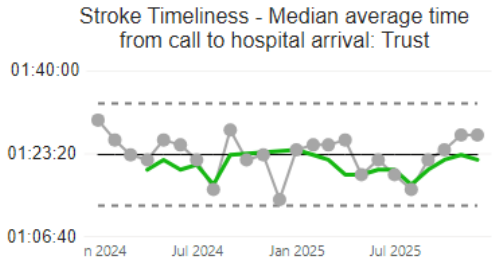
Patients - Clinical Ambulance Quality Indicators - Clinical Care Bundles - Stroke

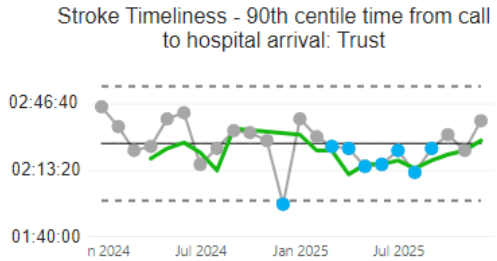
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Data up to: April 2026

Data Owner / Responsible Exec: Simon Chase







National Averages

Metric	Month	Value	Mean	Assurance	Variation
Stroke Timeliness - Mean average time from call to hospital arrival	Dec 25	01:38:00	01:34:05		
Stroke Timeliness - Median average time from call to hospital arrival	Dec 25	01:27:00	01:23:03		
Stroke Timeliness - 90th centile time from call to hospital arrival	Dec 25	02:38:00	02:26:35		

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 (a few minutes) for the Mean, Median & 90th Centile time from call to hospital arrival for Dec 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 Dec 25 EEAST was the 8th Best Performing Trust and no special cause for concern.

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 New figures show that last month (April 26)EEAST is seeing our strongest response time performance in nearly five years. Category 2 response times are the fastest since 2021, and Category 1 performance is also improving.

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 remains 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.

Kingsmill Esther
09/06/2026 08:37:10

Patients - Clinical Ambulance Quality Indicators - Clinical Care Bundles - Stemi

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: April 2026

Data Owner / Responsible Exec
Simon Chase

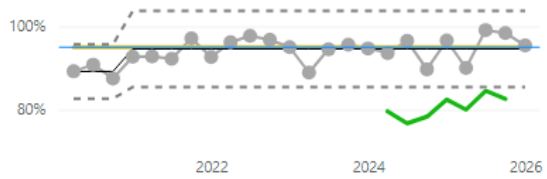
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National Averages

Commissioner Set Target

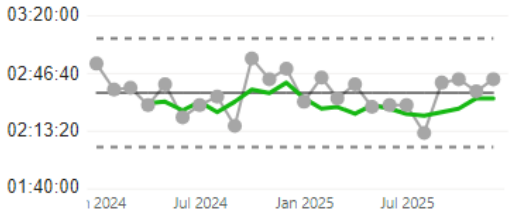
Local Target

Stemi Care Bundle: Trust **Strategy Metric**

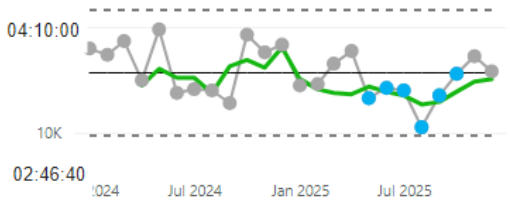


Metric	Month	Value	Mean	Assurance	Variation
Stemi Care Bundle	Jan 26	95.4%	94.58%		
STEMI Timeliness - Mean average time from call to catheter insertion for angiography	Dec 25	02:43:00	02:35:10		
STEMI Timeliness - 90th centile time from call to catheter insertion for angiography	Dec 25	03:35:00	03:33:55		

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 common cause variation

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 (Dec 2025), EEAST performance slightly decreased compared to the National Average for the Mean and the 90th Centile , within the reporting month but remains no special cuase for concern.

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 New figures show that last month (April 26)EEAST is seeing our strongest response time performance in nearly five years. Category 2 response times are the fastest since 2021, and Category 1 performance is also improving.

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.

Kingsmill Esther
09/06/2026 08:37:10

Patients - 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:
April 2026

Data Owner / Responsible Exec
Simon Chase

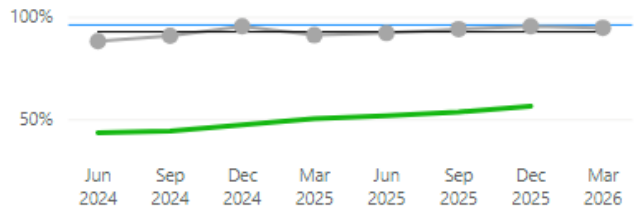
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Falls in Older People - Discharged At Scene Care Bundle: Trust

Strategy Metric

Local Target

National Averages



Metric	Month	Value	Mean	Assurance	Variation
Falls in Older People - Discharged At Scene Care Bundle	Mar 26	94.6%	92.61%		

Intelligence Narrative

EEAST are an early adopter of the new care bundle and continue to performan well. 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. No special cuase for concern currently.

Clinical Narrative

Summary - Publication for the sixth national data period (Dec 2025) demonstrates that the Trust, achieving a compliance level of 95.3%, was yet again the highest performing Trust achieving 39% above the national average (56.3%) with compliance rates for ambulance trusts ranging from 21%. Outcomes for the 7th reporting period (March 2026) demonstrates that EEAST achieved 94.6%. This will be compared against the national average for this month when the data is published in Aug 2026.

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

Kingsmill,Esther
09/06/2026 08:37:10

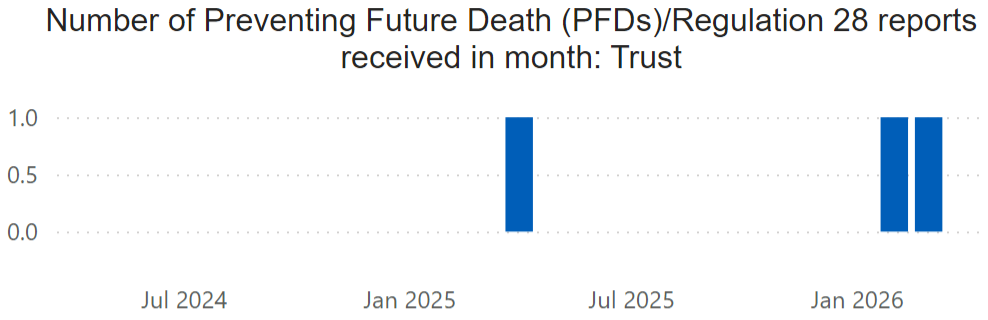
Patients - Clinical

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

Data up to: April 2026

Data Owner / Responsible Exec
Simon Chase

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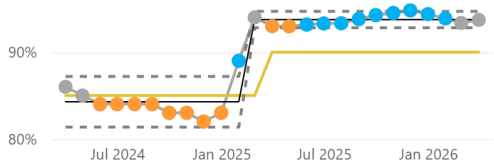
Metric	Month	Value	Mean
Number of Preventing Future Death (PFDs)/Regulation 28 reports received in month	Apr 26	0	0.12

Clinical Narrative

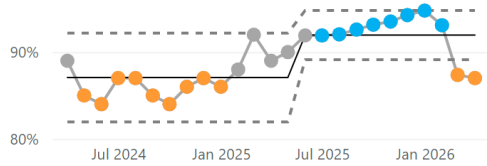
EEAST responded to one Regulation 28 Preventing Future Death report in April 2026 in respect of an inquest that concluded in March 2026. The Coroner raised concerns that a second 999 call was not re-triaged and this led to a delay in attending to the deceased. The response was sent within the 56-day timeframe. This brings the cumulative total to 3 in last 12 months and currently poses no special cause for concern.

Kingsmill Esther
09/06/2026 08:37:10

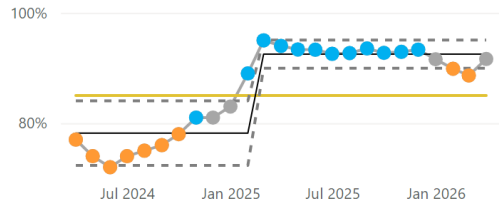
Statutory / Mandatory Training (11 CSTF topics) mean %



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



IG Training Compliance %



Metric	Month	Value	Mean	Assurance	Variation
Statutory/Mandatory Training (11 CSTF topics) mean %	Apr 26	93.71%	93.75%		
Resus face to face element (Adult/Paediatric/Neonatal) %	Apr 26	87%	91.97%		
IG Training Compliance %	Apr 26	91.62%	92.5%		

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 common cause variation and the metric will consistently hit its target Resus face to face element (Adult/Paediatric/Neonatal) % metric shows special cause variation of a concerning nature IG Training Compliance % metric shows common cause variation and the metric will consistently hit its target	Statutory/Mandatory Training (11CSTF topics) The trusts overall compliance has maintained this month as a mean for the 11 CSTF topics. 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. Learning and Development developing a template to provide trajectory to show detail of number due to expiry per topic per month. Currently no cuase for concern as training complaince remains strong above 90% Resus face to face element Adult/Paediatric/Neonatal) Resus compliance maintained this month compared to last month at 87%, the Learning and Development Team are working with the Locality Clinical Managers concerning planning of sessions to achieve and maintain resus compliance going forward. Whilist just under 90%, CPD has relaunched in line with training trajectories. IG Training Compliance Information Governance compliance has increased this month the Learning and Development team have sent reminder emails to all staff that are currently out of date. Currently no cause for convern as above 90% Safeguarding Level 3 Safeguarding Level 3 training has increased this month and on trajectory to return to above 90% wiithin quater. the 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

Kingsmill Esther
09/06/2026 08:37:10

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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.

Kingsmill Esther
09/06/2026 08:37:10

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Finance

Director: Steven Course

April 2026

Kingsmill Esther
09/06/2026 08:37:10

Finance
Income & Expenditure

Data up to: April 2026

Data Owner / Responsible Exec
Steven Course

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Income and Expenditure £000's
April 2026

	PLAN YTD	ACTUAL YTD	VARIANCE YTD	PLAN FULL YEAR
INCOME	(42,659)	(42,846)	(187)	(511,677)
PAY	31,990	32,218	228	389,010
NON-PAY	10,183	9,988	(195)	122,667
(SURPLUS)/DEFICIT	(486)	(640)	(154)	(0)

The metrics on this page are in £000's

Local Target



Finance Narrative

At Month 01, April 2026, the YTD plan is for a surplus of £486k.

The actual YTD position is a surplus of £640k, favourable to plan by £154k.

Income includes favourable interest income due to cash levels. Pay includes additional frontline overtime and non-pay underspend includes Estates utilities savings.

Kingsmill Esther
09/05/2026 08:37:10

Finance
Efficiency Savings

Data up to: April 2026

Data Owner / Responsible Exec
Steven Course

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The metrics on this page are in £000's

Efficiency Savings £'000s
April 2026

	PLAN YTD	ACTUAL YTD	VARIANCE YTD	PLAN FULL YEAR
TOTAL	1,224	1,225	1	15,000

Strategy Metric

Finance Narrative

At Month 01, £1,225k has been saved against a target of £1,224k. QCIP delivery is predominantly recurrent in nature, which is in line with the Trust's planning intentions.

The target for 2026-27 is £15,000k. At the end of April 2026 (Month 01), the Finance team, in conjunction with budget holders have been able to allocate £13,292k of budget across the year towards it.

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

There is some risk, however, it is early in the financial year, some plans are still be worked up, and there is time for further action to be taken if required, so the current risk profile is low.

Kingsmill Esther
19/06/2026 08:37:10

Finance
Cash, Capex & BPPC

Data up to: April 2026

Data Owner / Responsible Exec
Steven Course

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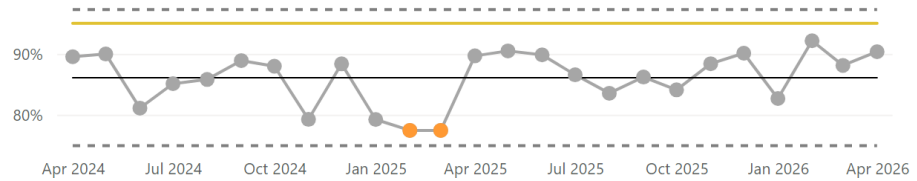
The metrics on this page are in £000's

Cash, Capex & BPPC Savings £000s
April 2026

	PLAN MONTH END	ACTUAL MONTH END	VARIANCE MONTH END	PLAN FULL YEAR
CASH	17,770	32,979	15,209	16,969
SALE AND LEASEBACK WORK IN PROGRESS	(0)	(0)	(0)	(0)
INVOICES PAID WITHIN 30 DAYS	95.00%	90.34%	-4.66%	95.00%

	PLAN YTD	ACTUAL YTD	VARIANCE YTD	PLAN FULL YEAR
OWNED CAPITAL	165	17	(148)	12,393
LEASED CAPITAL	3,107	386	(2,721)	29,028

Invoices paid within 30 days of receipt: Trust



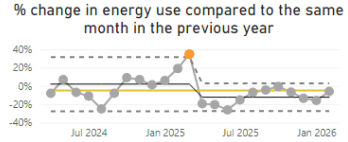
Intelligence Narrative	Finance Narrative
Invoices paid within 30 days of receipt metric shows common cause variation and the metric may hit it or miss target	Cash at 30 April 2026 is £32,979k against a plan of £17,770k, with contributions to this arising from the surplus year to date, and the plan's assumed lower level of cash coming into the new financial year. Capital expenditure is arising at a lower level than planned while schemes dependent on public dividend capital funding await confirmation of funding. Invoice payment rates within 30 days remain below the 95% target, and frequently dipping below the 90% sector average. Improvement is focused on removing delays to the timely payments to high volume suppliers, and the resolution and recording of disputed invoices with suppliers.

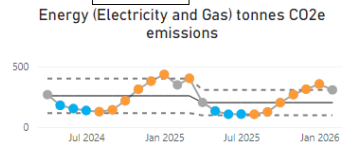
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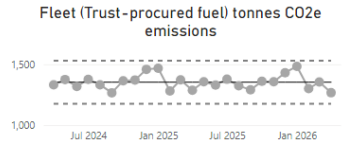
Finance
Green Plan - Energy Consumption and CO2e Emissions

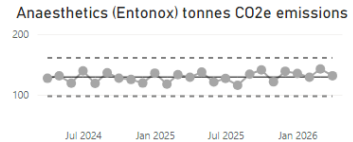
Data up to: April 2026

Data Owner / Responsible Exec
Steven Course









Metric	Month	Value	Mean	Assurance	Variation
% change in energy use compared to the same month in the previous year	Feb 26	-6%	-12.24%		
Energy (Electricity and Gas) tonnes CO2e emissions	Feb 26	305.65	201.48		
Fleet (Trust-procured fuel) tonnes CO2e emissions	Apr 26	1266.15	1353.05		
Anaesthetics (Entonox) tonnes CO2e emissions	Apr 26	131.43	129.36		

Please note that the top two metrics on this page are reported 1 to 3 months behind the other data in this report

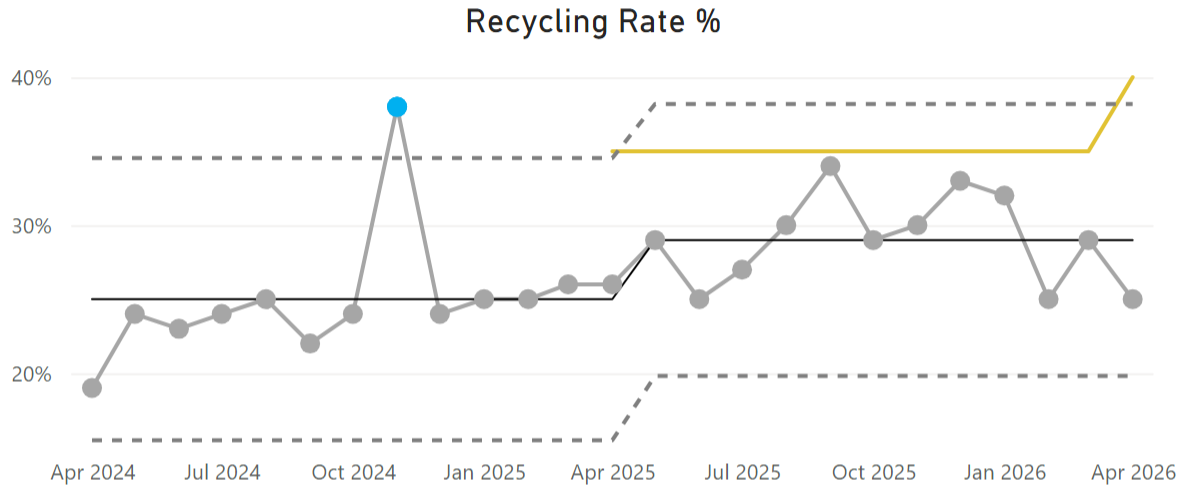
Intelligence Narrative	Sustainability Narrative
% change in energy use compared to the same month in the previous year metric shows common cause variation and the metric may hit it or miss target Anaesthetics (Entonox) tonnes CO2e emissions metric shows common cause variation Energy (Electricity and Gas) tonnes CO2e emissions metric shows common cause variation Fleet (Trust-procured fuel) tonnes CO2e emissions metric shows common cause variation	Summary Utilities: Over the past reporting year (Mar 2025 – Feb 2026), the Trust recorded the following changes in utility consumption: Electricity: 4% decrease, Gas: 9% decrease, Water: 7% decrease. The bill validation process means that past consumption data is subject to change. We are investigating the reasons for these changes with assistance from our bill validation provider. Note: Water consumption figures are based on estimated meter readings. Energy (purchased electricity and natural gas): We have a strategic objective to reduce energy consumption by at least 5% over the 2025/26 financial year. In February 2026, we saw a 6% reduction in energy consumption compared with February 2025. For 2025/26 to date (M11) energy consumption reduced by 12% versus the same period in FY2024/25. Up to M11, we have seen a 32% reduction in gas consumption, primarily due to the heating switch off in late spring 2025, and a 4% reduction in purchased electricity showing the benefits of the solar PV and battery storage installations. Carbon emissions: • Long term targets: 5% reduction on 2019/20 baseline annually, total 47% reduction by 2028-2032 (Trust target 50% reduction by 2030) – NHS Carbon Footprint target is net zero emissions by 2040. • Annual targets: 30% reduction on baseline in 2025/26 and 35% in 2026/27. • Fleet (Trust-procured fuel): 2026/27 M01 emissions were 2% lower than in 2025/26. Projected 2026/27 emissions show a 6.5% reduction over 2025/26, 27% reduction on baseline. DSA vehicle changes continue with Fiat being replaced with MAN and some Renault and Ford. • Energy (purchased electricity and natural gas): 2025/26 M11 emissions were 12% lower than M11 in 2024/25. Year to date emissions were 18% below 2024/25. • Entonox (nitrous oxide): 2026/27 M01 emissions are 3% higher than in 2025/26. Projected 2026/27 emissions show the same as 2025/26, 25% reduction on baseline emissions. Further work needed to reduce estimated 30% waste from Entonox consumption. Actions To support the Trust's strategic objective of achieving a 5% reduction in energy consumption across 2025/26: • The Sustainability Team has completed energy audits across all ambulance hubs and stations. Recommendations have been submitted to management for inclusion in future capital and revenue schemes. • Ongoing switch off campaigns and communications remain in place, with plans to switch off gas boilers during April 2026, however this will be dependent on evening temperatures. • The Sustainability Team has chased up with outstanding bills for sites including for the recently commissioned Ipswich Hub. 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 hub sites (Bury St Edmunds Hub, Peterborough, Chelmsford Lawnside, Stevenage and Longwater), these were chosen as they are potential locations for EV ambulance trials. 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 date, Norfolk Community Health and Care NHS Trust (NCHC) has expressed an interest in installing chargers on 4 of their sites and there's ongoing conversation with Peterborough Community Hospital (PCH) and Norwich & Norfolk University Hospital (NNUH). In addition, there is ongoing conversation with FirstBus to use their depot charging. • To mitigate increased demand, the Trust is expanding its solar PV with battery storage portfolio, with 9 installations nearing completion (including additional panels and batteries for Ipswich Hub, battery storage at Bury St Edmunds Hub, new installations at Chelmsford Lawnside, Watford, Barton Mills and Beccles and the replacement of 3 existing installations at Hellesdon EOC, Luton and Welwyn Garden City). We are starting to see the benefits of these systems almost immediately, for example the replacement systems are double the efficiency of the old panels. Assurance KPI monitoring from energy audits, capital projects and switch-off awareness campaigns will continue, with regular updates submitted to the ELT Committee. Detailed reviews and follow up actions will be undertaken as required.

Kingsmill Esther
09/06/2026 08:37:10

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Strategy Metric

Local Target



Metric	Month	Value	Mean	Variation
Recycling Rate %	Apr 26	25%	29%	

Intelligence Narrative	Sustainability Narrative
Recycling Rate % metric shows common cause variation and the metric will consistently miss its target	We are seeing inconsistent levels of recycling, with some stations achieving over 40% recycling rates, and others less than 10%. The facilities provided at each premises are standardised, with internal recycling bins on every station, and additional external bins for cardboard, food and glass at all hubs and EOCs to promote better segregation - and meet the requirements of the Simpler Recycling legislation. The variation is in staff behaviour, and despite communications, training and posters, this remains a challenge. We frequently find drinks cans and bottles from vehicles disposed of in general waste, or worse, in clinical waste streams. The Green Champion Network is being utilised to pilot different recycling initiatives, to try and increase staff awareness and promote better waste practices.

Kingshill Esther 09/06/2026 08:37:10

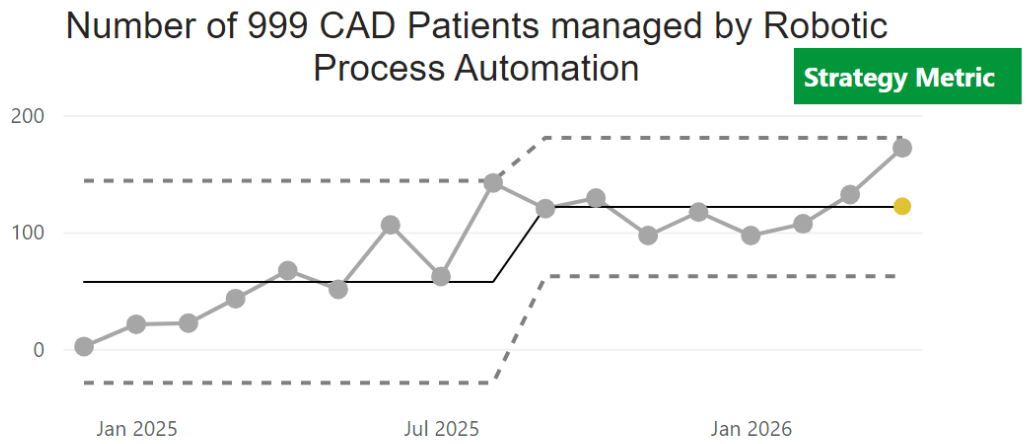
Finance

Number of 999 CAD Patients managed by Robotic Process Automation

Data up to: April 2026

Data Owner / Responsible Exec
Steven Course

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



Metric	Month	Value	Mean	Assurance	Variation
Number of 999 CAD Patients Managed by Robotic Process Automation	Apr 26	172	121.38		

Intelligence Narrative	Narrative
Number of 999 CAD Patients Managed by Robotic Process Automation metric shows common cause variation and the metric may hit it or miss target	172 patients were moved to A2S via the robotoic process automation (RPA) in April 2026. This is above the 122 a month. RPA is currently being evaluated by NHS Health Innovation Network to inform the next steps of use within the trust. RPA supports consistency in the direction of patients to alternative providers releasing ambulance capacity.

Prism Ember 19/05/2026 09:37:10

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Partnerships

Director: Hein Scheffer

April 2026

Kingsmill Esther
09/06/2026 08:37:10

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

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

Data up to:
April 2026

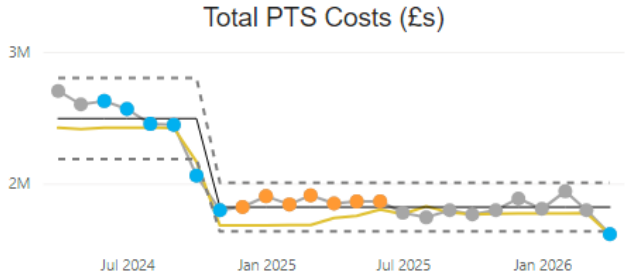
Variance	Assurance: Consistently hit target (P)	Assurance: Inconsistently achieve or fail target (?)	Assurance: Consistently fail target (F)	Assurance: No target given
Special Cause - Improvement (L / H)	★	★	• Access to Stack Completion Rate % ★ • Total PTS Costs	★
Common Cause	★	• Community Response and Blue Light Collaboration Contribution to C1 mean (seconds)		
Special Cause - Concern (L / H)		• Community Response and Blue Light Collaboration Utilisation %		

Kingsmill Esther
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Partnerships
PTS

Information as at: April 2026

Data Owner / Responsible Exec
Hein Scheffer



Metric	Month	Value	Mean	Assurance	Variation
Total PTS Costs	Apr 26	£1,614,888	£1,820,853		

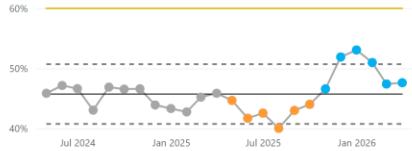
Please note that the amber line on this chart is the budget rather than a target

Intelligence Narrative	Integration Narrative
Total PTS Costs metric shows special cause variation of an improving nature but the metric will consistently miss its target	PTS start the new financial years with agreed contract extension and new contracts in both areas where EEAST hold the PTS contracts now – HWE and Beds and Luton M1 was a positive month for PTS with an overall contribution of £132k back into the Trust. This shows a positive variance of +£14k from budgeted provision. The additional contribution seen in M1 relate to 'pay costs' due increased control of OT within the 2 remaining contracts in HWE and Beds & Luton. Non-pay shows an increased expenditure due to replacement vehicles leases with the vehicles due in the Trust at the end of Q1. M2 is expected to continue in the same positive trend as there were some historic invoices included in M1 alongside additional cost associated with USH payments for North Essex staff for shifts worked in M12. Assurance: Contract managers ODG BLMK and HWE CQRM meetings Monthly budget forecast & review meetings Performance committee Accountability Review KPI review meeting Risk register reviews

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Access to Stack Completion Rate %

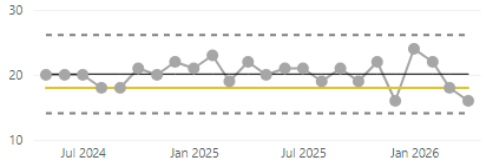


Metric	Month	Value	Mean	Assurance	Variation
Access to Stack Completion Rate %	Apr 26	47.62%	45.73%		

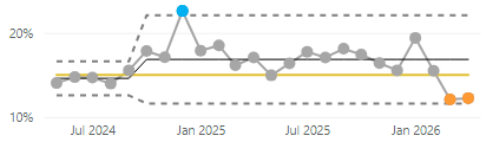
Intelligence Narrative	Integration Narrative
Access to Stack Completion Rate % metric shows special cause variation of an improving nature but the metric will consistently miss its target	3400 incidents were passed to UCR teams in April 26 via Access to Stack (A2S). Of those, 2893 (85.09%) were accepted by the UCR providers and 1619 (47.62%) were completed by UCR teams with no ambulance response being required. This is a decrease of 43 incidents from March 26 and 221 from the same period in April 25. Sector totals (ordered by completion %) BLMK - 441 passed, 422 accepted (95.69%) and 271 completed (61.45%) SNEE - 634 passed, 569 accepted (89.75%) and 358 completed (56.47%) N&W - 838 passed, 708 accepted (84.49%) and 424 completed (50.60%) MSE - 332 passed, 194 accepted (58.43) and 131 completed (39.46%) C&P - 507 passed, 465 accepted (91.72%) and 192 completed (37.87%) HWE - 648 passed, 535 accepted (82.56%) and 243 completed (37.50%) Highest single provider (only split in SNEE, HWE & N&W) REACT in SNEE with 125 passed and 104 completed (89.75%). This is due to centralised triage, where the call is triaged by the UCCH ANP before it is passed to REACT and they may be able to deal with the call; therefore, it doesn't need to be passed to a UCR team. The lowest is CLCH in HWE with 284 passed and 85 completed (29.93%). This is because they are focusing on CBYC rather than A2S.

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Community Response and Blue Light Collaboration Contribution to C1 Mean (seconds)



Community Response and Blue Light Collaboration Utilisation %



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

Metric	Month	Value	Mean	Assurance	Variation
Community Response and Blue Light Collaboration Contribution to C1 mean (seconds)	Apr 26	00:00:16	00:00:20		
Community Response and Blue Light Collaboration Utilisation %	Apr 26	12.26%	16.85%		

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

Intelligence Narrative

Community Response and Blue Light Collaboration Contribution to C1 mean (seconds) metric shows common cause variation and the metric may hit it or miss target

Community Response and Blue Light Collaboration Utilisation % metric shows special cause variation of a concerning nature, but the metric may hit it or miss target

Integration Narrative

The Community first responders and blue light collaboration resources provided over 23,000 volunteering hours, an increase of 1000 hours, with our volunteer resources attending just over 2500 patients. The unique contribution to the C1 mean of 16 seconds with a first on scene rate for C1 calls increased slightly in April to 66% and C2-5 calls of 90% of the times.

Over 120 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 20 minutes and in this time the volunteer resources 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 200 incidents provide an escalation of care sitrep back into EOC.

Utilisation of the resources has remained low this month, with a high number of missed opportunities recorded on a daily basis (calls where an automatically generated text message to an on duty resource within the location of the call has not seen an activation of the resource.) This will have an impact on patient care, and the reduction is being felt by the volunteers, who are delivering more availability for less return of commitment, and evidence from the National volunteer survey indicates that there is an increasing disquiet around the volunteers with long-term commitment to the role around the value and willingness to continue to volunteer. The continued deterioration of this picture will result in volunteers reducing their volunteering and potentially leaving EEAST.

The move in EOC to site the volunteer resources within the dispatch desks does not appear to have produced a positive increase in deployment for volunteers, and we are now implementing an additional colour for the resource to assist EOC in identifying the local volunteer resource for calls.

The utilisation of volunteers within the patient episode can reduce and support core DSA and RRV's on scene times, and also reduce the need to deploy additional resources, while also providing patients with early care. The long awaited introduction of auto-deploy for volunteers to C1 calls should be launched in July, which will reduce the human factors in the consistency of deploying an available community response resource, and we will hopefully see an increase in deployments for the volunteers to increase patient care, and improve engagement with the voluntary workforce.

Additionally we are exploring the implementation of a performance desk to support in day conversations around the utilisation of these resources, and increasing local conversations with dispatchers around the capability of resources to assist with patient care in the community.

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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.

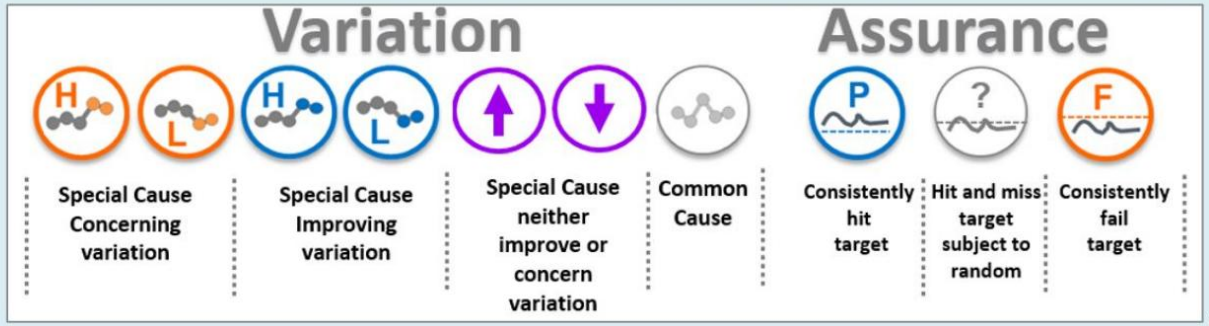
The rules

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).

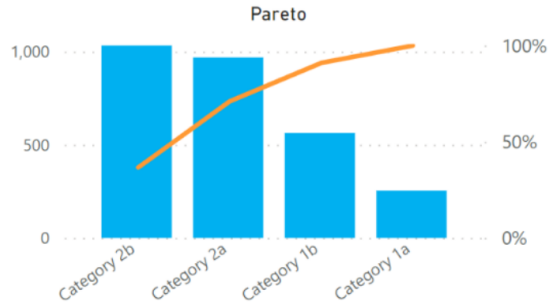
2. Where you don't have enough data points, a minimum of 14 are needed to be able to use an SPC Chart. Please note that this will always apply to any metric where you only want to show data within the current Financial Year.

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.

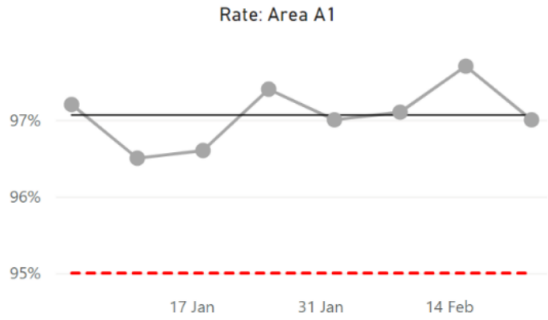
4. Where the metric is cumulative within the year i.e. Expenditure by Directorate

(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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NHS Trust

Meeting:	Trust Board (Public)	**Date:**	10.06.2026
Report Title:	EEAST's Quality Account 2025/26		
Agenda Item:	PUB26/06/2.3		
Author(s):	Natalie Mudge – Head 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:

Following consultation both internally and externally, EEAST's Quality Account 2025/26 was submitted to the Quality Governance Committee on 27th May 2026 where it was agreed that the document should be submitted to the Trust Board with a recommendation for approval to publish.

Purpose:

The purpose of this report is to gain approval from the Trust Board for the Quality Account 2025/26 to be published on the Trust's public website. A pdf format will also be made available to staff via EEAST24.

Recommendation:

The Board is asked to approve the Quality Account for publication.

Executive Summary:

EEAST's Quality Account 2025/26 has been completed in line with the Regulations specified within the Introduction/Background. The Trust has also included topics that, although not regulatory, highlight the involvement of patients and the public as well as an overview of quality successes achieved throughout the year.

The final draft document was circulated to all Trust Board members and commissioners as well as the HealthWatch organisations and Health Overview and Scrutiny Committees (HOSC) in the east of England for the regulatory 30-day consultation period prior to presentation at the Quality Governance Committee on 27th May 2026, where it was recommended that the Trust Board approve the final document for publication.

Introduction / Background:

As an NHS Trust, we are legally obligated under the Health Act (2009), Health and Social Care Act (2012) and the NHS (Quality Accounts) Amendment Regulations (2017) to produce an annual account of the quality of services provided for the previous financial year.

This account must contain all information as defined by the Regulations which includes;

- Statements from the Chief Executive Officer and Trust Board.
- Information on how the healthcare provider measures how well it is doing and continuously improves the services it provides and, where possible, it should compare its performance against other similar services.
- A statement from the organisation detailing the quality of the services it provides.
- Statements from the relevant Clinical Commissioning Groups, local Healthwatch Boards and Overview and Scrutiny Committees. These groups represent patients and the public on healthcare issues.
- Information on quality priorities for the coming year and how these will be measured
- The current Care Quality Commission (CQC) rating and how it will respond to any recommendations made following any inspections undertaken within the financial year.

Key Issues / Risks:

Failure to approve and publish by 30 June 2026 would be a breach of the associated Regulations.

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:

EAST's Quality Account 2025/26 has been produced in line with regulatory requirements, alongside additional content highlighting patient and public involvement and key achievements. The draft was shared with Board members, commissioners, HealthWatch, and HOSCs for a 30-day consultation, and was subsequently recommended for Trust Board approval by the Quality Governance Committee on 27 May 2026.

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NHS Trust

EEAST Annual Quality Account

2025/26

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#WeAre EEAST

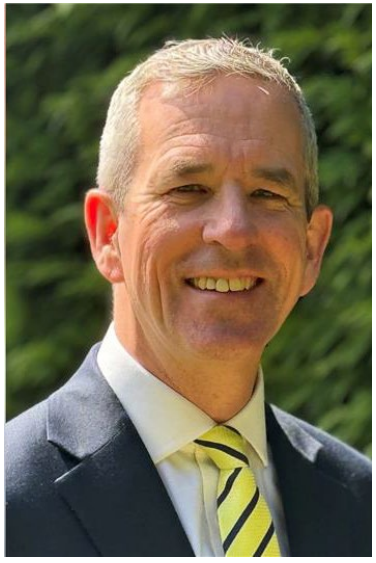
Foreword and statement on quality from the Board

It has been another busy year for EEAST, taking more calls and seeing more patients. In 2025/26, our EOC handled 1,490,823 emergency contacts. That's over 2,900 emergency 999 calls every single day - the equivalent of a 999 call every 29 seconds. Despite the level of demand, we have achieved an improved call pick up at a year-end average of two seconds.

We have made other significant improvements, including in our response times for our sickest patients. Our Hear and Treat rates have increased from 16.22% in the first half of the year to 18% in the later months, meaning that more of our patients are receiving the right care at the right time and in the right place. Our operational support teams have halved the proportion of vehicles off road, helping ensure that our crews have ambulances available to support them to respond to our patients.

In line with this improved performance, we have seen a decline in the number of patient concerns and incidents related to delayed responses. The Patient Safety Incident Response Framework (PSIRF) process has now been embedded at EEAST, which has supported to make improvements in service through this learning approach. EEAST has also maintained strong performance across ambulance clinical quality indicators and continues to perform above the national ambulance average for a number of key outcomes, including cardiac arrest survival, heart attack and stroke care.

The time taken for our patients to reach a specialist Primary Percutaneous Coronary Intervention (PPCI) Centre is outside of the national average, however, the use of the care bundle data for our heart attack patients demonstrates all patients received excellent care, with EEAST consistently achieving the highest compliance for the STEMI (heart attack) care bundle.



All these achievements have only been possible through the hard work and commitment of our teams and volunteers. Our teams living and working through our core values – accountable, respect and excellence.

Our quality improvement priorities for the coming year look to build on what we have achieved in 2025/26 including; ensuring our people have the right skills to identify and share learning from incidents and complaints, further improve our out-of-hospital-cardiac-arrest 30-day survival rates and further upskilling our clinicians to provide ultrasound screening and electronic prescribing.

These priorities in conjunction with our commitment in working hard with our system partners, including hospitals in achieving Handover 45, to reduce delays in responding to our patients, are key enablers in ensuring our patients get the right treatment at the right time.

Kingsmill Esther
09/07/2026 08:37:10

Neill Moloney - Chief Executive Officer

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Welcome to the East of England Ambulance Service NHS Trust Quality Account for 2025/26. This document has been approved by the Trust Board and is an accurate account of the level of quality of service provided to patients. In developing this Quality Account, we have set out a summary of achievements for 2025/26 and goals for 2026/27 as mandated within the regulatory guidance.

Improving quality is an overarching priority of the Trust and this report lays out plans for developing future services to improve the quality and safety of patient care and patient outcomes.

In order to help do this, the Quality Account is based on data from a range of sources.

Further information about us and our achievements can be found in our Annual Report.

Assurance for quality and safety is given to the Trust Board by the Quality Governance Committee which is in turn informed by our Compliance and Risk Group.

Underpinning the Compliance and Risk Group are a number of groups which cover the multiple aspects of our service including; risk management, patient safety, medicines management, safeguarding, infection prevention and control, medical devices and patient experience.

kinga.millar@nhs.net 09/06/2026 08:37:20

Information on all groups can be found on page 74.

Contributions to this document

All Integrated Care Boards (ICB) including Ipswich and East Suffolk ICB (the lead commissioner), HealthWatch groups, members of our Community Engagement Group and the region's health overview and scrutiny committees (HOSCs) have been invited to provide a commentary on the provision of our quality and care to include within this document. Those received can be found from page 75.

Where can you get hold of this document?

This Quality Account is available on the Trust website at

www.eastamb.nhs.uk/

or write to:

East of England Ambulance Service NHS Trust Headquarters,
Whiting Way,
Melbourn,
Cambridgeshire
SG8 6EN

If you require this document in another format or language, please contact our Patient Advice Liaison Service (PALS) on 0800 028 3382 or by emailing feedback@eastamb.nhs.uk

Other sources of information

We publish a number of other documents which you may find useful, these include; Trust Annual Report, Safeguarding Annual Report and the Infection Prevention and Control Annual Report. These, and other information about us, can be found at www.eastamb.nhs.uk.

Part One

Introducing the East of England Ambulance Service NHS Trust Quality Account

Our Trust provides urgent and emergency care services throughout Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk.

During 2025/26 we also provided non-emergency patient transport services for patients needing non-emergency transport to and from hospital, treatment centres and other similar facilities within parts of Essex, Bedfordshire and Hertfordshire.

We work with six Integrated Care Systems (ICS) covering an area of approximately 7,500 square miles with a resident population of around 6.6 million people.

We employ more than 6,000 staff operating from over 100 sites and are supported by more than 1,000 dedicated volunteers operating in a variety of roles including: Community First Responders; volunteer car drivers; British Association for Immediate Care (BASICS) doctors (network of volunteer emergency doctors who provide immediate access to specialist medical care); chaplains and our community engagement group.

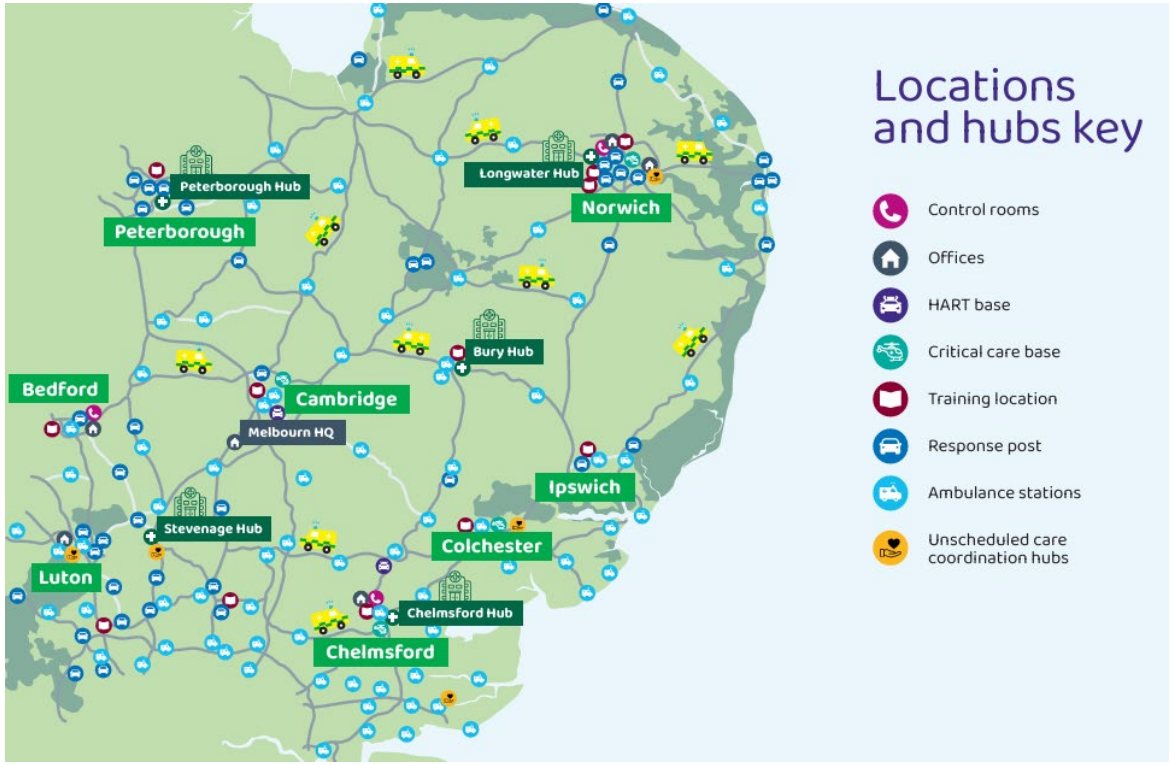


Image showing EEAST's geographical footprint and premises

The Trust Headquarters is in Melbourn, Cambridgeshire and there are ambulance emergency operations centres (EOC) at each of the three locality offices in Bedford, Chelmsford and Norwich which receive almost 1.5 million emergency calls from across the region each year as well as calls for patients booking non-emergency transport.

Kyra Mill-Stone 06/02/26 08:37 16

The east of England is made up of both urban and rural areas with a diverse population. As well as a resident population of about 6.3 million people, several thousand more tourists enjoy visiting our area in peak seasons each year. Our area also contains several airports including London-Luton and London-Stansted as well as major transport routes which increase the number of people in our region on a daily basis.

We have four areas of service provision:

Response to 999 calls as an emergency and urgent care service
In 2025/26, our EOC handled 1,490,823 emergency contacts. That's over 2,900 emergency 999 calls every single day - the equivalent of a 999 call every 29 seconds.

Call handlers record information about the nature of the patient's illness or injury using sophisticated software to make sure they get the right kind of medical help. This is known as triaging and allows us to ensure that the most seriously ill patients can be prioritised and get the fastest and most appropriate response.

Scheduled Care Service – Patient Transport Service

Working in collaboration with hospitals and treatment centres, we operate a quality Non-Emergency Patient Transport Service (NEPTS), transporting and caring for a variety of patients, including elderly and vulnerable people and those with mental ill health, to and from outpatient clinics, day-care centres and other treatment facilities. During 2025/26 we undertook 290,797 patient journeys and 27,780 escort journeys – a total of 318,577 NEPTS journeys.

Kingsmill Shed 09/06/2026 08:37:10

Special and partnership operations

The Trust operates two hazardous area response teams (HART) and has a resilience and emergency planning department who work closely with critical care charities and community volunteers to respond to a variety of emergency situations.

Commercial services

The East of England Ambulance Service NHS Trust (EEAST) delivers a range of NHS-owned, socially driven services that support quality, resilience and improvement across the health and care system.

CallEEAST is EEAST's 24/7 outsourced contact centre service, based in Norfolk. It provides high-quality non-clinical call handling, GP and out-of-hours support, virtual reception, dispatch, administrative services and patient signposting. Supporting over 90 organisations and managing more than 850,000 calls annually, CallEEAST improves access, customer experience and system capacity while delivering meaningful social value.

TrainEEAST provides clinician-led education and training to NHS, emergency service and commercial organisations. Training over 5,000 people each year, the service delivers courses ranging from basic life support and first aid to advanced trauma and specialist clinical training, helping to improve patient outcomes and safety. TrainEEAST also supplies defibrillators and medical equipment, supporting readiness and resilience across partner organisations.

The ***National Performance Advisory Group (NPAG)*** is a self-financing division of EEAST providing management support, benchmarking and professional development. Through its Best Value Groups, tailored workshops, national conferences and UK-wide professional network, NPAG enables leaders to share best practice, benchmark performance and drive continuous improvement in quality, efficiency and value for money.

Together, these services demonstrate EEAST's commitment to high-quality care, system resilience, workforce development and continuous improvement across the NHS and wider public sector.

What is a Quality Account and what does it mean to EEAST and the people we serve?

A Quality Account is a mandatory report about the quality of services an NHS healthcare trust provides and is required to be completed in line with the Health and Social Care Act 2012.

Quality reports and accounts are set against the framework of three overlapping key themes, patient safety, clinical effectiveness and patient experience, which can be used to define quality of care.

The content is defined by NHS England and includes outcome results against specific indicators under five headings:

1. Preventing people from dying prematurely.
2. Enhancing quality of life for people with long term conditions.
3. Helping people to recover from episodes of ill health or following injury.
4. Ensuring that people have a positive experience of care.
5. Treating and caring for people in a safe environment and protecting them from avoidable harm.

In addition to information provided within this report, our newly published Corporate Strategy 2025/30 details what we are aiming to achieve over the next five years and how we are going to do this.

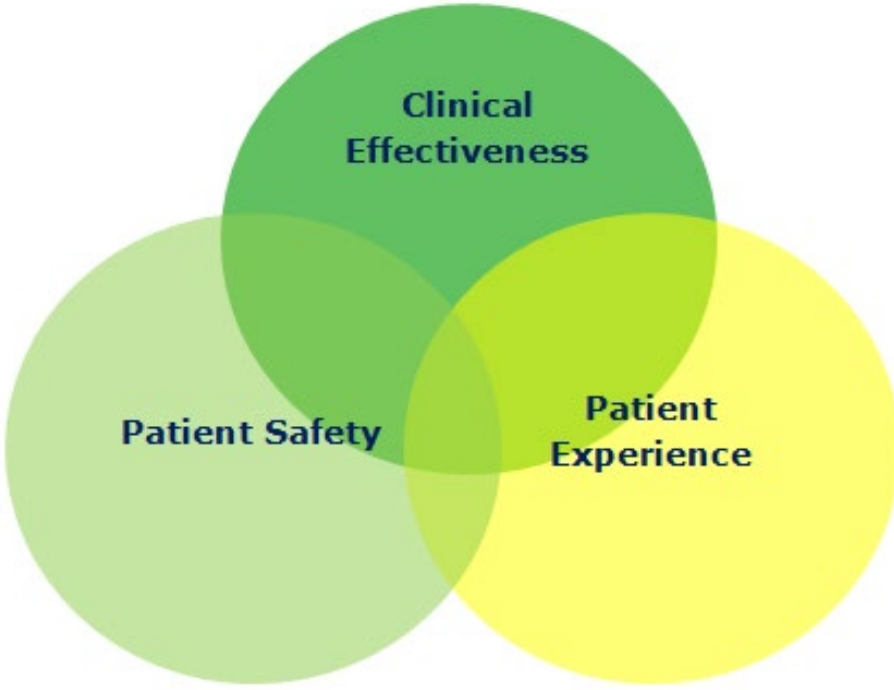


Image showing the three components of the mandatory priorities

Our current quality position

Over the past year, I have continued to be proud of the progress our Trust has made in improving the quality and safety of the care we provide to our patients, despite sustained and increasing demand on ambulance services nationally.

This statement provides an overview of the Trust's current quality position for 2025/26, aligned to the three statutory domains of quality defined by NHS England: patient safety, clinical effectiveness and patient experience. It also reflects an honest and balanced assessment of our clinical performance, recognising both the progress achieved and the areas where further improvement is required.

Patient Safety

During 2025/26, the Trust has continued to prioritise patient safety as a core organisational objective. Despite sustained demand and system pressure, EEAST has maintained strong performance across ambulance clinical quality indicators and continues to perform above the national ambulance average for a number of key outcomes, including cardiac arrest survival, heart attack and stroke care. These outcomes provide assurance that patients requiring time-critical emergency care are prioritised to receive safe and effective treatment.

The Trust has further strengthened its patient safety governance arrangements through the continued embedding of the Patient Safety Incident Response Framework (PSIRF), expansion of After-Action Review training and sustained delivery of Learning from Deaths reviews. These developments help us support a culture of learning and improvement and ensure that patient safety incidents are reviewed timely, proportionately, with appropriate learning shared across the organisation.

Agenda for Trust Board Meeting 09/07/2025 08:37:10

Following Care Quality Commission (CQC) engagement during the year, including the focused inspection in November 2024, the Trust has delivered improvement in a number of safety-critical areas which relate to a Warning notice received in January 2025. These include statutory and mandatory training compliance, medicines management oversight and Emergency

Operations Centre supervision. The Trust can provide assurance that the majority of actions arising from both the 2022 inspection and more recent regulatory warning activity have been completed, with established governance in place to sustain improvement.

The Trust recognises that patient safety continues to be impacted by system-wide factors, most notably delays associated with ambulance response times and hospital handover. Performance for Category 2 patients remains below national standards and although an improvement of over 7 minutes was achieved in 2025/26 compared to 2024/25, this continues to present a potential risk of harm. Reducing avoidable harm related to delays remains a key priority and is being addressed through system partnership working, operational improvement and continued clinical oversight.

Clinical Effectiveness

Throughout 2025/26, EEAST has continued to deliver clinically effective, evidence-based care across the full range of ambulance services. The Trust has sustained high compliance with national clinical care bundles, including the STEMI (heart attack) and stroke pathways, and continues to achieve strong outcomes for patients experiencing out-of-hospital cardiac arrest. These results provide assurance that clinical care is aligned with national standards and delivering best practice.

Clinical effectiveness has been further supported through the expansion of advanced practice roles, improved access to senior clinical decision-making and the continued development of the Clinical Assessment Service.

Alternative care pathways and Unscheduled Care Coordination Hubs have enabled more patients to be supported safely within community settings, reducing avoidable conveyance and improving overall system flow.

The Trust has also made progress in the use of digital technology to support clinical effectiveness, including the wider deployment of automated ECG (heart tracing) interpretation, increased use of video-enabled assessment in strokes and high levels of digital patient record utilisation. These developments have improved diagnostic confidence, documentation quality and clinical consistency.

While overall response performance has improved compared with the previous year, the Trust acknowledges that national response standards continue to be missed, particularly for Category 2 calls. Achieving sustained improvement in response times, while maintaining clinical quality and patient safety, remains a priority focus for 2026/27.

Patient Experience

Patient experience remains a relative strength for the Trust. During 2025/26, overall patient satisfaction has increased across urgent and emergency care services and remained consistently high within patient transport services. Compliments continue to significantly outnumber complaints, and overall complaint volumes have reduced compared with the previous year, providing assurance regarding the compassion, professionalism and respect demonstrated by staff.

The Trust has continued to strengthen how patient feedback is gathered, analysed and used to inform service improvement. This includes enhanced demographic analysis of patient surveys, continued engagement with children and young people, and the co-production of a Patient Voice Framework to support more consistent use of lived experience within governance and decision-making.

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The Trust recognises that patient understanding of the modern ambulance service and its clinical model remains variable. Feedback indicates that expectations relating to ambulance response and alternative care pathways are not always well understood. Improving public awareness of how care decisions are made, and what patients can expect when contacting 999, will remain a focus for the coming year and will form part of the new patient plan (clinical strategic intention).

The Trust also acknowledges the intrinsic link between staff experience and patient experience. While progress has been made through initiatives to improve staff engagement, leadership visibility and Freedom to Speak Up arrangements, further work is required to ensure staff feel consistently listened to, valued and supported and is a focus for the next 12 months.

In summary, during 2025/26 the Trust has made sustained progress across all three domains of quality, demonstrating improvement in safety governance, strong clinical outcomes and positive patient experience. The Trust has responded appropriately to regulatory feedback and can provide assurance that the majority of identified actions have been delivered.

However, the Trust is clear that challenges remain. Improving Category 2 response times, reducing system delays, and embedding a consistently positive organisational culture are key priorities for the coming year and will lead to better patient experience and outcomes. The Trust Board and executive leadership team remain committed to transparent reporting, continuous learning and sustained improvement, working in partnership with staff, patients, commissioners and regulators to deliver safe, effective and compassionate care for the communities we serve.

Simon Chase
Chief Paramedic (Allied Health Professional)
& Director of Quality

Care Quality Commission (CQC)

The Care Quality Commission (CQC), England's independent regulator of health and social care, is responsible for ensuring that providers meet fundamental standards of quality and safety. It also sets out what constitutes good and outstanding care. Through a programme of inspections, ratings and published reports, the CQC encourages continuous improvement across health and social care services.

The CQC assesses organisations against five Key Questions within the CQC Single Assessment Framework to determine whether services are: Safe, Effective, Caring, Responsive to people's needs and Well led.



Image showing EEAST's current CQC rating poster

CQC Inspection Findings and Regulatory Notices

Following a CQC inspection of Urgent and Emergency Care (UEC) services and Emergency Operations Centres (EOC) undertaken in November 2024, the Trust received a Section 29A Warning Notice on 23 January 2025. This notice related to the following areas of concern:

- Completion of mandatory training
- Waiting times for calls
- Insufficient staffing levels within EOC provision
- Organisational culture
- Investigation and learning from medicines incidents
- Inadequate action taken in response to staff feedback and staff perceptions of the service

In addition, on 27 January 2025, the Trust received a Section 64 letter from the CQC outlining further findings from the same assessment. This included breaches of:

- Regulation 17 – *Good Governance*
- Regulation 12 – *Safe Care and Treatment*

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These breaches were specifically related to Category 2 response times. Further detail is provided on pages 26-30, including the actions taken by the Trust and the improvements delivered, however new figures show that in March 2026 EEAST achieved the fastest average response times for Category 2 emergencies in almost five years.

Rapid Quality Review (RQR) Process

In line with national NHS guidance, the Trust entered the Rapid Quality Review (RQR) process. The RQR meetings included representatives from:

- East of England Ambulance Service NHS Trust (EEAST)
- Suffolk and North East Essex Integrated Care Board (ICB), as the Trust's lead commissioner
- NHS England
- The Care Quality Commission
- Representatives from all other ICBs across the region

A suite of agreed performance and quality metrics was developed and monitored on a monthly basis. As a result of the sustained improvements demonstrated, the Trust entered the Exit Criteria phase of the RQR process in June 2025.

Continued Improvement and Current Position

Since exiting the RQR process, the Trust has continued to demonstrate sustained high performance across the majority of monitored metrics and, as a result, the Trust moved to routine surveillance in March 2026.

The principal area requiring further improvement relates to organisational culture, particularly within the Emergency Operations Centres, and the effectiveness of how the Trust listens to staff, responds to feedback, and translates learning into meaningful and visible actions for improvement.

The sections that follow set out:

- The actions that have been taken and those planned
- The progress made to date
- The improvements achieved during the year
- The ongoing focus on strengthening organisational culture and staff engagement

Statutory/Mandatory training

At the end of March 2026, the Trust reported an overall level of 93.36% compliance with the Core Skills Training Framework (CSTF) topics demonstrating a sustained level of above 90% throughout the year. This will continue to be monitored internally during 2026/27 to ensure compliance does not reduce below the 85% level expected by the CQC.

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Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
93.1%9	92.99%	93.17%	93.30%	93.33%	93.81%	94.26%	94.51%	94.81%	94.38%	93.88%	93.36%

Staffing within our Emergency Operations Centre

As part of our response to the Section 29A Warning Notice, the Trust set an aim of achieving at least 85% whole time equivalent (wte) staff of the number set for the three main roles within our EOCs, call handlers, dispatchers and clinicians working with the Clinical Assessment Service (CAS).Staff numbers to attain at least 85% of target (WTE).

The table below shows our staffing levels as of 14 March 2026 for call handlers, dispatchers and clinical assessment service staff against the 85% target.

Staff group – workforce effective (employed and agency)	Target	24 March 2025
Call handlers	85%	106%
Dispatchers	85%	98%
Clinicians – Clinical Assessment Service	85%	89%

Due to the nature of the role, recruitment for these positions is an ongoing process to take into account any changes. The Trust has also begun to over-recruit to posts within the Chelmsford and Norwich EOCs ahead of the planned closure of the Bedford EOC.

Call pick-up times

For these key performance indicators, the Trust, like all other ambulance services, reports against two measures for answering 999 calls within 5 seconds; the mean and the 95th centile. Demand on the ambulance service continues to increase year on year, resulting in a growing volume of 999 calls managed by our teams. Throughout the year we have faced periods of pressure, driven by seasonal trends, winter illnesses, and the impact of weekends and bank holidays when access to wider NHS services is reduced.

Despite these challenges, our 999-call answer performance has stabilised, achieving a year-end mean of 00:00:02 and a 95th percentile of 00:00:01 meeting the national target and improving on last year's position. (Please note that as these are rounded to whole seconds which can distort the data). A reduction in calls waiting over two minutes was also noted with just 1,859 calls waiting above the threshold representing 0.17% of 999 contacts which is also an improvement on last year.

This reflects the sustained efforts of our teams to deliver month-on-month improvement, the impact of targeted productivity initiatives and a strengthened focus on local leadership and operational governance, ensuring timely and safe care for our patients and communities.

Kingsmill Centre
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Medicines management

Following concerns raised by the Care Quality Commission (CQC) in relation to the management of medicines investigations, the Trust implemented a series of targeted actions to strengthen oversight and assurance. These included the introduction of a weekly review of all reported medicines incidents, jointly undertaken by the Trust Pharmacist and the Deputy Clinical Director, to ensure that no investigation was closed without lessons learned being clearly identified and recorded.

During the reporting year, a total of 950 medicines-related incidents were reported. Of these, 171 related to controlled drugs and 779 related to other medicines and medical gases, including oxygen and Entonox.
Reviews identified five cases in which lessons learned had not been formally documented. Each of these incidents was subsequently followed up by the medicines management team, with additional guidance and support provided to operational managers to ensure completeness of learning and compliance with required standards.

The principal themes arising from medicines investigations during the year included accounting errors within medicines registers, vial breakages, and medical gases not being stored in accordance with Trust policy. Reassuringly, no incidents were identified that resulted in patient harm.

Planned next steps include the procurement of an electronic medicines management system to replace the current manual processes. This system is expected to strengthen governance and traceability across all stages of the medicines lifecycle, from procurement through to storage and administration, thereby improving efficiency, accuracy, and patient safety.

Medicines incidents will continue to be monitored in the Trust with oversight undertaken by the Medicines Management Group who report to our Compliance and Risk Group.

Culture

A number of actions have already been taken since the inspection in November 2024;

- Implementation of Understanding Sexual Misconduct in the Workplace training. A target of at least 75% was set for the end of August 2025. A level of 84% was reached by this date and at the end of March 2025 was at 92.9%.
- As part of the Trust's commitment to sexual safety in the workplace, the Chief Executive Officer wrote to all Trust colleagues in April 2025, reinforcing a zero-tolerance stance on inappropriate behaviour and encouraging staff to raise concerns with confidence.
  Following this communication, there was an increase in reported cases during 2025/26, with 82 reports compared to 53 in the previous year. This increase is viewed positively and reflects growing confidence among staff to speak up and raise concerns, supporting a more open, transparent, and safe working environment.
- A key message from colleagues gained from the 'Big Conversation' initiative within the previous year, was a desire to see and speak with leaders more often, face to face.
  In response, as part of the Big Conversation, a Time to Listen programme was launched in August, with executive directors and senior leaders spending time each month at ambulance stations, call centres, workshops, and administrative bases across the Trust.
  The aim is to listen directly to colleagues about what is working well, the challenges they face, and their ideas for making EEAST an even better place to work. This initiative is about more than listening – it is a commitment to action. Insights gathered are brought together to identify key themes and shape practical solutions that support meaningful and lasting improvement.
- Embedding the new Trust values across the organisation.

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Whilst some improvements have been seen, we acknowledge that there is still further work to be done and outcomes from the 'Time to Listen' events are continuing to help shape future actions. The Trust has also engaged an external provider to undertake a review of the culture within the organisation which commenced in April.

Staff engagement

The final concern raised by the CQC within the Section 29A warning notice, was that we were not acting adequately on information about staff opinion of the service to develop and take actions for improvement.

As for the culture plan, the 'Big Conversation' has helped with this piece of work and monitoring of defined key performance indicators has been undertaken through our accountability forums. In line with the S.29A, all directorates have been set a clear expectation to work with their teams to pull together meaningful plans from the NHS Staff Survey and for these to contain clear objectives and actions with a submission deadline date of 01 May 2026.

From a previous inspection in 2020, the Trust was also given notice under Section 31 of the Health and Social Care Act with seven conditions relating to; safeguarding, staff allegations, recruitment checks, Disclosure and Barring Service (DBS), contracted private ambulance service provision, sexual harassment and processes to manage concerns, grievances and disciplinaries. To date four of these conditions have been lifted; Safeguarding, staff allegations, recruitment checks, Disclosure and Barring Service (DBS) checks.

At the time of this report, we are awaiting the outcome of the remaining three; contracted private ambulance service provision, sexual harassment and processes to manage concerns, grievances and disciplinaries.

CQC Focused Inspection (November 2024) – current position

In January 2026, the Trust received its draft CQC report from the November 2024 inspection, and following submissions made in line with factual accuracy process is awaiting the final version.

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Next steps - Work will continue to embed implemented actions, close remaining ones, and sustain improvements from the Section 29A Warning Notice and Regulation 64 letter. The internal CQC team will continue station and EOC visits to quality check standards.

Department of Health Core Quality Indicators

All NHS organisations are required to report against a set of Core Quality Indicators (CQIs) relevant to their type of organisation. For ambulance trusts, both performance and clinical indicators are set as well as indicators relating to patient safety and experience.

Where information is publicly available, organisations are also required to demonstrate their performance against other ambulance services within the year.

AMBULANCE RESPONSE TIMES (CATEGORIES 1 - 4)		
C1	Immediately life-threatening injuries and illnesses.	7 minutes mean response time
		15 minutes 90th centile response time
C1T	Immediately life-threatening injuries and illnesses where the patient is transported to hospital	7 minutes mean response time
		15 minutes 90th centile response time
C2	Emergency	18 minutes mean response time
		40 minutes 90th centile response time
C3	Urgent calls and in some instances where patients may be treated in situ (e.g., their own home) or referred to a different pathway of care.	120 minutes 90th centile response time
		120 minutes 90th centile response time
C4	Less urgent. In some instances, patients may be given advice over the phone or referred to another service such as a GP or pharmacist.	180 minutes 90th centile response time

AMBULANCE CLINICAL OUTCOMES: ACUTE ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) Patients who undergo a pre-hospital assessment for STEMI (heart attack), diagnosed at the earliest opportunity and given specifically tailored care.
The percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the Trust during the reporting period. An appropriate care bundle is a package of clinical interventions such as oxygen therapy and the giving of relevant drugs that are known to benefit patients' clinical outcomes. Previously ambulance trusts were also required to report on the stroke diagnostic bundle, however this was removed from the national programme in 2023.

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NHS Number and General Medical Practice code validity

Ambulance trusts are excluded from this requirement therefore no records were submitted during 2025/26 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics.

NHS clinical coding error rate

As an ambulance service, EEAST was not subject to the Payment by Results clinical coding audit during 2025/26 by the Audit Commission.

Data quality

The digital services organisation within the Trust provides technology to support the operational activities and corporate service areas, digital transformation technology programmes, information repositories and data services. NHS England benchmarked all English trusts in the year (the Digital Maturity Assessment) and EEAST were in the top quartile in the ambulance services category and at the national average for all trusts.

The Trust Electronic Record Platform has now achieved the benchmark of over 96% digital utilisation for all patient interactions which the Trust will target to get to 100% in the years to come. The Trust mobile clinicians also have access to the National Care Records Service to enable access to longitudinal records.

The core clinical platforms maintained very high availability in 2025/26, with no major disruption. The organisation's digital services through the year maintained the continued service to the wider Trust staff with a continued reduction in time to resolution despite a significant increase in the demand for new services. During the year, further new technology has been deployed in support of national guidelines to further protect the organisation against the continual cyber challenges, this work never ends, and we will continue this into the coming years.

The digital services team continued to deliver a move from physical environments to virtualised external data centres and cloud-based technology in line with NHS best practice. With the launch of the Trusts new strategy the digital services team will now adjust the digital roadmap to support the core Trust Missons; Patients, People, Partnership and Productivity .

As a Trust we receive over two and quarter million emails per month and send an average of three hundred and sixty thousand emails every month internally and externally. The Trust has over seven thousand end user devices all with connection to the internet. Through the year, whilst we saw daily unauthorised attempts to access our systems including multiple brute force attacks, the integrity of all our digital systems and assets were protected and maintained.

The Trust has several processes in place to ensure that data included within the Quality Account is accurate and provides a balanced view. These include:

- clinical data and outcomes
  - checked and verified by the clinical audit manager prior to submission to the national audit programmes,
  - monthly checks of the department of health statistical reports to ensure latest comparative data is included,
  - digital data quality checks are automated with tooling with exceptions identified for the resolving process,
  - assurance through internal governance processes to board level via the integrated board report.
- Data Security Protection Toolkit
  - Assurance provided through Information Governance Group to Trust Board via the Audit Committee.
  - Regular internal and external scrutiny of processes and information through a number of groups and committees.

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Data security protection toolkit

During 2025–26 the Data Security and Protection Toolkit (DSPT) transitioned to a new assurance framework aligned with the National Cyber Security Centre's Cyber Assessment Framework (CAF). This represents a significant shift from the previous Data Security Standards, strengthening the focus on cyber resilience, risk management and the secure handling of information across the NHS.

As a large NHS organisation, EEAST has been onboarded to the new CAF-aligned DSPT model. In addition to providing formal assurance, the DSPT continues to be the mandated national mechanism for reporting data security incidents and data breaches to NHS England.

The CAF-aligned DSPT is structured around five objectives:

- Managing risk
- Protecting against cyber attack and data breaches
- Detecting cyber security events
- Minimising the impact of incidents
- Using and sharing information appropriately

Across these objectives, the Trust is required to assess its performance against 47 outcomes, each supported by detailed criteria and graded as *not achieved*, *partially achieved* or *achieved*. NHS England has defined the expected level of achievement for each outcome in order for an organisation to be assessed as meeting standards.

EEAST submitted its baseline CAF-aligned DSPT assessment by the national deadline of 31 December 2025, with a final submission due by 30 June 2026. At the time of reporting:

- 43 of the 47 outcomes meet the nationally defined expected level
- 4 outcomes are not yet at the required level, two of which align with NHS England's own benchmark assessment of *not achieved*

Work is ongoing to strengthen the evidence and controls underpinning these outcomes. The Information Governance and Digital teams work closely together through regular joint assurance sessions, focusing on closing remaining gaps and ensuring clear, comprehensive narratives supported by appropriate technical, policy and operational evidence.

Progress is monitored through established governance arrangements, with oversight provided by the Information Governance Group and formal assurance reported to the Audit Committee and the Trust Board.

During 2024–25, the Trust submitted its DSPT with an NHS England-approved improvement plan and was assessed as *Approaching Standards*. The introduction of the CAF-aligned DSPT during 2025–26 provides a more robust and forward-looking framework and supports the Trust's ongoing commitment to protecting patient data, maintaining cyber resilience and sustaining public confidence.

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Statement of Accountability

As Accountable Officer and Chief Executive of the Trust, I have responsibility for maintaining the performance and standards achieved within our services, and to support an environment of continuous quality improvement.

This Quality Account has been produced by the East of England Ambulance Service NHS Trust, in line with the requirements of the Health and Social Care Act 2012. The Quality Account contains details mandated by the regulations alongside the measures that the Trust, in association with our NHS and public partners, has decided will best demonstrate the work that has been done to maintain and improve the standard and quality of care we provide to our communities.

This account sets out the work has been undertaken this year to improve the quality of care to patients and outlines where we want to improve to ensure all patients have a positive experience and the standard of care that we want.

As Accountable Officer, it is also my responsibility to ensure both the quality and accuracy of the data within this Quality Account and to confirm that it presents a balanced picture of the Trust's performance. Therefore, to the best of my knowledge the information contained within this Quality Account for the East of England Ambulance Service NHS Trust is a true and accurate record.

Neill Moloney

Chief Executive Officer

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PART 2
Quality improvement initiatives

The Quality Account for 2026/27 will continue to focus on the core priorities which match the mandatory indicators for ambulance trusts set by the Department of Health and Social Care (DHSC) as outlined in Part 1 as well as local priorities to improve the quality of care delivered by our staff.

The National Quality Board (NQB) has currently paused its review of the required content for quality accounts, so this report has been compiled in line with current published guidance.

The following tables provide information on the chosen priorities under the three headings of;

- patient safety
- clinical effectiveness, and
- patient experience.

As well as the reason for choosing them and what we hope to achieve over the next 12 months.

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Priority One - Patient safety

Priority	Why we have chosen this priority	What we are trying to improve	What success will look like
Deliver training to 85% of relevant managers on the review and feedback of incident reports through training in After Action Review processes and emphasising the importance of feedback on the incident reported.	Quality After Action Reviews are pivotal to ensure that maximum learning outcomes are identified. Managers should be supported in providing quality feedback and learning from incidents.	At this time, not all lead reviewers across the organisation are trained in the After Action Review processes which are a core part of the Patient Safety Incident Response Framework.	We will see an improvement in identified learning themes, quality AARs being undertaken and allow for early identification of emerging themes and maximisation of trust wide learning. We will see standardised feedback across the organisation.
Continue to utilise multiple platforms to share learning from incidents , complaints and claims	Sharing of learning identified as part of a review process is pivotal to drive a positive safety culture and improve safety for staff and patients.	Making learning from incidents accessible to all staff via multiple platforms rather than reliance on safety alerts and monthly newsletters. Utilise Trust devices and Applications to share identified learning and test knowledge of learning that has been shared by utilising Class publishing and JRCALC Apps.	Multiple ways for teams to share learning easily across the organisation Reduction of themed incidents reoccurring
Proactively work with our system partners to reduce delays incidents across the organisation	Incidents relating to ambulance response delays can cause significant harm to patients. Working with our system partners to ensure we reduce delays incidents will positively affect staff and patients across the region.	Achieving a reduction in delay incidents will reduce harm to patients	We will ensure the Trust's delays action plan aligns with the Trust's strategic goals set out in the Operational Performance Improvement Plan (OPIP) A reduction in both frequency of delay incidents occurring as well as a reduction in harm to our patients.

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Review and update of the Trust's Patient Safety incident Response plan (PSIRP)	Themes and trends identified under PSIRF are pivotal to ensure that the organisation's PSIRP is up to date and relevant to the organisation.	Ensuring that the correct patient safety themes are reviewed by the patient safety team with a proportionate learning response i.e. AAR or PSII review Timely reviews of patient safety events in line with the PSIRP	Publication of the Trust's new PSIRP in Q2/Q3 of 2026 with refreshed themes Detailed reports (PSIIs) from the patient safety team which will make recommendations to the organisation as to how we can improve safety and reduce the risk of themes within the PSIRP
How we will monitor progress: Quality Governance Committee via the Patient Safety and Engagement Group.			
Responsible Lead: Dr Simon Walsh, Medical Director			
Date of completion: 31 March 2027			

Priority Two - Clinical effectiveness

Priority	Why we have chosen this priority	What we are trying to improve	What success will look like
Secure approval from the Care Quality Commission (CQC) to add the regulated activity of *Diagnostic and Screening Procedures* to EEAST's registration. This aspect of care to be undertaken by Advanced Practice and Critical Care Paramedics	Ultrasound-guided procedures represent a significant patient-centred benefit in the pre-hospital setting, enhancing diagnostic accuracy, reducing risk, and supporting timely, appropriate care. This will allow growth in Urgent Care and Critical Care capability and appropriate management of both low-acuity patients closer to home, and high-acuity patients in a timely manner, in line with Trust and NHSE strategy. The organisation is committed to supporting Advanced Practice and Critical Care Paramedics through a structured, robust development pathway that ensures clinical competence, professional growth, and workforce sustainability.	Licensing EEAST to deliver diagnostic and screening interventions will improve the timeliness and accuracy of pre-hospital assessment and treatment. Enhanced diagnostics will strengthen patient safety, reduce unnecessary conveyance, and support more patient-centred decision-making. Empowering Advanced and Critical Care Paramedics will ensure consistent access to senior clinical leadership during complex and critical incidents, improving outcomes and experience.	Additional regulated activity approved by 30 September 2026.

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Priority	Why we have chosen this priority	What we are trying to improve	What success will look like
Improve survival from Out-of-Hospital Cardiac Arrest by strengthening early, pre-arrival interventions, increasing effective bystander action, using data to target improvement, supporting clinical decision-making, and reducing inequality in resuscitation outcomes across the East of England.	The project focuses on interventions and actions prior to the arrival of EEAST, reflecting strong international evidence that early community mobilisation and bystander intervention have a significant impact on survival from OHCA. While there is potential to trial new advanced life support treatments, these sit outside the trust's direct remit and control.	The way we resource cardiac arrest calls to ensure we provide the most timely and efficient response to our viable cardiac arrests but also provide an appropriate response to those patients who have died and for whom resuscitation is not indicated. Increase in Return of Spontaneous Circulation (ROSC) and survival.	Correct resourcing to attend cardiac arrest calls Post incident support process for bystanders who have commenced CPR prior to ambulance arrival. Increase in rates of ROSC and survival.
Implementation of electronic prescribing for our Advanced Paramedic Practitioners and Advanced Nurse Practitioners	The introduction of electronic prescribing enhances the continuity of care for patients by ensuring that all prescribing activity is accurately documented and immediately visible to other healthcare professionals involved in the patient's care.	Reduction in the risk of duplication, medication errors, and unnecessary follow-up appointments. Benefit for patients from more timely access to medicines, often avoiding the need for additional GP appointments or hospital visits, and receiving care closer to home.	A reduction in on scene times for these cases. No increase in medication administration errors. Consideration of including a specific patient survey to obtain levels of satisfaction with this aspect of care.
How we will monitor progress: Quality Governance Committee via the Clinical Best Practice Group.			
Responsible Lead: Simon Chase, Chief Paramedic and Director of Quality			
Date of completion: 31 March 2027			

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Priority Three - Patient Experience

Priority	Why we have chosen this priority	What we are trying to improve	What success will look like
To implement and embed the co-produced Patient Voice Framework across the organisation.	A Patient Voice Framework has recently been co-produced to strengthen how patient experience is heard, considered and acted upon across the organisation. Although the patient voice is valued, it is not consistently incorporated into decision-making, quality processes or governance structures. Implementing a standardised, organisation-wide framework will help to embed patient experience into the design, delivery and monitoring of services.	To improve how patient experience is consistently gathered, considered and used across the organisation by embedding the Patient Voice Framework into everyday practice, governance processes and service development.	Success will be demonstrated when the Patient Voice Framework is embedded across the organisation, with Board, committee and governance reports routinely evidencing how patient experience insight has been considered and used to inform decision making, influence service design and support quality improvement.
Expanding the demographic analysis within the patient survey programme, alongside targeted engagement with seldom-heard communities, will support the Trust's inequalities plan. Strengthening both our data and involvement activity will help us to identify where specific patient groups experience different outcomes or barriers, ensuring their voices inform service improvement.	We recognise that patients have different needs and access a variety of our services including being treated at home. We recognise that patients' experience of our service may differ based on a variety of factors, including geographical location, age, gender, ethnicity and other demographic characteristics. To deliver equitable care, we need a clearer understanding of how different groups experience our services and to identify any barriers or inequitable outcomes as a result. Expanding our demographic analysis, alongside targeted engagement with seldom-heard communities, will enable us to identify these variations and make informed improvements to the services we provide.	To improve how we gather and analyse feedback, and how we engage and involve specific patient groups and seldom heard communities, so that their experiences effectively inform service improvement.	Success will be demonstrated through reporting to PSEG, governance channels and committees that includes patient and public insight broken down by demographic groups, providing a clearer picture of patient experience across different communities. The recently developed Patient Voice Framework will be trialled through the inequalities workplan, supporting the identification of targeted actions to improve the experience of specific patient groups.

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Priority	Why we have chosen this priority	What we are trying to improve	What success will look like
To ensure education relating to the Patient Plan/clinical model is consistently incorporated into patient engagement activity, to strengthen patient understanding of our services.	Following the EEAST Strategy development work, patient feedback and engagement continues to show that many patients and members of the public do not feel they know enough about our services. Feedback, including complaints and survey responses, also indicates that patients do not have a clear understanding of the range of services provided, nor the potential outcomes when contacting the service. Improving education about the Patient Plan and clinical model within engagement activities will help address these gaps and support more informed patient understanding.	Improving patient and public awareness of our services will help ensure that patients can provide informed, meaningful feedback, and have greater confidence in contributing to service development. This includes increasing understanding that calling 999 will not always result in an ambulance response, but instead follows a 'right care, right time, right person' approach aligned with the Trust's clinical model.	Success will be demonstrated through a range of evidence, including patient and public engagement activity and reporting that reflects more informed and confident patient feedback about the services the Trust provides. Additional feedback channels – including surveys, complaints themes will also indicate improved awareness and understanding of the range of services the Trust offers.
How we will monitor progress: Quality Governance Committee via Patient Safety and Experience and Community Engagement groups			
Responsible Lead: Simon Chase, Chief Paramedic and Director of Quality			
Date of completion: 31 March 2027			

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PART 3

Progress on the quality account priorities 2025/26

The following section provides feedback and evidence on the progress of last year's work on our key quality priorities and our performance.

The content is defined by NHS England and includes outcome results against specific indicators within five areas:

1. **Preventing people from dying prematurely**
2. **Enhancing quality of life for people with long-term conditions**
3. **Helping people to recover from episodes of ill-health or following injury**
4. **Ensuring that people have a positive experience of care**
5. **Treating and caring for people in a safe environment and protecting them from avoidable harm**

Except for the time standards to our calls, no thresholds are set by the Department of Health for the Ambulance Clinical Quality Indicators.

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Performance of the Trust against quality metrics

Response Times

Ambulance services are monitored against response times for a Category 1 – 4 system (determined by clinical condition/emergency), with varying response times for each category. The table below summarises the Trust's performance against the national response time standards for 2025/26 and the improvement seen for each category when compared to the previous year.

Category	Definition	National standard	Average EEAST Performance (hh:mm:ss)		
			2024/25	2025/26	Improvement
C1	Immediately life-threatening injuries and illnesses.	7 minutes mean response time	00:09:08	00:08:41	**00:00:27**
		15 minutes 90th centile response time	00:17:12	00:16:16	**00:00:56**
C2	Emergency.	18 minutes mean response time	00:42:49	00:35:48	**00:07:01**
		40 minutes 90th centile response time	01:32:50	01:15:08	**00:17:42**
C3	Urgent calls and in some instances where patients may be treated in-situ (e.g., their own home) or referred to a different pathway of care.	120 minutes (2 hours) 90th centile response time	02:21:56	01:55:52	**00:26:04**
C4	Less urgent. In some instances, patients may be given advice over the phone or referred to another service such as a GP or pharmacist.	180 minutes (3 hours) 90th centile response time	03:54:56	02:40:32	**01:14:24**

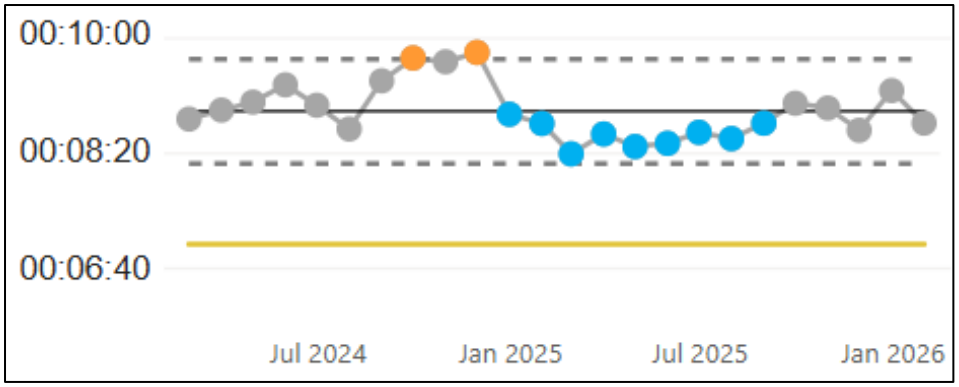
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Category C1 maintained a stable performance throughout the year, ranging from a fastest monthly average of 8 minutes 09 seconds to a slowest of 9 minutes 14 seconds. The year-end mean of **00:08:41** reflects an improvement on the previous year's performance.

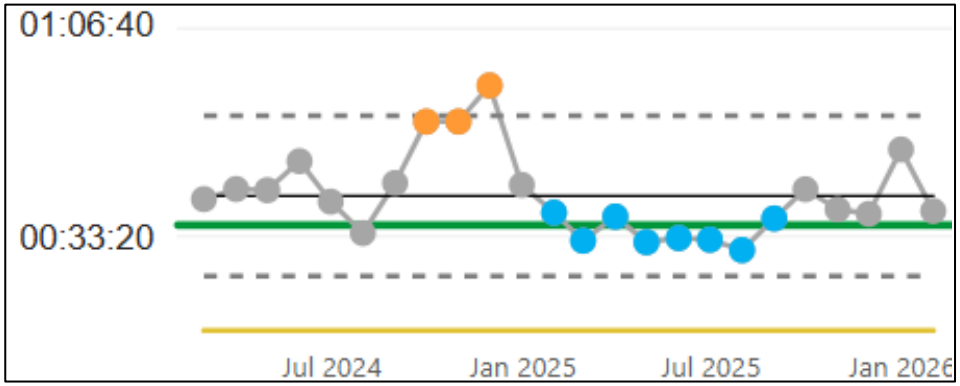
Category C2 experienced greater month-to-month variation, reaching a peak of **00:47:04** in January. Despite this fluctuation a year-end mean response time of **00:35:48** was achieved which is also an improvement on the previous year.

Category C3 recorded response times ranging from **01:21:10** to **02:41:42**, with a year-end mean of **01:55:52**, also representing improvement on the previous year.

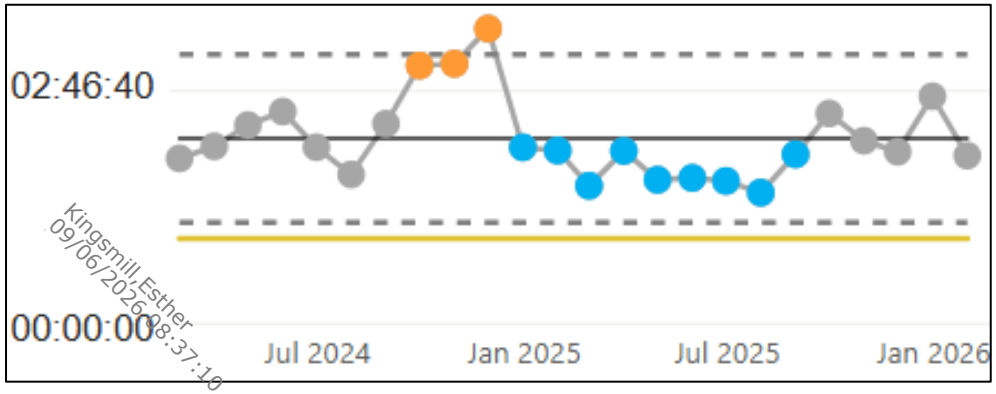
Category C4 continued to show the longest response times, ending the year with a mean of **02:40:32**. However, this is also an improvement on the previous year's performance.



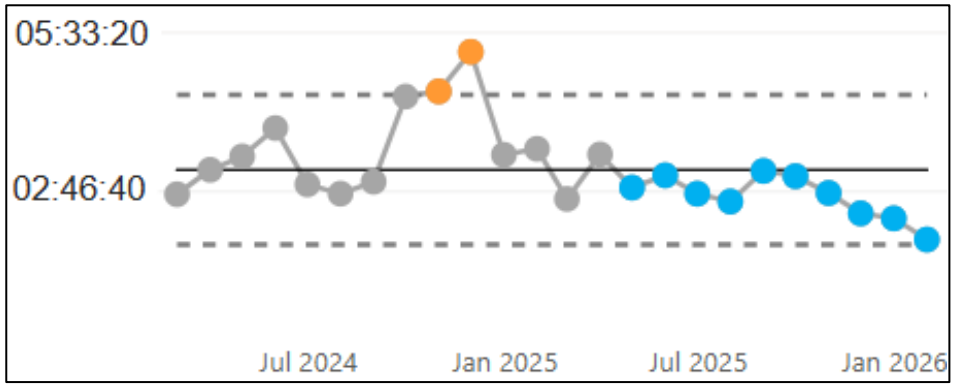
Graph showing our C1 Response Times



Graph showing our C2 Response Times



Graph showing our C3 Response Times



Graph showing our C4 Response Times

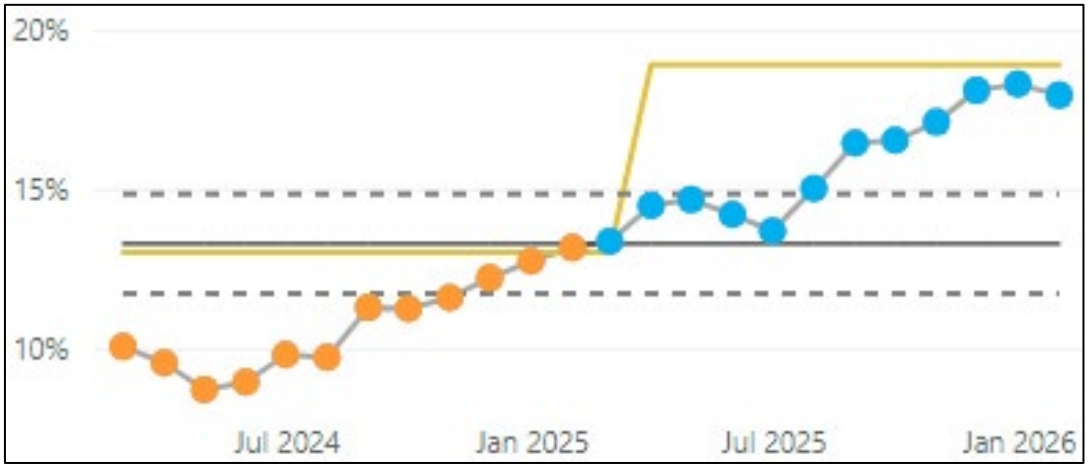
Across the year May 2025, June 2025 and March 2026 delivered the fastest C1 response times, while October, November and January recorded the slowest. For C2 response times performance was strongest in May 2025, August 2025 and March 2026 with slower response times again seen in October, November and January. These months of reduced performance align with seasonal pressures, driven by higher demand and wider system challenges.

Although improvements were seen within the year, the Trust recognises that it needs to do more to respond to patients more quickly. Reducing avoidable harm related to delays remains a key priority and is being addressed through system partnership working, operational improvement and continued clinical oversight.

Published further information for all ambulance services can be found here: www.england.nhs.uk/statistics and more detailed information relating to EEAST can be found within our Annual Report.

Hear and Treat

Not all 999 calls require an ambulance response. To ensure that emergency resources are available for those who need them most a dedicated team of Clinicians further assess appropriate 999 calls. They can provide expert advice and determine the most appropriate care pathway which may include self-care advice, referral to community or primary care services such as GP or Pharmacist or confirming that an ambulance response is required. This is known as Hear and Treat (H&T) where the focus is on ensuring patients receive the right care first time and safeguarding ambulance availability for patients who need urgent and lifesaving care.



Graph showing our Hear and Treat Activity

Hear and Treat (H&T) activity demonstrated a steady increase throughout the year. Our EOC and UCCH clinicians handled 159,236 H&T cases, achieving an overall H&T rate of 16.22%.

After relatively stable performance in the first quarter of the year, we saw a clear upward trajectory from late summer onwards as shown in the chart below. Monthly H&T cases rose from 11,053 in April to a peak of 16,425 in December. This increased activity saw improvements in the H&T rate, which climbed from 14.47% in April to 18.30% in January, before stabilising at around 17-18% through the final months of the year.

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Norfolk and Waveney achieved the highest H&T rate at 18.7% with Bedfordshire and Luton at 17.7%. Cambridgeshire and Peterborough had the lowest at 13.9% with Hertfordshire and West Essex at 15.4%.

The improvements noted were delivered through the Operational Productivity workstream, with a focus on supporting increased activity through enhanced clinical validation and H&T. These improvements strengthen our commitment to providing expert advice and determining the most appropriate care pathway, ensuring patients receive the right care first time while reducing unnecessary ambulance deployments.

Operational Productivity

Across the year EEAST has focused on several operational productivity improvement measures which support delivery of the four Trust missions and ensure timely, safe and effective patient care while making the best possible use of our operational resources. These key workstreams highlight where time, capacity and workforce effort are being consumed across the whole patient journey as well as where targeted action can have the greatest impact on supporting frontline availability and service delivery.

A focused approach to this work has helped to protect response times for the most critical patients and supports a reduction in the operational pressures and strengthens wider system resilience.

The Operational Productivity measures for 2025/26 are:

- Out of service time
- On scene time (conveyed)
- On scene time (non-conveyed)
- Average hospital handover time
- Handover to clear
- Conveyance rate
- Hear & Treat
- Resource per incident
- Sickness Absence

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These measures support improvement by focusing attention on the points in the system where time, capacity and clinical decisions have the biggest impact on outcomes. They are designed to turn existing and funded capacity into real, usable response time for patients.

Improving our productivity measures such as reducing out-of-service time and delayed hospital handovers releases hours back into the operational day. This directly improves resource availability and protects response times for the sickest patients. When vehicles return to availability, patients receive faster response times, and the service is better able to cope with peaks in demand.

Improving conveyance and alternative pathways through hear-and-treat ensures patients receive the right care, first time. Fewer unnecessary conveyances mean less pressure on emergency departments, quicker resolution for patients, and more emergency capacity for those who need it. This improves patient experience navigating them to the most appropriate pathway for care while supporting overall system flow and service delivery.

Managing resources per incident strengthens operational resilience ensuring responses are proportionate and clinically appropriate. This reduces duplication, improves consistency and allows demand to be absorbed more effectively without compromising safety.

Reducing sickness absence supports the Trust's financial position by making sure staff pay is spent on productive frontline hours. When fewer staff are off sick, there is less reliance on overtime or additional cover, which helps keep pay costs under control. This means the service gets more value from its existing workforce, with capacity focused on delivering care rather than funding backfill. Over time, a healthier workforce supports both financial sustainability and consistent operational performance. Overall, these productivity measures directly support the Trust's four missions and ensuring EEAST remains responsive, resilient and focused on delivering timely, high quality care for the communities it serves.



An image of East of England ambulances and Rapid Response Vehicle (RRV)

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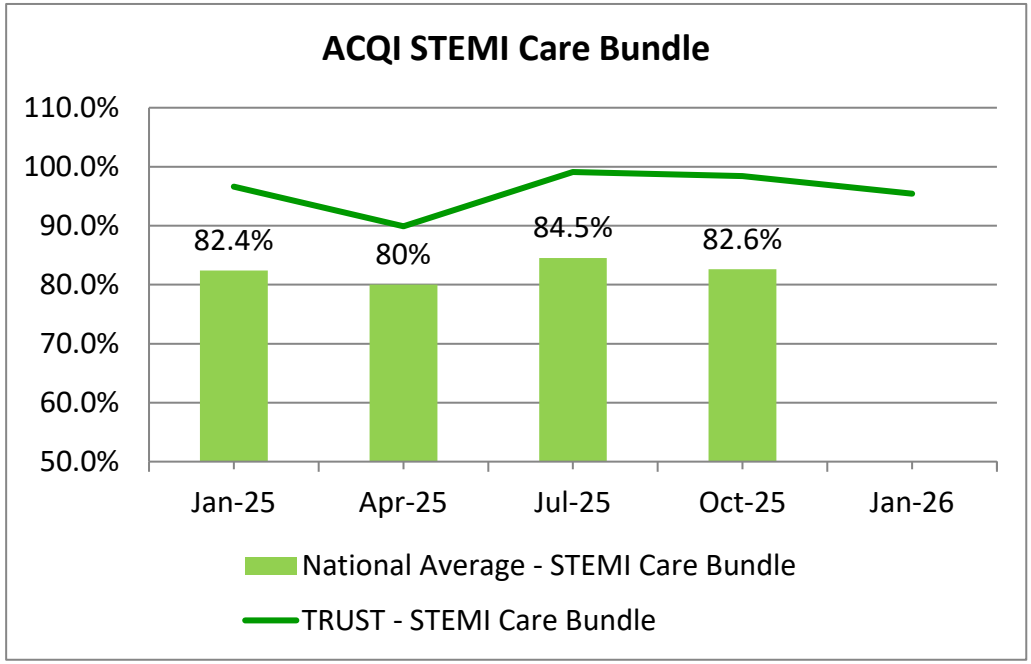
Heart attack care

Coronary heart disease (CHD) is the most common form of heart disease and the leading cause of heart attacks and premature death in the UK. Around 100,000 hospital admissions each year are due to heart attacks. Early pre hospital identification of ST elevation myocardial infarction (STEMI), supported by timely assessment and delivery of an evidence based care bundle, significantly improves patient outcomes. This approach reduces mortality, supports faster recovery, and aligns with NHS priorities to prevent avoidable deaths and improve recovery following acute illness.

STEMI care bundle

The mandatory ambulance services quality indicator for STEMI relates to the delivery of an appropriate care bundle, including the recording of two pain scores, administration of aspirin, and provision of pain relief. Patient care records are audited against these criteria and classified as compliant or non-compliant. Performance is reported quarterly.

The table below presents the Trust's compliance compared with the national average and the best and worst performance achieved by ambulance services in England. Data published to date (April–October 2025) demonstrate that the Trust's performance is consistently above the national average for each quarter, as illustrated in the accompanying graph.



Heart attack care	National data – April - October 2025			
	National average	Upper	Lower	EEAST
STEMI Care Bundle	82.6%	95.9%	73.5%	95.9%

EEAST was the highest performing ambulance trust for this time period, averaging 13.3% above the national average.

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Patients conveyed to a Primary Percutaneous Coronary Intervention (PPCI) Centre

Although transport time to a specialist Primary Percutaneous Coronary Intervention (PPCI) centre is not a formal Quality Account metric, performance is monitored and reported monthly to NHS England and commissioners. The Ambulance Clinical Quality Indicator (ACQI) comprises two joint time-based indicators for ambulance trusts and PPCI centres, measured in hours and minutes.

The table below presents the Trust's performance compared with the national average and the upper and lower performance levels achieved by ambulance services in England for published data (April–October 2025). It should be noted that the lower value represents the best performance outcome for these measures.

Heart attack care	Latest data available April – October 2025 hh:mm			
	National average	Upper	Lower	EEAST Performance
Mean average time from call to catheter insertion for angiography	02:26	02:33	02:13	02:33
90th centile time from call to catheter insertion for angiography	03:16	03:29	02:54	03:21

As shown in the table above, EEAST performed outside of the national average for both of these measures, but, as demonstrated in the previous section, all patients received excellent care, with EEAST consistently achieving high compliance for the STEMI care bundle and being the highest performing trust within the year.

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Next steps: As well as continually being monitored through the national ACQI programme, one of the Trust's ongoing priorities is to reduce our response times to Category 2 calls which include STEMI patients.

Stroke care - timeliness

Patients who receive care in a dedicated stroke unit with organised stroke services are more likely to survive, experience fewer complications, and return home sooner with greater levels of independence than those treated on a general medical ward. Timely access to specialist stroke care is therefore a key component of the Trust's commitment to delivering safe, effective and high-quality care.

Although the time taken to convey a suspected stroke patient to hospital is not a mandated quality metric within the NHS England Quality Account framework, the Trust monitors and reports this measure on a month-by-month basis to NHS England and its commissioners as part of its wider clinical quality assurance arrangements. This provides additional assurance regarding system performance and supports continuous improvement in urgent and emergency care pathways.

Performance for this Ambulance Clinical Quality Indicator (ACQI) is assessed monthly against three nationally recognised measures: mean average, median, and 90th centile times from receipt of the emergency call to arrival at hospital. Monitoring these indicators enables the Trust to identify variation in performance, understand the experience of patients with the longest waits, and take targeted action where required.

The table below presents the Trust's performance in comparison with the national average, together with the upper and lower performance levels achieved by ambulance services across England, using data published between April and October 2025. The lower level represents the best-performing trust nationally for this outcome.

In interpreting this data, it is important to recognise known limitations. Not all strokes are identified at the point of the initial emergency call, as this depends on the information available to the call handler at that time. In addition, some patients may deteriorate either before the ambulance crew arrives or after they are on scene, which may affect conveyance times. These factors are routinely considered as part of internal performance review and quality assurance processes.

Stroke care	**National data –** April - October 2025 **hh:mm**			
	National average	**Upper**	**Lower**	**EEAST**
Mean average time from call to hospital arrival	01:30	01:43	01:18	01:30
Median time from call to hospital arrival	01:19	01:31	01:10	01:20
90th centile time from call to hospital arrival	02:16	02:38	01:58	02:19

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On average EEAST performed just outside the national average for two of the three indicators for this period.

Next steps: This will continue to be monitored through the national ACQI programme. One of the Trust's continuing priorities is to reduce our response times to Category 2 calls which includes stroke patients.

Cardiac arrest care

Cardiac arrest occurs when the heart suddenly stops pumping blood around the body. A person experiencing a cardiac arrest will abruptly lose consciousness and may stop breathing or breathe abnormally. Without immediate treatment, cardiac arrest is fatal within minutes. Early intervention through high-quality cardiopulmonary resuscitation (CPR) and prompt defibrillation can, however, significantly improve the chances of survival and recovery.

Approximately two-thirds of out-of-hospital cardiac arrests occur in the home. In contrast, nearly half of cardiac arrests occurring in public places are witnessed by bystanders, highlighting the critical importance of public awareness and rapid response. For every minute that passes without defibrillation following cardiac arrest, the likelihood of survival decreases by approximately 10%.

Although the indicators are not designated quality metrics within the Quality Account, performance against these measures is routinely monitored and reported to NHS England and local commissioners monthly, except for the Post-Return of Spontaneous Circulation (ROSC) care bundle which is reported on a quarterly basis.

The Post-ROSC care bundle comprises six key elements that must be recorded and administered to all patients who achieve ROSC on scene and are subsequently conveyed to hospital. These include:

- 12-lead electrocardiogram (ECG)
- Monitoring of end-tidal carbon dioxide ($EtCO_2$)
- Measurement and management of systolic blood pressure
- Measurement of blood glucose
- Administration of appropriate oxygen therapy
- Administration of intravenous saline fluids

The table below presents our performance against the national average, together with the highest and lowest levels achieved by ambulance services in England, based on published data covering the period from April to October 2025.

Cardiac arrest care	National data – April – October 2025			
	National average	Upper	Lower	EEAST
Return of Spontaneous Circulation (pulse) at hospital– All patients	28.4%	31.6%	18.9%	31.6%
Return of Spontaneous Circulation (pulse) at hospital – Utstein patients	50.9%	63.6%	44.2%	52.8%
Survival to Discharge – All patients	10.2%	12.2%	6.8%	11.3%
Survival to discharge – Utstein patients	30.5%	38.0%	25.0%	31.9%
Post-ROSC care bundle	80.7%	95.8%	53.9%	95.8%

EEAST performed higher than the national average and was the highest performing trust for achieving ROSC (all patients group) and Post-ROSC care bundle.

It was also the third highest for the remaining indicators for these patients

It should be noted that not all ambulance trusts submitted full data, so these outcomes must be used with caution.

Next steps: This will continue to be monitored through the national ACQI programme. Successful outcomes from cardiac arrests are, in part, due to actions taken by acute organisations following arrival at hospital as well as early access to treatment and intervention.

The following provides information on achievements against local priorities set for 2025/26

Priority One: Patient Safety

Learning from Deaths (LfD) process

During the year, the Trust aimed to further embed the Learning from Deaths (LfD) process by strengthening data collection and the use of Structured Judgement Reviews (SJRs). This was intended to ensure that themes of both excellence and improvement could be clearly identified, shared and acted upon, leading to improvements in care quality, patient safety and organisational learning.
A key objective was to automate and standardise LfD reporting by integrating mortality reviews into a dedicated Datix mortality module, alongside the creation of clear feedback pathways to staff.

Delivery has been sustained through the commitment of the Patient Safety Team and clinical staff undertaking work on alternate duties. Significant progress has been made during the year, including:

- Full integration of the Learning from Deaths process within the Trust's Datix incident reporting system, using a dedicated mortality module
- Improved consistency in Structured Judgement Reviews, including review methodology, scoring and reporting
- Compliance exceeding national requirements, with the mandated minimum of 40 SJRs per quarter achieved and surpassed
- A total of 1,075 Structured Judgement Reviews completed in 2025/26
- Regular quarterly reporting of themes, trends and learning from LfD reviews to the Patient Safety and Experience Group

These improvements have strengthened governance oversight, enhanced learning, and improved the Trust's ability to identify areas of good practice and opportunities for improvement.

Next Steps

During the coming year, the Trust will focus on:

- further embedding the Datix mortality module to improve data quality, timeliness and analytical capability
- strengthening feedback loops to staff, ensuring learning and examples of excellence are routinely shared across the organisation
- improving triangulation between LfD findings, incidents, complaints and claims to maximise organisational learning
- exploring opportunities to formalise support and sustainability of the LfD process, including workforce and resourcing considerations
- using identified themes to inform targeted quality improvement work and patient safety priorities.

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The Trust remains committed to ensuring that learning from deaths is meaningful, transparent and leads to demonstrable improvements in patient care and safety.

Sharing Learning from Incidents, Complaints and Claims

During the year, the Trust aimed to enhance the way learning is shared from incidents, complaints and claims to support a positive patient safety culture and improve safety for both staff and patients. A key objective was to make learning more accessible and visible to all staff through multiple platforms, reducing reliance on traditional safety alerts and monthly newsletters.

This included making better use of Trust-wide digital applications, enabling teams to share learning more easily across the organisation, strengthening system learning through Integrated Care System (ICS) patient safety forums, and reducing the recurrence of themed incidents.

- Significant progress has been made in improving how learning is shared and accessed:
- Class Publishing Apps were introduced and have enhanced internal learning dissemination by providing accessible, interactive content such as clinical updates, quizzes and articles.
- The Safety Matters newsletter continues to be issued monthly and includes articles, videos and podcasts. The move to GovDelivery in November 2025 has improved scheduling, monitoring and engagement, with sustained higher read rates compared to the previous platform.
- Since January 2026, themed Safety Matters editions have been introduced, including; trauma, stroke video triage and cardiac care.
- Use of ParaPass has steadily increased since May 2025, with weekly articles and podcasts delivered via push notifications to clinician iPads.
    - Between 1 May 2025 and 28 February 2026, EEAST content on ParaPass was viewed 5,690 times.
    - Urgent Care Insights produced by the Norfolk Urgent Care Team are now shared on ParaPass.
    - An “ECG of the Month” feature will be launched from April 2026, supported by Class Publishing promotion.
- Compliment e-cards were successfully trialled across Bedfordshire and Hertfordshire in March 2026, with 155 cards sent. Following positive feedback, Trust-wide rollout is planned for May 2026. This platform will also be used later in 2026 to highlight patient safety and Learning from Deaths excellence.

Next Steps

During the coming year, the Trust will:

- continue to expand and embed digital platforms to ensure learning is easy to access, visible and engaging
- further integrate learning from incidents, complaints, claims and system partners to support whole-system improvement
- increase the use of themed and specialty-focused learning to address recurring risks and reduce themed incidents
- use compliment and feedback platforms to strengthen the recognition and sharing of excellence
- evaluate the impact of learning dissemination through engagement metrics and themed incident trends
- plans are underway to release a further patient voice compliment video, reflecting positive feedback received over the Christmas period. This will be shared in a summer edition of Safety Matters and presented at a public Board meeting.

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After-Action Review Process

During the year, the Trust aimed to strengthen the quality of learning from incidents by delivering After Action Review (AAR) training to relevant managers. High-quality AARs are central to the Patient Safety Incident Response Framework (PSIRF) and are essential for identifying meaningful learning, providing timely and consistent feedback to staff, and supporting a positive safety culture.
The Trust sought to ensure managers were supported and equipped to undertake high-quality reviews, as not all lead reviewers had previously received formal AAR training. The expected benefits included improved learning themes, earlier identification of emerging risks and more standardised feedback across the organisation.

During the year the Patient Safety Team has led on the delivery of AAR training across the Trust, embedding a consistent and structured approach to review and feedback.
During 2025/26:

- AAR training was delivered to all Patient Safety, Patient Experience, Legal and Safeguarding teams
- Operational managers in Cambridgeshire and Peterborough (C&P), Suffolk and North East Essex (SNEE), Hertfordshire and West Essex (HWE), and Mid and South Essex (MSE) completed training
- AAR principles were also embedded into the Managers' Kickstart Programme for Local Operations Managers (LOMs) and Locality Clinical Managers (LCMs)
- A total of 149 managers were trained in AAR processes

This has improved consistency in incident review quality, strengthened feedback to staff who raise incidents, and enhanced the Trust's ability to identify learning and themes at an earlier stage.

Next Steps

In the coming year, the Trust will:

- complete AAR training rollout for Norfolk and Waveney (N&W), Bedfordshire, Luton and Milton Keynes (BLMK), and the Emergency Operations Centre (EOC)
- continue to embed AAR principles within management development programmes
- monitor the quality of AARs and feedback to ensure learning is meaningful, consistent and shared
- use improved AAR outputs to support trust-wide learning and system improvement

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Priority Two: Clinical effectiveness

Using Artificial Intelligence (AI) to improve 'job cycle' time (pilot)

This quality priority was prompted by the NHS Long Term Plan ambition to move from analogue to digital ways of working, alongside the Trust's commitment to improving response times for Category 2 (C2) patients.

The aim was to introduce live-time digital capture of patient assessments, both during face-to-face care and through telephone triage via *Hear and Treat*. It was anticipated that this would reduce time spent on scene, improve overall job cycle times and, in turn, support a more timely response to C2 calls. Additional anticipated benefits included more standardised patient care record documentation and more accurate capture of clinical assessments.

During 2025/26, this priority was not fully achieved within the clinical domain. While preparatory work progressed, the intended clinical benefits were not realised within the year and the changes required to embed live-time digital documentation into frontline clinical practice were greater than originally anticipated.

Next Steps

The Trust's Patient Plan, set within the wider organisational Strategy, outlines a clear ambition to utilise artificial intelligence (AI) within clinical systems over the next five years. This includes supporting clinical decision-making and improved identification of patient acuity. Development will span the full patient pathway, from Emergency Operations Centre clinical processes through to clinicians delivering care at the patient's side. This work will focus on improving patient experience, supporting timely and effective clinical decision-making, and ensuring the continued delivery of safe and high-quality care.

Pain management

Effective pain management is a key component of high-quality pre-hospital care and a priority for the Trust. EEAST uses evidence-based clinical guidelines and nationally recognised best practice to ensure patients receive timely, appropriate, and safe analgesia across a wide range of clinical presentations.

Pain management is an important part of care and referred to as "the fifth vital sign". Managing pain can reduce stress, blood pressure, and heart rate, and positively affect healing.

In addition to the inclusion of the documentation of pain scoring within the patient care record monthly audit, the Trust included an audit of the Management of Pain (in Adults) within its 2025/26 clinical audit plan.

High levels of compliance were achieved for the majority of indicators as indicated in the table below, however, only 76% of patients had a pain score documented following any treatment or pain relief, which then impacted on the overall compliance in being able to determine that pain levels had decreased.

Indicator	Compliance
Administration of pain relief documented	100%
Initial pain score documented	94.0%
Second pain score documented	96.0%
Change to pain levels documented	76.0%
Type of analgesia documented	71.7%
Correct dosage administered	100.0%
Batch number and expiry date documented	100.0%

Next steps

Management of pain will continue to be monitored within the clinical audit plan for the coming year.

Embedding of Clinical Supervision

Clinical supervision was introduced during 2024/25, and embedding this consistently across the Trust was essential to ensure that staff delivering urgent and emergency care have the knowledge, skills and professional support required to perform their roles effectively.

The introduction of clinical supervision was intended to increase opportunities for staff to achieve their full potential, while supporting the organisation's ability to deliver high-quality, individualised patient care. A key objective for 2025/26 was for 95% of clinicians to receive a supervised shift within the year.

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Clinical supervision is now being delivered across the organisation, and although reporting of completed sessions/shifts has been irregular, feedback from the 2025 NHS Staff Survey demonstrates a positive impact, with an increase in the relevant metric relating to staff receiving feedback through clinical supervision opportunities within clinical practice (from 43% in 2024 to 47% in 2025). This provides assurance that clinical supervision is becoming established as a meaningful and valued component of professional practice across the Trust.

Next steps

Work is underway at a regional level to strengthen data collection arrangements, enabling clearer identification of staff who have received clinical supervision and those who still require it, ensuring equitable access and sustained delivery. The Trust is also currently scoping further development of the clinical supervisors to enhance their skills in supporting the full range of our people.

Inclusion of Glasgow software on all Corpuls monitors

Acting on the findings from EEAST's thematic review of cardiac patients, and in line with the NHS priority to make greater use of technology in clinical care, the Trust introduced automated ECG interpretation to support clinicians in the early identification of ST-elevation myocardial infarction (STEMI).

The aim of this initiative was to enhance clinical decision-making by providing automated ECG analysis to support timely recognition of STEMI, ensuring patients are conveyed directly to a Primary Percutaneous Coronary Intervention (PPCI) centre at the earliest opportunity.

This functionality is now fully embedded across the organisation and is utilised on all Corpuls devices to support ECG interpretation in clinical practice. In addition to improving clinical confidence and consistency in decision-making, the software has reduced the time taken to reach a conveyance decision. This has contributed to improved on-scene efficiency for cardiac patients and should support a reduction in call-to-balloon times, helping to ensure patients receive rapid access to life-saving interventions and improving overall patient outcomes.

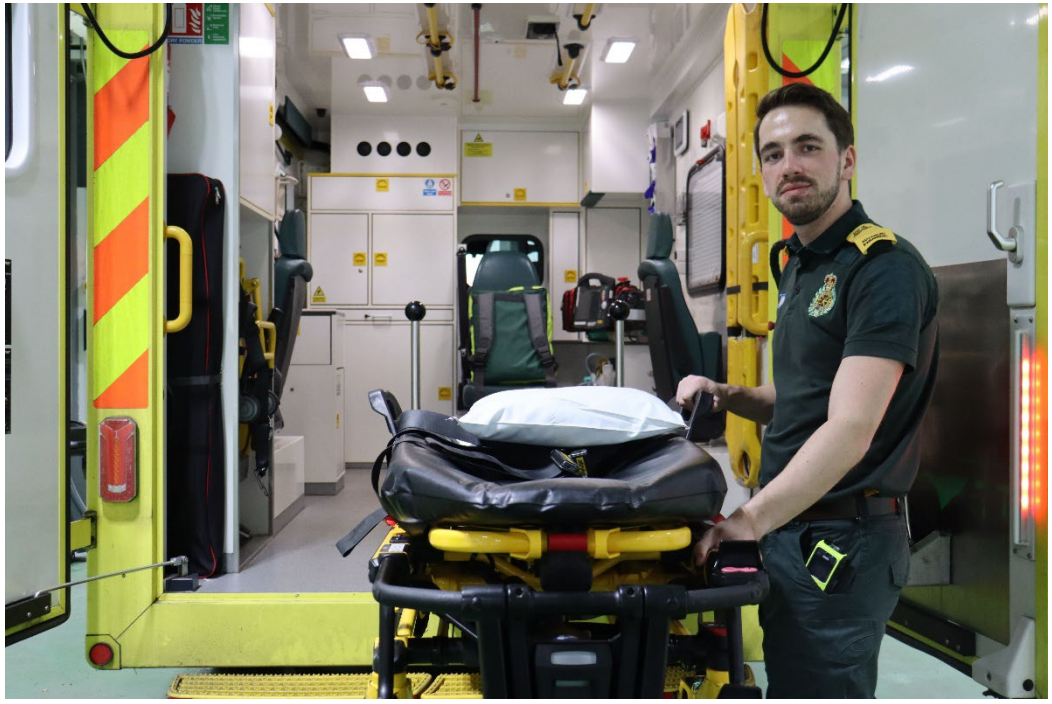


Image of an EEEAST Advanced Care Paramedic and the inside of an ambulance

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Next steps

As the full implementation of the software was not completed until November 2025, and there is a 5-month lag in national outcome data, it has not been possible to demonstrate any impact on call to balloon times, this will continue to be monitored within the monthly ACQI programme during the coming year.

Priority Three: Patient Experience

Patient survey programme

Our aim in 2025/26 was to expand the analysis and reporting from the patient survey programme to include reporting of experiences by different demographic groups.

We chose this priority as we recognise that patients have different needs and access a variety of our services including being treated at home. We also recognise that patients experience of our service may differ based on a variety of factors including geographical location, age, gender and ethnic background. By expanding the programme, it is hoped that it will enable us to understand their experiences and make changes to improve our future provision of care.

Patient Experience, Equality and the Patient Voice

The Trust undertakes a comprehensive annual patient survey programme, with most surveys incorporating Equality and Diversity questions to capture demographic information. While not all respondents provide demographic data, the information received is analysed alongside patient satisfaction to identify variation in experience across different patient groups. Findings are reported annually through a survey dashboard, which covers key areas including dignity and respect, trust, involvement in care, staff attitude, pain management, and explanations of treatment and care. This intelligence supports CQC evidence requirements and is shared internally through governance structures and externally via reports and the Trust's public website.

Current work includes patient surveys focused on admission avoidance and treatment at home, with plans underway to develop an Unscheduled Care Hub survey in partnership with Business and Partnership Teams and Integrated Care Boards. In parallel, following a Patient Voice Board development session facilitated by the Patient's Association, the Trust established a Patient Voice Task and Finish Group to strengthen how patient feedback is embedded and to co-produce a Patient Voice Framework. This work aligns closely with the Trust's health inequalities priorities and reinforces its commitment to inclusive, patient-centred care.

The Patient Voice Framework has now been successfully co-produced and is grounded in the Trust's vision to deliver high-quality urgent and emergency care for everyone across the East of England, underpinned by Trust values of accountability, respect and excellence. Implementation will take place through a phased approach, initially piloted through the Patient Plan and the health inequalities workstream.

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Next steps

As this approach is embedded, the Trust will expand its analysis and reporting of patient feedback by demographic group, enabling a more accurate and meaningful understanding of patient experience across diverse communities.

Success will be evidenced through clearer reporting to PSEG and other committees, with demographic breakdowns consistently informing decision-making. This insight will support targeted, evidence-based improvement actions to address variation in experience and ensure services continue to meet the needs of the populations the Trust serves.

Education about changing services and our clinical model

Work to engage patients and the public in the EEAST strategy development over the last two years identified that many members of the public feel that they do not know enough about our services to feel that they can express an opinion on the strategy work.

Current feedback from patients, including complaints and survey feedback also suggests that patients do not have a clear understanding of the range of services that the ambulance service now provides and of the different potential outcomes of calling the service.

As a result, our aim was to ensure that education about changing services and our clinical model is part of patient engagement with a belief that Increasing public knowledge and understanding of our services will allow meaningful patient feedback and voice.

Patient feedback suggests that there is still a need for further engagement to help improve understanding of our Clinical Strategy (known as the Patient Plan). Patients are not always aware that, in certain situations, providing care through alternative pathways – rather than sending an ambulance or conveying to hospital – can be the most clinically appropriate decision.

Enhancing how we communicate this will support people to better understand the range of care available and how decisions are made and how decisions are made, ensuring the right care, at the right time, by the right person.

Next steps

Ongoing engagement activities will now focus on supporting the Patient Plan and helping patients and the public understand the different pathways available to them. This will align with the Trust's new Patient Voice Framework which sets out a clear, consistent approach for ensuing that lived experience from patients, carers, families and communities directly shapes how EEAST designs, delivers and improves its services.

The Framework will be implemented in a phased approach and initially trialled through the health inequalities workstream and the Patient Plan. A survey will be sent to a range of stakeholders to help shape how the Patient Plan is delivered in practice and to ensure it continues to reflect the needs of all communities.

Kitasmit Esther
07/04/2026 08:57

As this work progresses, reporting will begin to demonstrate improved education and awareness around the Patient Plan and the range of services provided. Reporting into committees will reflect more informed patient feedback, and this is expected to strengthen further as the Patient Voice Framework and associated engagement activities embed across the organisation.

Engagement with Children and Young People

EEAST recognises that listening to the views of patients, families and their advocates is essential to improving patient experience and shaping our services to better meet population needs. High-level analysis of patient experience data and demographic survey information has identified that young people aged 16–24 report lower levels of satisfaction with their experience of care and treatment compared with other age groups. Ensuring that younger people's voices are heard is therefore a priority, and it is essential that our engagement mechanisms are representative of the communities we serve.

In response, EEAST set out to strengthen its engagement with children and young people by expanding the membership of the Community Engagement Group (CEG) to include volunteers aged 16–17. This required the development of appropriate policies, governance arrangements and safeguarding processes to ensure that younger volunteers are supported to participate safely and meaningfully. This work supports our broader ambition to improve engagement with patients and members of the public aged 16–24, increasing our understanding of their experiences and expectations and ensuring these inform learning, improvement and service development.

EEAST policy has been amended to allow young people aged 16 and over to join the Community Engagement Group as volunteers. This has strengthened the representativeness of the group and improved our ability to hear and respond to the views of younger patients. At present, one Community Engagement Group member is aged between 16 and 24, with two additional young people currently progressing through the onboarding process. Recruitment of younger volunteers is continuing and is supported by robust induction and onboarding arrangements designed to ensure that all new members—particularly those under the age of 18—are fully supported in their role.

Next steps

Engagement with young people is now one of the Community Engagement Group's three key priorities. A dedicated working group has been established, which includes all members under 25 alongside others with a specific interest in children and young people's engagement.

The working group will focus on improving engagement with; children and young people aged 0–15, and young adults aged 16–24, including Community First Responders aged 18–24.

Planned areas of work include:

- Exploring the factors contributing to lower reported satisfaction among younger service users
- Using digital and social media channels to improve opportunities for feedback
- Engaging directly with young people in healthcare settings, including hospitals and paediatric departments

This work will support improvement in patient experience by ensuring that the needs and expectations of children and young people are better understood and reflected in service design and delivery.

Kirsty Williams 09/06/2026 08:33:39

Clinical Audit

Clinical audit is a core element of the Trust's clinical governance framework, supporting continuous improvement in the quality and safety of patient care. During 2025/26, EEAST achieved 100% participation in all mandated national audits for ambulance services, including those within the Ambulance Clinical Quality Indicator (ACQI) programme, covering Stroke Timeliness, Out-of-Hospital Cardiac Arrest, STEMI care and timeliness, and Older Adult Falls (patients aged over 65 years discharged at scene).

The Trust also fully participated in the National Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry, which forms part of the HQIP national audit programme.

ACQI – Falls in Older People Not Conveyed to Hospital

The quarterly ACQI audit for falls in older people not conveyed to hospital, introduced in 2024/25 and replacing the Sepsis care bundle, continued during 2025/26. EEAST achieved an average of 93.0% during this period, the highest performing trust, 40.5% above the national average.

ACQI	National average	Upper	Lower	EEAST
Falls in Older People not conveyed to hospital	52.5%	93.0%	22.7%	93.0%

Local Audits 2025/26

Delivering the nationally mandated Ambulance Clinical Quality Indicator (ACQI) audits, including Stroke Timeliness, Out-of-Hospital Cardiac Arrest, STEMI care and timeliness, and Older Adult Falls (patients aged over 65 years discharged at scene), represents a significant programme of work.

Kingsmill, Esther
09/06/2026 08:37:19

Despite this, during 2025/26 the Trust completed its annual audit plan in full, including locally commissioned audits arising from incidents, patient experience, and planned re-audits from the previous year. The Trust also supported clinicians undertaking audits as part of master's-level education programmes and Service Improvement Projects, further embedding a culture of continuous quality improvement.

The following table shows the audit topic, levels of compliance, identified areas requiring improvement and next steps to improve the quality of care we deliver.

Topic	Metric 2025/26	Compliance	Areas for improvement	Next steps
Febrile Convulsion	Audit appropriate assessment for children < 5 years based on the previous National Clinical Performance Indicator (NCPI).	High levels of compliance were achieved for all indicators.	Substantial assurance of compliance achieved.	No plans for re-audit within 2025/26 due to high compliance level achieved.
Documentation of a Mental Capacity Assessment for Mental Health – Section 136 patients.	To achieve 85% compliance for the completion of a Mental Capacity Assessment.	Disappointingly, the completion of a Mental Capacity Assessment was only documented in 33/53 cases achieving 62.6% compliance (Jul-25).	• Improvement to 85% in relation to the documentation of a mental capacity assessment on EEAST's PCR prior to conveyance.	Re-audit within 2026/27.
Advanced airway/oesophageal intubation	Minimum of 97.2% compliance.	Monthly audit achieving above set metric with latest data (Jan-26) demonstrating 98% compliance.	• Increase on monthly compliance would ensure reduction in risk to patients.	Sustain this level as a minimum. Continuation of monthly audit with failures sent to relevant operational management team so that individual clinicians can be directly notified and supported to improve.
Asthma – Re-audit (Peak Flow)	Increase overall care bundle compliance by 25% above the level obtained in the previous audit – 10.5% (July 24)	Overall care bundle compliance – 12.5% (Aug 25)	• Recording of a peak flow including documenting when the patient was unable to provide one was the reason for the very low compliance for the overall care bundle.	As the Trust did not achieve the metric set within the previous year, an audit of the recording of a peak flow, or valid exception, to be undertaken within 2026/27 with an aim of achieving > 80%.

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Topic	Metric 2025/26	Compliance	Areas for improvement	Next steps
Management of Abdominal Pain	Undertake a clinical audit of the management of abdominal pain in 2025/26.	6/8 indicators demonstrated high levels of compliance.	• Recording of a second pain score and any changes of pain reported by the patient following the administration of analgesia.	Re-audit within 2026/27 with the aim or achieving >80% for all indicators.

Cardiac Registry trial audit

During 2025/26, EEAST continued to contribute to national and regional cardiac audit and research programmes to improve outcomes for patients experiencing Out of- Hospital Cardiac Arrest (OHCA). The Trust worked collaboratively with the Essex Cardiothoracic Centre on the East Cardiac Registry Trial, using EEAST data to demonstrate improved patient outcomes following direct conveyance to specialist cardiac centres after return of spontaneous circulation (ROSC). This work underpins a pilot of the British Cardiovascular Intervention Society (BCIS) -post resuscitation- pathway.
The EEAST Clinical Audit Team was recognised as a co-author on three published manuscripts relating to OHCA outcomes, data quality, and collaborative working with HEMS, Advanced Critical Care, and BASICS teams, with further manuscripts submitted to The Lancet and BMJ.

The Trust continued to collect and feedback monthly critical care data from HEMS and Advanced Critical Care partners and expanded the Advanced Critical Care Practitioner (CCP) scheme, providing 24/7 specialist support to frontline clinicians and the Emergency Operations Centre. This supported improvements in service delivery, including Category 2 response times, hear and treat rates, and reduced conveyance to hospital, although hospital handover delays remain a significant system-wide challenge.
EEAST also commenced collaborative work with the East of England Cardiac Network and PPCI centres to develop a quarterly STEMI dashboard, supporting national reporting requirements and quality improvement.

EEAST also commenced on a collaborative project with EEAST, East of England Cardiac Network and our PPCI centres to create an EOC STEMI Dashboard using our STEMI Data on a Quarterly basis as required by NHSE.

Quality of documentation

An improvement identified and required within previous audits was the quality of documentation, a topic also identified within complaints and incidents investigations.

kirsty.miller@nhs.net 2706202608:37:16

As a result, EEAST began a monthly Quality of Patient Care Records (PCR) audit in June 2023. The audit is set against the minimum data standard requirements for ambulance services (21 indicators) and each area is required to undertake and submit data for 50 records each calendar month.

2024/25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Overall compliance	96%	97%	97%	96%	96%	96%	97%	95%	96%	96%	96%	97%
2025/26	**Apr-25**	**May-25**	**Jun-25**	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**
Overall compliance	88%	81%	88%	85%	77%	90%	84%	90%	90%	97%	98%	

The table above shows that the Trust's overall compliance fluctuated within the year and there are still consistently three areas where further improvements could be made; the documentation of a second pain score to determine the impact of actions/treatments; the recording of the name and place of the educational establishment for patients of school/college age (a recommendation from Lord Laming's report into the death of Victoria Climbié); the name of the person to whom the patient's care was transferred. This is needed to ensure that in any subsequent investigations, the correct members of staff within all organisations are identified.

Next steps:

This audit will be ongoing with results shared with all areas on a monthly basis to all local Operations teams and Educators for staff feedback and refresher training.

The annual clinical audit plan will continue to be an integral part of monitoring and improving the quality of care delivered to our patients with work on the approved annual plan for 2026/27 already started.

Results are shared with staff across the organisation in the form of posters and podcasts. The introduction of supervisors and clinical managers within the organisation also provide an additional opportunity to share outcomes with not only our clinical frontline staff, but our EOC Staff, sharing our patient successes and action plans for improvement where required.

Participation in research

Clinical research is a fundamental function within the NHS and plays a vital role in improving outcomes for patients, supporting clinicians, and strengthening Trust performance. High quality research activity provides the evidence needed to develop new ways of delivering care and to improve the prevention, diagnosis, and treatment of illness. Many patients welcome the opportunity to take part in research and findings from well-designed studies contribute directly to improved treatment and patient experience. Research-active organisations are also better placed to attract and retain forward-thinking clinical staff, whose involvement in research supports the effective translation of evidence into everyday clinical practice.

Kirsty Millington 04/06/2026 09:37:40

The EEAST Research Support Service (RSS) works closely with academic institutions and health and social care partners at both regional and national levels to develop, support, deliver and promote research as a core component of service provision. The RSS ensures that both patients and staff are able to participate safely in a wide range of relevant, high-quality prehospital ambulance research studies.

Research Activity in 2025/26

During 2025/26, EEAST recruited 310 participants, including patients and NHS staff, into 6 National Institute for Health Research (NIHR) Portfolio-adopted studies, demonstrating their high quality and relevance.

These studies were:

- **999RESPOND-2** – Emergency Dispatch Decisions Using Video Consultation (n=2)
- **CLEAR** – Exploration of Clinical Advice Delivery for UK Ambulance Clinicians (n=104; EEAST-sponsored)
- **CRASH-4** – Intramuscular tranexamic acid for mild traumatic brain injury in older adults (n=12)
- **JAMS** – Injectable Medication Study (n = 6)
- **POCHA-PHD** – Ambulance Clinicians' experiences of attending Paediatric Out of Hospital Cardiac Arrest (Pre-Hospital Data) (n = 175)
- **RADIOS** – Rapid ambulance diagnosis of stroke: a prehospital feasibility study (n=11)

Note: n refers to the number of participants recruited to each study.

In addition, RSS continues to support research activities as a participant identification centre, for example Long Lies postgraduate.

Commitment to Quality Improvement

EEAST has an established reputation for the successful development and delivery of high quality research. Continued participation in clinical research demonstrates the Trust's ongoing commitment to improving the quality of care provided to patients, advancing prehospital practice and contributing to wider population health improvement across the region.

Further information about research opportunities at EEAST is available via the Research Support Service at research@eastamb.nhs.uk.

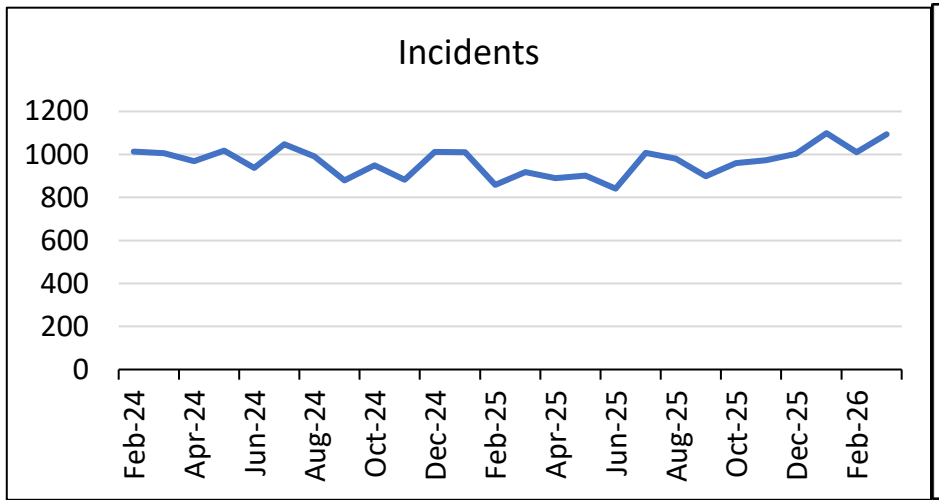
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Patient Safety Incidents

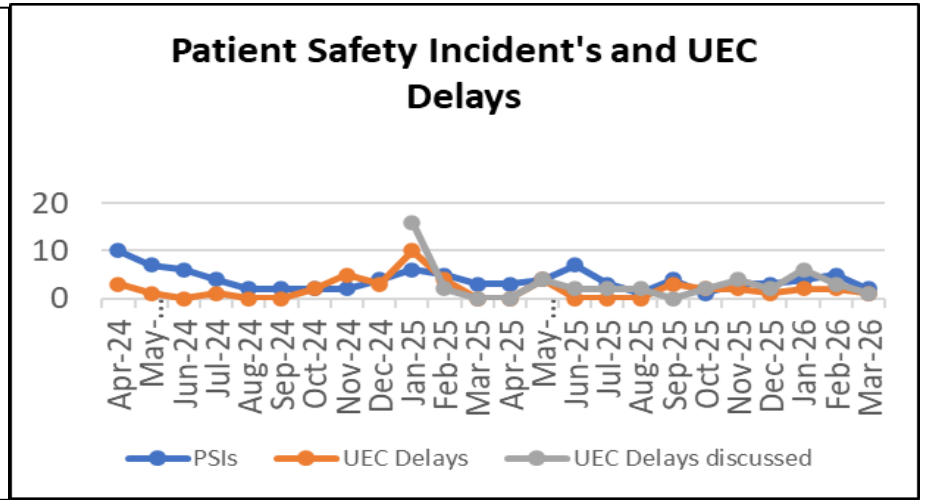
A patient safety incident is defined as any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care. This includes:

- incidents that caused no harm or minimal harm,
- incidents with a more serious outcome,
- prevented patient safety incidents (known as 'near misses').

The number of incidents reported by staff during 2025/26 demonstrates a good culture of reporting and being open and honest, incident reporting remains stable across the organisation in comparison to previous years. Where a near miss has happened, proactive steps can be taken to reduce the risk going forwards and to maintain a learning from incidents culture. The overall number of patient safety incidents relating to delays has decreased as illustrated in the chart below. The charts below demonstrate our performance for both of these points.



Graph showing the total number of reported incidents



Graph showing the number of patient safety incidents and UEC delay incidents reported

Kingshill Farmer 09/07/2026 08:37:09

Prior to the implementation of the Patient Safety Incident Response Framework (PSIRF) EEAST reported on the level of harm they directly caused in relation to individual incidents. Since the implementation of PSIRF in October 2024, the parameters to which levels of harm are reported have been updated in line with Learning from Patient Safety Events (LFPSE) guidance to reflect how EEAST may have contributed towards harm. A condition within the Quality Account requirements is for each trust to provide a comparison of their patient safety incidents reported to NRLS against the national average for similar services, however, this process is no longer available.

Patient Safety Events

In 2023, the system used to report and monitor the progress of Serious Incident investigations across the NHS, transferred from the Strategic Executive Information System (StEIS) to a new reporting system, Learning from Patient Safety Events (LFPSE). Learning from Patient Safety Events is captured in the trusts incident reporting system, Datix, at the time the incident is reported by staff. LFPSE has the ability to provide data on patient safety events, due to the way in which the system is set up, reporting specific ambulance data can be a challenge as the system is tailored mainly to the acute hospital setting, this has been a topic of discussion at the national Ambulance Risk and Safety forum with escalations to national teams to drive improvement.

This is supported by the Patient Safety Incident Response Framework (PSIRF) which makes no distinction between 'patient safety incidents' and 'Serious Incidents'. As such this has removed the 'Serious Incidents' classification and the threshold for it. Instead, the PSIRF promotes a proportionate approach to responding to patient safety incidents by ensuring resources allocated to learning are balanced with those needed to deliver improvement.

Within this framework, organisations are required to implement a plan that takes account of several categories including;

- the involvement of patient safety partners,
- engaging and involving patients, families and staff following a patient safety incident,
- responding proportionately to patient safety incidents,
- oversight roles and responsibilities,
- patient safety incident response standards.

Recording patient safety events, whether they result in harm or not, provides vital insight into what can go wrong in healthcare and the reasons why. At a national level, this allows for new or under-recognised safety issues to be quickly identified and acted upon on an NHS-wide scale, ensuring providers across the country take action to reduce the risk.

Category	2024/25 (PSIRF data)	2025/26 (PSIRF data)
Delay	29	13
CAS / AOC	11	3
Patient injury	5	3
Clinical treatment	12	12
Non-conveyance	7	8
Equipment failure	0	0
Other	15	1
Total	**79**	**40**

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When things go wrong

It remains important to us to act in a timely manner when something goes wrong. This part of the report shows the response we made in acting on some of these things and what we did about them following the reporting of an incident.

WHAT WENT WRONG	WHAT WE DID	WHAT THIS MEANS
There were discrepancies in the levels of reviews taking place dependent on whether the review was led by the patient safety team or local managers	We have taken a proactive approach to train as many managers as possible in the After-Action review process to standardise incident review processes and learning outcomes	We have a unified approach when reviewing incidents We have a standardised way of documenting incident reviews across the organisation We ensure that appropriate feedback is given to incident reporters via the trust Datix system
The number of shared judgement reviews being completed under the Learning from Deaths framework was lower than anticipated. As an ambulance service we are mandated to complete 40 SJR's per quarter to ensure we learn from excellence as well as identifying learning themes	We identified that we required more clinicians trained to complete the Structure Judgement Review (SJR) process. An increase in SJR's provides a platform to learn from incidents. As a result of this we invested time to increase the number of trained clinicians from 21 to 34 clinicians that are now trained in facilitating SJRs	During 202/26 compliance has been exceeded each quarter. In total the number of SJR's completed for 2025/26 is 1075 as of the 31 March 2026
We identified a small number of patients were being injured whilst in our care across the non-emergency Patient Transport Service and Accident and Emergency operations.	We included this theme in our PSIRF plan for 2025/26 We completed and published our PSII report which has been shared with commissioners, staff and patients that were affected by such incidents.	Robust improvement actions have been set for the organisation to reduce the risk of patients being injured whilst in our care which is enhancing patient experience and safety Patient injuries whilst in our care have reduced in terms of frequency due to the implementation of the actions created in the report

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Duty of Candour

NHS providers have a statutory duty to inform and involve patients and their families in investigations where there has been severe harm under Regulation 20 of the Health and Social Care Act. In line with our policy, Duty of Candour (DoC) is overseen by the Patient Safety team and is attempted to be discharged for every serious incident, regardless of the level of harm caused. Further relevant cases are identified through a daily review of incidents reported. Contact is made with the patient, or a nominated representative, via telephone in the first instance. Following the primary telephone call, the conversation is summarised in a letter.

The content of our primary Duty of Candour conversations include:

- An introduction.
- An explanation of the incident identified.
- A sincere apology from us and condolences if the patient has sadly died.
- An explanation of the investigation process.
- An opportunity for the patient or nominated representative to ask any questions which they would like to be answered in the investigation.
- Establishment of preferred methods and frequency of involvement and communication throughout and after the investigation period.

Although Regulation 20 of the Health and Social Care acts requires the Duty of Candour to be discharged as soon as is reasonably practicable but always within 10 working days, there are often instances when it takes us longer to identify the individual most appropriate to discharge the Duty of Candour to. This is due to us not always having full patient or next of kin information.

Our approaches to finding out this information include:

- communication with GPs,
- liaising with the patient safety specialists at the admitting hospital and
- close working relationships with His Majesty's Coroners.

Analysis of our data demonstrates the following compliance with Duty of Candour for 2025/26 for serious incidents and Patient Safety Incident reviews compared to the previous year.

	2024/25	2025/26
Number of cases initially requiring Duty of Candour	78	60
Duty of Candour discharged	53*	27*
Average timeframe for DoC to occur (working days)	7	8
Average timeframe for letter follow-up (working days)	1	1

* For cases where Duty of Candour was not discharged, this is due to not being able to identify or make contact with next of kin despite best efforts to do so. When this occurs a get in touch letter is sent to the patient or patient relatives encouraging them to make contact with us to facilitate a Duty of Candour conversation.

National Patient Safety Alerts

Patient safety issues that require national action are identified predominantly through incidents reported by providers to the National Reporting and Learning System. When these issues are identified, work is undertaken with frontline staff, patients, professional bodies, and partner organisations to decide if there is a large enough risk to issue a National Patient Safety Alert (NPSA) through the Central Alerting System, which in turn sets out actions that healthcare organisations must take to reduce the risk.

These alerts must be acknowledged and, where appropriate, actions taken.

The Trust has a robust way of monitoring compliance with national alerts and this year following review, none were deemed to be relevant to EEAST or the ambulance sector.



Image showing the NHS Patient Safety Alert illustration

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Patient experience and feedback

As a Trust, we are committed to demonstrating how we continually develop and improve our services based on the experiences and feedback of the people who use them. Patients, families and our wider communities are central to everything we do and their voices play a vital role in shaping and driving service improvement.

The following pages outline what patients and families have told us through public engagement, complaints, compliments and surveys, the actions we have taken in response and how we plan to improve further. This reflects our commitment to learning, transparency and working in partnership with people and communities.

The Patient Experience Department leads and co-ordinates complaints, compliments and patient and public engagement activity. Our approach aligns with the NHS Complaints Regulations 2009, the Parliamentary and Health Service Ombudsman (PHSO) Framework, NHS England's Experience of Care Framework (2025) and the statutory guidance on Working in Partnership with People and Communities (2022), as well as local policy.

All feedback, whether positive or negative, is recorded and managed by the department. We ensure ongoing communication with patients and families throughout the process, and provide clear, timely responses to their feedback. Our focus is to resolve concerns wherever possible, ensuring complaints are handled compassionately and fairly, whilst identifying opportunities for learning and improvement.

Compliments

Compliments continue to significantly exceed the number of complaints received. In 2025/26, the Trust recorded 3,722 compliments, an average of 310 per month. This equates to a compliment to complaints ratio of 6:1, evidencing continued positive patient experience.

Compliments are reported to the Trust Board, communicated directly to colleagues involved, and added to the staff member's personnel file. Over the past year, the main themes arising from compliments have related to the professionalism, kindness and care demonstrated by Trust staff. By adopting an Appreciative Inquiry approach, the Trust uses learning from excellence to reinforce positive behaviours and support the delivery of effective, compassionate care across the organisation.

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	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Compliment	314	279	249	293	322	304	384	254	318	372	337	296
Complaint	65	70	59	42	46	62	46	54	53	48	47	57

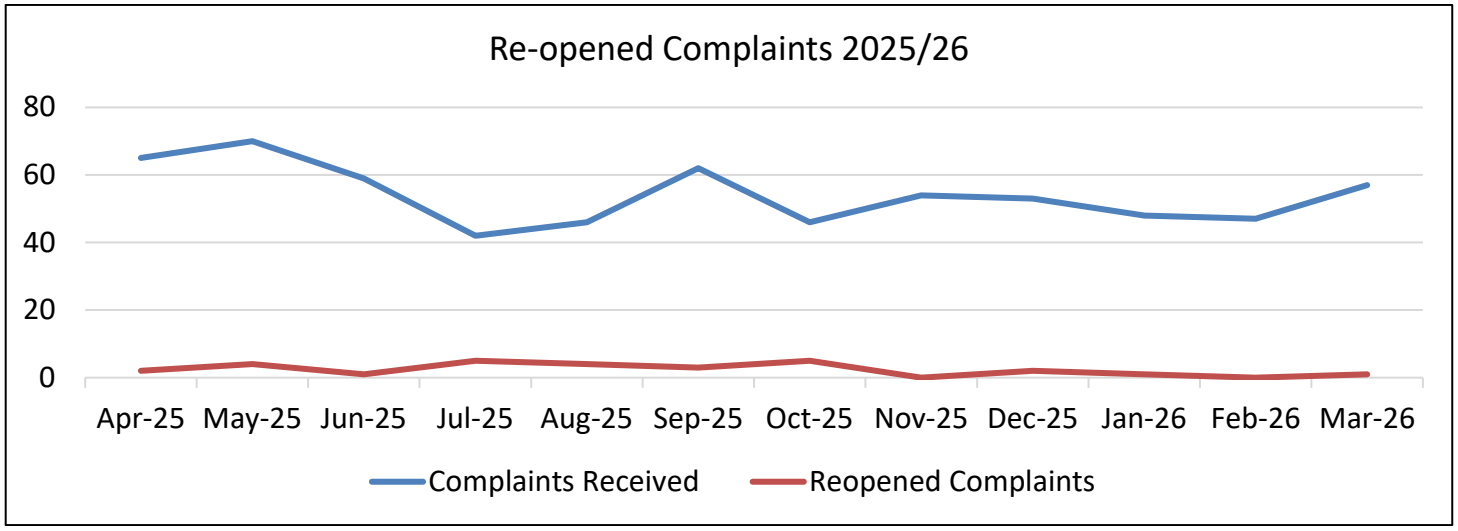
Complaints

In 2024/25, the Trust changed its approach to categorising expressions of dissatisfaction, with concerns and complaints no longer recorded separately. All expressions of dissatisfaction are now reported as complaints. This approach has continued in 2025/26 and supports greater consistency, transparency and alignment with the Parliamentary and Health Service Ombudsman (PHSO) Complaints Standards Framework.

During 2025/26, 649 complaints were received, representing a reduction from 868 complaints in 2024/25. Complaint volumes have remained low and stable, reflecting sustained improvement following earlier periods of higher activity.
Complaints accounted for 0.04% (649/1,490,823) of all patient contacts in 2025/26, compared with 0.05% in 2024/25. Where complaints cannot be resolved through early resolution, they progress to a local investigation and may also be reviewed by the Patient Safety Team where appropriate. Unfortunately, no benchmarking data for complaints by patient contact relating to ambulance services is currently available.

An anonymised sample of complaint responses was reviewed earlier in the year by Community Engagement Group (CEG) volunteers, who acted as 'critical friends' and provided feedback to support improvements in response quality. This activity has been temporarily paused due to departmental capacity, with plans to resume in 2026/27.

In total, 28 complaints (4.3%) were re-opened during the year. While overall complaint numbers remain low, this represents an increase compared with 2024/25. Re-opened cases will be reviewed to identify learning and inform further improvements to complaint handling and response quality.



Graph showing the number of compliments and complaints received each month during the year

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Complaint Themes:

Emergency and Urgent Care (EUC)

Complaint themes within Emergency and Urgent Care (EUC) have remained broadly consistent with 2024/25. Complaints continue to relate primarily to clinical assessment and treatment, and staff attitude. Within the Emergency Operations Centre, complaints mainly focus on delays, communication and call handling.

Despite sustained winter pressures under REAP 4, complaints relating to delays have remained **relatively low** during the winter period.

Misunderstanding about triage processes and emergency call prioritisation remains a recurring theme. This reinforces the continued importance of clear and effective communication with patients and callers, particularly as the Trust implements its Patient Plan to support delivery of the right care, at the right time, by the right person.

Patient Transport Service (PTS)

As in 2024/25, dissatisfaction within Patient Transport Services (PTS) continued to relate primarily to delays and transport or driving-related issues. Communication remained a significant contributing factor, particularly where transport was delayed or did not attend, with some complaints also reflecting uncertainty or misunderstanding regarding vehicle suitability or equipment requirements.

While complaint themes remained broadly consistent across service lines, there was clear evidence of improvement, reflected in a sustained reduction in overall complaint volumes during 2025/26. Significant reductions were observed across several key themes, including delays (34% reduction), staff attitude (30% reduction), clinical treatment and assessment (14% reduction), transport and driving (43% reduction), and communication and call handling (29% reduction).

These reductions reflect the positive impact of targeted improvement activity across the Trust. Within Emergency and Urgent Care (EUC), the reduction in delay-related complaints aligns with the Trust's delay action plan and the implementation of the 45-minute handover process in partnership with acute hospital providers. The reduction in complaints relating to clinical treatment and assessment may also reflect the continued embedding of the Trust's clinical model, supporting improved clinical decision-making and more appropriate patient pathways.

Within PTS, improvements to booking processes, clearer journey prioritisation and a reduction in the number of contracted providers have contributed to fewer delay and transport-related complaints. Further developments in planning and scheduling arrangements have also reduced concerns related to transport and driving reliability.

Krishna Esthe
09/06/2026 06:37:10

Overall, the sustained reduction in complaints relating to staff attitude and communication provides assurance of the positive impact of the Trust's continued focus on culture, behaviours and compassionate communication. This work is delivering measurable improvements in patient experience and remains a key area of ongoing focus within the Trust's quality improvement programme.

Parliamentary and Health Service Ombudsman (PHSO)

Although the majority of complaints are resolved through the Trust's local complaints process, complainants may refer their concerns to the Parliamentary and Health Service Ombudsman (PHSO) for an independent review where they remain dissatisfied and all stages of the Trust's process have been exhausted. The PHSO provides an impartial assessment of complaints and offers independent recommendations to support learning and improvement in complaint handling, investigation quality and organisational practice.

During 2025/26, the Trust was notified of one complaint referred to the PHSO. There are no historic complaints outstanding and no cases currently under review by the PHSO.

You said, we did

As a Trust we recognise the importance of learning when things have not gone as well as we would have liked or from our patient survey feedback. The following case studies are just three examples of some of the learning from last year.

You said	What we did	What this means
Patient feedback from the Stroke Video Triage survey often highlighted difficulties with poor mobile signal, which affected video quality and connection stability. Feedback also related to the limited availability of the Stroke Video Triage Service across the region, meaning some patients were unable to access the pathway depending on where they lived or when triage was needed.	We initiated a trial with Excelerate, fitting ambulances with on-board Wi-Fi to improve connection stability during video assessments and in known poor signal areas. We have expanded Stroke Video Triage availability across the region. The pathway is now active at 12 of the 15 Stroke Centres in the East of England, including: • 24/7 access at six centres. • Extended hours, 7 day a week service at four centres. Expansion planned for the remaining two centres from April 2026, supporting full regional coverage.	The on-board Wi-Fi trial has significantly reduced connection issues, allowing for a more reliable and consistent video link, even in areas with poor network coverage or while the vehicle is moving. Increased availability means more patients can now benefit from rapid specialist triage, reducing unnecessary hospital conveyance and supporting faster onward referral to TIA and stroke services. The expansion positions the region to achieve full 24/7 stroke triage access across all 15 centres, improving equity of access and ensuring patients receive timely specialist assessment regardless of location or time of day.

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You said	What we did	What this means
Younger patients (16 - 24) have historically reported lower satisfaction with the service compared with other age groups. Young people aged 16 - 17 were previously unable to join the Community Engagement Group (CEG), limiting representation of their views. Feedback also highlighted the need for better engagement with children and young people, including more accessible ways to share their experiences.	We have introduced new policies and processes enabling 16 – 17-year-olds to volunteer safely as CEG members, improving representation of younger voices. Additionally, we have recruited the first young member aged 16 -24, with two additional young people currently onboarding. This is supported by strengthened induction processes for those under 18. Engagement with young people is now one of the CEG's three key priorities, with an established dedicated working group involving members under 25 years old. The working group is actively exploring why younger patients report lower satisfaction. We have expanded engagement activity, including work experience, school and college visits and careers fairs.	EEAST now has structures in place to embed young people's voices in service improvement, helping ensure their experiences directly influence decision-making. Early signs show improvement: in 2025/26, 87.1% of 16 - 24-year-olds rated their overall satisfaction as good or very good, which compares with 75.0% in 2024/25 - though numbers remain small and should be interpreted with caution. Continued work through the CEG and the new youth engagement working group will help build a better understanding of this age group's needs, ensuring services and communication are more accessible and relevant to them.
Maternity patients have told us that they can feel vulnerable and exposed when multiple crew members remain in the room during intimate assessments. Kingsmill,Esther 09/06/2026 08:37:10	This feedback has been incorporated into frontline maternity teaching. Crews are reminded that, once the initial assessment is completed, only essential crew members should remain, with non-essential crew waiting elsewhere to maintain privacy, dignity and comfort.	Maternity patients will now experience greater dignity and privacy during intimate assessments. This approach will create a calmer and more respectful environment, reduce feelings of vulnerability, and reinforce our commitment to delivering care that is sensitive, person-centred and aligned with best practice.

Patient surveys

The Trust undertakes a comprehensive annual patient survey programme, which includes continuous surveys for the urgent and emergency care service (UEC) and the patient transport service (PTS).

Patient surveys are promoted using a variety of methods, including the Trust's social media channels, invitation to feedback letters and patient information cards. During 2025/26, 63.0% of PTS survey submissions were generated directly through SMS signposting.

Listening to the patient voice enables the Trust to understand what is working well and to identify areas requiring improvement. Feedback from surveys is routinely monitored and triangulated with themes from complaints, patient engagement activity and patient safety data to ensure robust governance, shared learning and continuous improvement in patient experience and outcomes. This approach enables the Trust to recognise areas of excellence and embed positive practice across services provided by EEAST.

All patient surveys include the Friends and Family Test (FFT) question, 'Overall, how was your experience of our service?' The FFT provides a benchmark of overall satisfaction across the Trust. The score is calculated by dividing the proportion of 'very good' and 'good' responses by the total number of responses.

The FFT is a national directive, and the Trust is required to provide all PTS patients with the opportunity to respond to the FFT question, with results reported monthly to NHS England.

FFT results from 2024/25 and 2025/26 can be found below. The 2025/26 survey results show higher overall patient satisfaction and increased response numbers across the Trust, with notable improvement in UEC and consistently high, stable satisfaction in the PTS.

Continuous Patient Survey Results	Overall Satisfaction (Friends and Family Test)			
	2024/25		2025/26	
	Number of patients	Overall Satisfaction	Number of patients	Overall satisfaction
Urgent and Emergency Care	702/815	86.1%	898/991	90.6%
Patient Transport Service	1612/1865	86.4%	2401/2087	86.9%
All Services	2314/2680	86.3%	3078/3299	93.3%

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Survey projects

This section provides further information on each of the surveys undertaken throughout the year.

Easy Read

The easy read survey, co-produced with the D.R.A.G.O.N.S at the Norfolk and Norwich SEND Association (NANSA), continues to be available as an accessible feedback option for UEC and PTS patients. This survey option enables people to share their experiences in a meaningful way and ensures feedback contributes directly to learning, improvement and informed decision making.

Feedback received during 2025/26 has been largely positive about the service and staff (FFT score: 93.7%). Patients reported feeling listened to and noted that staff communicated clearly and supported any individual sensory needs. The main area of dissatisfaction has related to ambulance and PTS delays; with this feedback shared as part of the wider system review.

This survey continues to highlight the value of co-production and working in equal partnership with experts by experience. The co-production work undertaken with the NANSA D.R.A.G.O.N.S group in 2024/25 resulted in the development of an accessible explanatory video to support patients in completing the easy read survey and understanding how their feedback is used. While the development work was concluded last year, this resource remains available and continues to play an important role in supporting patients to engage with the survey and understand how their feedback will inform service improvement.

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Maternity

The maternity survey has continued as an online feedback option during 2025/26, enabling patients to share their experiences following a maternity-related 999 emergency call.
Patients have continued to report a positive experience of staff and the service provided (95.8%), with areas of dissatisfaction generally relating to communication/attitude and ambulance delays. Feedback received has also highlighted that patients can feel vulnerable when multiple people are present in a room during intimate assessments. This feedback has been shared with the Clinical Lead and Clinical Specialist Midwife, and the learning has been incorporated into teaching for frontline crews. Crews are now advised that, following the initial assessment, non-essential crew members should wait elsewhere in the property to support patient dignity, privacy and comfort.

Stroke video triage

Over the past year, the stroke video triage survey continued to proactively gather feedback from patients receiving a pre-hospital video assessment, supporting timely and appropriate care. The pathway has improved arrival-to-imaging times and reduced treatment delays across all live centres.

Patient satisfaction remains high (80%), but qualitative feedback has indicated that many patients or relatives were unaware that a stroke video assessment had taken place. In response, communication has been strengthened so that crews clearly explain when and how a video assessment is being conducted.

Surveys are also now sent out closer to the time of the incident, helping to increase response rates and gather clearer, more detailed feedback from patients and relatives

Patient feedback has directly shaped service improvements over the past year. Reports of poor mobile signal has led to fitting ambulances with on-board Wi-Fi, which has significantly reduced connection issues. Feedback relating to the limited operating hours has informed the expansion of Stroke Video Triage across the region – which is now available at 12 of 15 Stroke Centres, with increasing 24/7 and extended-hours coverage and plans for full 24/7 access across all centres.

Survey findings have been shared widely with NHS England, the Integrated Stroke Delivery Network, national and international conferences and ongoing research projects, helping to raise the profile of EEAST and demonstrate the pathway's impact on patient experience, outcomes, and optimisation of the pre-hospital stroke pathway.

Mental health

During 2025/26, a new Mental Health Response Vehicle (MHRV) survey was co-produced with the Clinical Lead for Mental Health, mental health practitioners, commissioners and Experts by Experience to support system-wide learning and improvement for patients in mental health crisis.

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The survey gathers feedback from patients attended by the MHRV and helps evaluate how effectively the service supports people in mental health crisis, including whether specialist assessment is provided in a timely and appropriate way.

Following contact with the MHRV, patients are given a leaflet that explains the MHRV model, provides signposting, offers a practical action plan for patients, supporters and carers and includes an opportunity to give valuable feedback via an online survey. Insights from the survey are used to evidence satisfaction, outcomes and impact, and to inform service refinement and the case for longer-term funding and wider implementation. Although feedback gathered so far is limited due to the early stage of the initiative, responses received to date remain highly positive, with 100.0% satisfaction reported from eight MHRV survey respondents. A separate online mental health survey received two responses, both raising concerns about communication and perceived lack of mental health support; these have been shared with the Clinical Lead for Mental Health and the Mental Health Advanced Practitioner to support wider learning.

Although MHRV feedback is very positive, broader feedback from the online survey and other sources continues to indicate a need for stronger mental health support and clearer signposting.

Admission avoidance

Several admission-avoidance surveys have continued during 2025/26 in support of the clinical model. These surveys capture feedback from patients treated safely at home, many of whom avoided need for hospital conveyance.

Feedback across the Physician Response Unit, Advanced Practice Team and Community Wellbeing teams has been overwhelmingly positive, with high satisfaction reported (100.0% for the Physician Response Unit and Community Wellbeing Officer, and 96.0% for the Advanced Practice Team).

Where concerns were raised, these have largely related to delays or communication. Survey feedback also indicates that patients are not always aware of the full range of services or the potential outcomes following 999 emergency call triage. This reinforces the need for clearer communication about the clinical model (Patient Plan) and alternative pathways in place.

Patient feedback continues to provide essential evidence of satisfaction and outcomes, helping to refine services and support the case for sustained funding and region wide implementation. Engagement activity during 2026/27 will focus on improving public understanding of the Patient Plan and increasing awareness of pathways available.

A Patient Voice Task and Finish Group has co-produced a Patient Voice Framework, providing a consistent approach to embedding lived experiences and ensuring the patient voice is at the heart of service design and evaluation. The framework will be introduced using a phased approach and initially tested via the Patient Plan and health inequalities work. As it embeds, reporting is expected to show greater awareness of the Patient Plan and stronger, more meaningful patient feedback.

Next steps

In 2026/27, we will continue to strengthen how patient and community feedback shapes improvement across the Trust. Key priorities include:

- Implementing the co-produced Patient Voice Framework, which will initially be trialled via the Patient Plan and health inequalities work.
- Ongoing engagement activities will focus on supporting the Patient Plan and helping patients and the public understand the different pathways available.
- Strengthening complaints learning, including resuming CEG complaint reviews, improving first-time resolution and ensuring clearer, more compassionate responses.
- Continuing targeted recruitment to the CEG to improve diversity and regional representation across the region.
- Supporting CEG working groups to progress their priority areas, including youth engagement, walkabout audits and bystander-support initiatives.
- Expanding accessible feedback routes, including further digital options and co-produced formats to widen participation.
- Continuing a prioritised patient survey programme focused on learning and improvement, aligned with Trust priorities.
- Ongoing admission-avoidance feedback projects, alongside development of a new unscheduled care hub survey with system partners.
- Supporting pathway improvements, including full 24/7 Stroke Video Triage coverage, further development of the MHRV model, and the out of hospital video guided CPR initiative.

These actions will ensure the patient voice continues to drive meaningful improvement in the safety, quality and responsiveness of care across EEAST.

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Patient and Public Involvement

As a Trust, we feel that it is important to hold ourselves to account for how we engage with our patients and the public, and for how we ensure the patient voice is reflected across the organisation.

Community Engagement Group (CEG)

The EEAST Community Engagement Group (CEG) has continued to strengthen the patient voice during 2025/26, providing quarterly updates to the Trust Board on its engagement activity, including public events, collaboration with partner organisations and networks, complaints reviews, and station walkabouts. The group has also progressed its three priority workstreams relating to youth engagement and recruitment, CQC-aligned walkabout audits, and the 'Bystander Engagement' initiative.

CEG members have continued to interface and participate in internal governance meetings, including Trust Committees, the Patient Experience and Safety Group, the Voluntary Advisory Forum, and the Research Involvement Group. Attendance at public Board meetings and regular quarterly reporting is now approaching its second year, marking a significant cultural shift toward embedding patient representation throughout the organisation. The CEG has played a prominent role in recent Board development sessions which have focused on embedding the patient voice, developing a health inequalities plan and addressing cultural change. Members are key contributors to the Patient Voice Task and Finish Group and have been actively involved in the recent co-production of the new Patient Voice Framework and review of the Patient Plan communication document.

Over the past year, members have also contributed to stakeholder interview panels and supported the recruitment process for new CEG members, ensuring patient and public perspectives shape both organisational appointments and the development of the group itself. Membership diversity and reach have continued to grow, supported by revised structures that offer more flexible and accessible volunteering opportunities. Work to extend membership to 16–17-year-olds is now complete. Robust safeguarding and volunteer processes are now fully in place, with the first young member onboarded and two further members currently progressing through the onboarding process. The next step for the group is to develop a stronger induction to EEAST volunteering for new members.

Overall, the CEG's collective activity demonstrates its growing impact in strengthening public involvement and ensuring patient perspectives remain central to decision-making across EEAST.

Engagement Activities

Face-to-face engagement events continue to be an important way of reaching members of the public who may not usually interact with EEAST. These activities provide opportunities to gather feedback, offer education on first aid and Cardio Pulmonary Resuscitation (CPR), promote health and wellbeing, and explain what to expect when calling an ambulance. This year's engagement has included attendance at community events, school visits, and partnership work with local groups. Delivery has been supported by the Patient and Public Involvement (PPI) team, frontline staff, and volunteers from the CEG and Community First Responders.

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During 2026-27, the focus of engagement activity will include:

- 'How to be a good bystander' - practical steps the public can take to support someone in an emergency.
- Education on the 999 process - including how calls are triaged, the clinical pathways available, and how decisions are made to ensure patients receive the most appropriate care.
- Raising awareness of the clinical model (Patient Plan).
- Strengthening involvement through CEG working groups - supporting members to contribute meaningfully to workstreams, using their insights to shape patient experience activity, and ensuring young members can participate safely and effectively.

The overall aim is to improve public understanding of the ambulance service, promote informed use of 999, and empower communities to contribute to positive patient outcomes.

Patient and Family Stories

Our discovery interviews with patients and their families complement our other forms of feedback by giving people the space to share their experiences in their own words. These interviews are filmed and presented at public Board meetings, where they are discussed to support learning and improvement.

Over the past year, they have been used to enhance understanding arising from complaints and serious incidents, with patient voice proving to be a particularly powerful tool for reflection and change. This year, discovery interviews have centred on key themes including maternity, adrenal insufficiency, use of the Clinical Assessment Service and the Unscheduled Community Care Hub to escalate a call, and positive feedback for staff. Further interviews are planned in relation to video guided CPR and stroke video triage.

Links with HealthWatch and Patient Representative Groups

Our PPI team and our CEG volunteers regularly attend a variety of meetings of patient representative groups, including voluntary, community and social enterprise groups, mental health groups, diabetes support groups, young carers forums and Healthwatch.

We continue to broaden our involvement with partner organisations and specialist groups across the region to ensure diverse voices are represented. As part of the Patient Voice Task and Finish Group, the stakeholder database has also been expanded, supporting more targeted and inclusive engagement.

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Statement from our Community Engagement Group

The EEAST Community Engagement Group (CEG) has made notable progress in representing the patient voice during 2025/2026. The CEG now have a regular place at Trust board meetings, presenting reports on their activities and have the opportunity to ask the Board questions frequently embedding the link from Board level to the patients and the public EEAST serves.

During the past year, we have seen an increase to our membership through volunteer recruitment. This includes a number of young members who are 16-18 year olds as this has been one of our key focus areas over the past couple of years. The members have assisted with numerous public engagement events and activities, complaints reviews, station IPC audits, undertaken patient discovery interview training, attended internal and external meetings to represent EEAST community engagement, contributed to the development of the 2025-2030 patient plan and EEAST values, supported members of staff, and flown the flag for the patient and public voice at EEAST brilliantly. We are now also included as the patient and public voice at many of the internal committee meetings.

Following a coproduced review of the structure of the group in 2023, the group continues to embed this revised approach which provides greater accessibility and opportunity for people to participate in community engagement volunteering at EEAST in ways that meet their capacity to volunteer. Core members of the group working in collaboration with the Patient and Public Involvement Team, have focused on ways to increase engagement from members and help drive the group forward.

Engagement Activities

Face to face engagement events provide an opportunity to meet with the public and gain feedback from people who may not usually have contacted EEAST. It also provides an opportunity to provide education around first aid and Cardio Pulmonary Resuscitation (CPR) training, health promotion and what to expect when you call an ambulance. This work has included attendance at events, school visits and work with community groups and has been undertaken by the PPI team, frontline staff, and volunteers from both the CEG and community first responders.

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Over the next 6-12-months, the three focus areas for engagement activities will be:

- 'how to be a good bystander', things you can do as a member of the public to assist in an emergency, and engagement and education on what happens when you call 999 and how your call may be managed. The aim of this is to increase public awareness of the service and how we can all contribute to positive patient outcomes.

- How we can increase feedback from Young People in the community and how we can engage with Young People in our communities. Currently statistics show us that the 16-30 year old population are a significant user of our services but the feedback we get from this age group is disproportionately low, so we will be working to increase opportunities for engagement within this age group.

- Looking at ways to support the Trust meet its standards with the Care Quality Commission by inspecting stations and processes to ensure they fulfil the criteria and standards expected of the Trust. There are many audits carried out by staff across the Trust, but as volunteers we can conduct an audit from a slightly different angle and therefore ensure these audits are robust and all needs are met.

Patient and Family Stories

Our discovery interviews with patients or their families supplement our other feedback received by giving people the opportunity to share their story in their own words. These are filmed and are shown at public board meetings and discussed by the board. We have used them this year to support learning from complaints and serious incidents and find that hearing directly from the patient is a powerful learning tool. This year we have completed discovery interviews on areas such as end of life, staff attitude and behaviours, non-conveyance to hospital through working with the patient safety team, and delayed responses.

Links with HealthWatch and Patient Representative Groups

Our PPI team and our Community Engagement Group volunteers regularly attend a variety of meetings of patient representative groups including mental health groups, diabetes groups, young carers meetings and Healthwatch. We continue to expand our representation with other organisations and specialist groups across the region. As the new Integrated Care Boards take shape across the region of the UK we cover, we will look for opportunities to engage with these stakeholders and represent the patient voice.

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Raising concerns and Freedom to Speak Up

Since August 2024 EEAST has used the Guardian Service to provide a fully independent, 24 hour, 7 day a week, fully resilient Freedom to Speak up Service. The service utilises a robust and confidential system to store and report on data which allows the Trust to make changes in the areas which are frequently reported.

The Guardians engage with staff across the region visiting stations, attending team meetings, taking phone calls and joining Teams calls. They regularly promote their function on our Executive Question and Answer session and on EEAST24.

Bi monthly the Guardians meet with the Chief of Staff to review recommendations and take and progress actions to improve staff experience. These are reported to and monitored through the Executive Leadership Board and Public Board.

The table below shows the areas for concern raised over the last two years

Subject	Total number of concerns 2024/25	Percentage (of total concerns)	Total number of concerns 2025/26	Percentage (of total concerns)
Patient safety/quality	4	2.44%	7	3.02%
Worker safety or wellbeing	11	6.71%	4	1.72%
Bullying or harassment	13	7.93%	14	6.03%
Behaviour/relationships	32	19.51%	48	20.69%
Discrimination and inequality	6	3.66%	12	5.17%
Management issue	29	17.68%	39	16.81%
System and process	68	41.46%	98	42.24%
Other	1	0.61%	4	1.72%
Sexual Misconduct			6	2.59%
Total	164		232	

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During 2025 the Trust received a total of 232 concerns via the Guardian service, on average 19 each month. Although there was an increase of 34.3% in the number of concerns reported, this was partly due to the change mid-way through the previous year in how cases are raised. FTSU concerns are now raised through an independent provider and the Trust sees the increase as a positive outcome in that staff have trust in and are accessing this service to raise their concerns. The largest theme related to system and processes (42.24%), with behaviour and relationships accounting for 20.69% and management issues for 16.81%. This follows the same pattern as last year in relation to most common themes.



Image of National Guardian Freedom to Speak Up logo (UK)

Work is under way to explore in more detail the system and processes theme and triangulate with other listening events such as the live Executive Question and Answer and listening events such as Time to Listen and the Big Conversation.

Prior to 2025/26, sexual misconduct cases were reported within the behaviour/relationships category. This year, in line with the sexual safety campaign the Trust is running, sexual safety has been added to the FTSU reporting as a theme. This is to ensure that the data is recorded and can be triangulated with other data sources to highlight areas where further action is required and areas of focus and concern can be identified.

At the end of March 2026, 60 cases were actively being managed and were rolled over to April 2026. To date, 98/232 (42%) cases have been resolved either verbally or in writing and a further 25 (10%) staff have chosen not to pursue their concern. In 44 cases 19%, there has been no further contact from the member of staff following the concern being raised and the Service following this up.

In addition to the Freedom to Speak Up service, staff are also able to raise concerns to our People Services directorate in line with our policies and procedures, the outcomes of which are monitored and reported to our Trust Board through our Raising Concerns Forum.

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Working with our local communities

We are supported by around 1,200 active and valued volunteers and other partners in a number of roles.

Community First Responders

Our community first responders (CFRs) are volunteers who are trained by us to attend certain types of emergency calls in the area where they live or work. Their aim is to reach a potential life-threatening emergency in the first vital minutes before the ambulance crew arrives. They also attend lower acuity calls and can, where training has been completed, assist with lifting and signposting calls with needs where there is no obvious immediate risk to life

Their role is to help stabilise the patient and provide the appropriate care until the more highly skilled ambulance crew arrives on scene to take over the treatment.

They also promote community partnerships and integrated working.

Volunteer car drivers

Working with our Non-Emergency Patient Transport Service, our volunteer car drivers are essential to help us provide an additional ambulance car service to our patients helping to take them to hospitals and other services.

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Co-responders/ Collaborative Response

Military Co- responders - primarily composed of active military personnel and civil servants based at military bases, their role is to provide additional response capacity to EEAST by providing rapid response capabilities, thereby enhancing overall performance and patient care.

Fire and Rescue Service (FRS) partnership sees us working with six fire services under memorandums of understanding enabling them to respond for the Trust to a selection of calls. These include cardiac arrest response, immediately life-threatening calls, and bariatric assistance. They have also been instrumental in responding to our non-injury patients who have fallen.

Emergency responder (ER) scheme – The ER scheme was launched in 2024 and the aim of the scheme, comprised of volunteers from multi-disciplinary backgrounds including fire-fighters, police officers, and civil servants, is to provide an additional response resource within a sector that has previously seen prolonged C1 responses whilst developing and enhancing volunteer opportunities within EEAST. This scheme has now expanded in collaboration with Beds and Herts Emergency Critical Care Scheme (BHECCS). and Norfolk Accident Rescue Service (NARS) to provide responses from four vehicles across Bedfordshire, Hertfordshire and Norfolk.

Achievements in 2025/26

- Safer recruitment processes for all volunteering roles.
- Provided specific additional training and continuous professional development (CPD) events.
- Expansion of FRS collaboration along with creation on dedicated team to support collaborative working.
- Secured funding for a 12-month secondment to improve out of hospital cardiac arrest survival, focussing on the maintenance and administration of the British Heart Foundation Circuit database
- Further site launches of Emergency Responder schemes

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Looking forward

We have a number of activities and measures planned for 2026/27 including:

- Review of our volunteer governance structure which will include oversight of mandatory and statutory training compliance.
- Expansion of collaborative activity with FRS partners across the region to enhance co- responding model.
- Additional recruitment to be undertaken to support Military co- responder schemes in new locations
- Volunteers' week – to be held at the beginning of June 2026.
- Expansion of lower acuity responses undertaken by both volunteers and FRS partners.
- Digital technology upgrades and EPCR trials
-

For more information about how to become a volunteer, please email Volunteer@eastamb.nhs.uk or visit Volunteer with us | EEAST

Commissioning for Quality and Innovation (CQuIN)

The CQuIN scheme is intended to deliver clinical quality improvements and drive transformational change and will impact on reducing inequalities in access to services, the experiences of using them and the outcomes achieved. Our CQuINs are agreed with our commissioners as part of our contract negotiations and have traditionally been a mix of nationally mandated and locally determined Quality and Service Delivery Improvement Programmes.

Since the Covid-19 pandemic CQUIN deliverables were largely suspended by NHS England which have not yet been re-instated

As such, there were no locally determined CQUINs in 2025/26 and the only national CQUIN for Ambulance Services related to the uptake of the influenza vaccine, as there is each year in support of the protection against infectious illness.

The 2025/26 Seasonal Influenza Vaccination Programme commenced on 1 October 2025 and was delivered as a flu-only campaign in line with NHS England guidance. Building on lessons learned from the 2024/25 programme, targeted quality improvement actions were implemented, including the introduction of staff vaccination incentives, establishment of a dedicated Vaccinator Lead role, deployment of bespoke vaccination software, and increased use of welfare wagons to improve accessibility for frontline staff.

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These improvements resulted in a marked increase in workforce protection, with vaccination uptake increasing by approximately 30 percentage points compared to the previous year. By 31 December 2025, 52% of all staff and 50% of frontline staff had been vaccinated.

The programme was supported by 122 trained vaccinators and delivered through a range of flexible models, including walk-around clinics, welfare wagons, and community providers.

The implementation of the Vaccination Track system enhanced communication, reporting and oversight, with 76% staff engagement, improving visibility of uptake, recorded declines and vaccinations received externally.

This programme demonstrates continued commitment to staff safety, winter resilience and high-quality patient care through improved workforce health and vaccination uptake.

Quality success throughout the year

Maternity Care

Keeping newborns warm during pre-hospital care can be difficult. Although infant warming mattresses are now used during transport, some newborns still become cold before they reach hospital. This shows how hard it can be to maintain a baby's temperature outside a hospital, even when ambulance crews do everything they can.

To improve this, and working with the EEAST Innovation Working Group, a Trust-wide pilot has been introduced. This includes the use of newborn thermometers and insulating wraps during pre-hospital maternity care. In partnership with several maternity units, newborn temperatures will be checked before transport and again when the baby arrives at hospital. The insulating wraps are used alongside the infant warming mattress to help reduce heat loss and keep babies warm during transfer.

EEAST has also supported staff development by delivering one of the first Royal College UK Out-of-Hospital Newborn Life Support (OH NLS) courses in the UK.

This training is designed for pre-hospital clinicians who attend planned home births or respond to unplanned births in the community.

The course provides clear, evidence-based guidance on how to support newborns after birth and how to carry out early resuscitation if needed. A total of 36 midwives and paramedics completed the course, and feedback shows increased confidence and skills in managing newborn emergencies. Several clinicians have already used what they learned in real clinical situations.

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In addition, EEAST has helped develop national guidance for women and birthing persons who may need ambulance services when planning a home birth or a birth in a midwifery-led birth centre. This guidance is available on the MAMA Academy website and has been translated into 104 languages, supporting clear and accessible information for a wide range of communities.

Trauma training for 999 call handlers

EEAST has become the first UK ambulance service to introduce specialist trauma training designed specifically for its Emergency Operations Centre (EOC) teams.

Every day, our call handlers support people during the most frightening and vulnerable moments of their lives. They guide callers through emergencies, reassure distressed families all while making split-second decisions.
This constant exposure to high-pressure, emotionally challenging situations can take a significant personal toll.

To better support these vital teams, the EOC retention, health and wellbeing team has partnered with a trauma specialist to bring Neuroscience Informed Trauma Exposure Training (TITEN) into the control room environment.

Already used by thousands of police officers and by the RNLI to support lifesaving crews, TITEN has been adapted with direct input from EEAST call handlers to make sure it reflects the realities of their work.
The training helps staff understand how the brain naturally processes stressful or traumatic experiences and provides simple, practical techniques to regulate stress and build resilience over time.

The introduction of TITEN forms part of the Trust's wider commitment to supporting the emotional wellbeing of staff, reducing stigma around the psychological impact of emergency work and creating a genuinely safe and supportive working environment.

The programme enhances our existing support such as Trauma Risk Management (TRiM) and Occupational Health services.

Cardiac Arrest Care

Improving survival from out-of-hospital cardiac arrest (OHCA) is a key quality priority for the Trust. To support this, and aligned with the national *Restart a Heart* campaign, the Trust launched a new Out-of-Hospital Cardiac Arrest Desk (OHCAD) on 29 September 2025. This initiative is funded through a successful bid to NHS Charities Together and forms part of a wider OHCA improvement programme across the East of England.

The programme aims to optimise the chain of survival, reduce unwarranted variation and inequality in resuscitation, and improve outcomes, experience and safety for patients, bystanders and clinicians.

Earlier and Higher-Quality Intervention: The programme focuses on interventions before ambulance arrival, where evidence shows the greatest impact on survival. The OHCAD will deliver video-assisted CPR, enabling real-time expert guidance to improve CPR quality, defibrillator use and overall resuscitation effectiveness, while maintaining call-handler oversight.

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Specialist Clinical Oversight: Staffed by Advanced Paramedics in Critical Care, the OHCAD will act as a single point of contact for senior clinical advice for all OHCA cases.

This includes support with resuscitation decisions, resource deployment and escalation for patients with a realistic prospect of return of spontaneous circulation (ROSC). Earlier identification of cases where resuscitation is not clinically appropriate will support patient dignity, safety and effective use of ambulance resources.

Optimised Response and Community Mobilisation: The programme strengthens use of Community First Responders, GoodSAM responders, co-responders and community defibrillators. A new Community Response Defibrillator Administrator role will improve availability, oversight and "rescue-ready" status of public access defibrillators.

Data, Intelligence and Reducing Inequality: Working with our clinical audit department, an OHCA Registry has been established to improve data collection, analysis and understanding of cardiac arrest across the region. This will enable more intelligence-led deployment, targeted community interventions and action to reduce inequalities in resuscitation and outcomes.

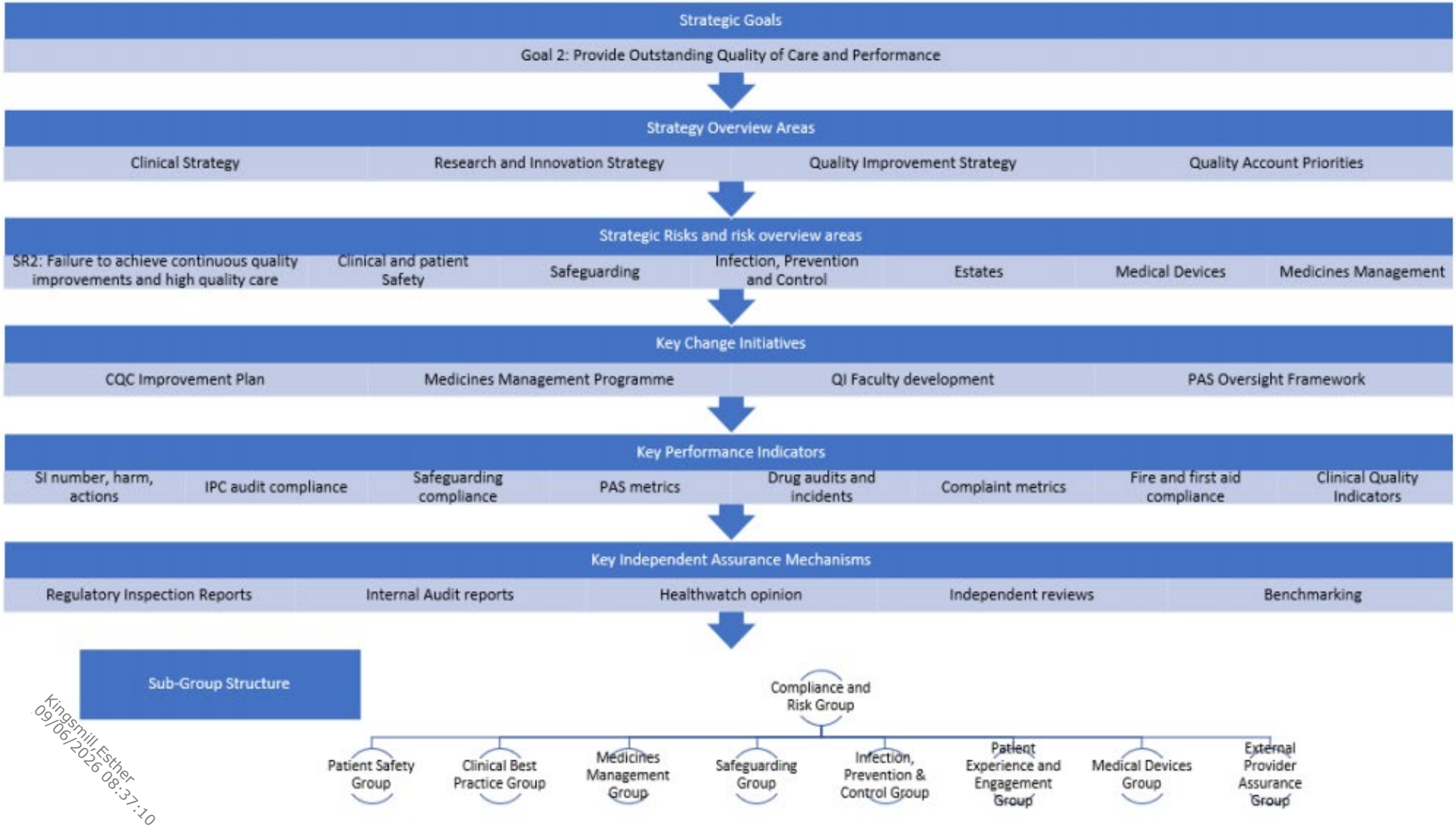
Experience, Aftercare and Welfare: Structured follow-up and support for bystanders, witnesses and responders will be introduced, addressing an identified gap in aftercare following these traumatic events and improving overall experience and staff welfare.

Next steps

This programme is expected to improve survival from OHCA, enhance consistency and quality of care, reduce inequality, improve patient and bystander experience, and support system sustainability while maintaining high standards of safety.

This important piece of work has been cited as one of our local priorities for the coming year.

Quality Governance Committee Assurance



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Statements from the Commissioners, HealthWatch and Overview and Scrutiny Committees

The 30-day consultation period coincided with the pre-election period, during which council activity is restricted, meaning some councils were unable to consider the publication.

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Quality Account Statement from Norfolk and Suffolk ICB (2025-26)

The NHS Norfolk and Suffolk ICB, as lead commissioner for the East of England Ambulance Service NHS Trust (EEAST), acknowledges receipt of the draft 2025/26 Quality Account and welcomes the opportunity to review and provide this statement.

Based on the draft report, the ICB is satisfied that the Quality Account presents a balanced and transparent narrative. It appropriately reflects both areas of improvement and ongoing risks; and demonstrates compliance with the mandatory requirements for Quality Accounts.

The ICB recognises the significant operational challenges faced by the Trust during the 2024/25 reporting period, including sustained system-wide pressures that have contributed to delayed ambulance handovers and extended response times. Despite these pressures, EEAST has continued to work collaboratively with system partners across the East of England, demonstrating mature and constructive relationships that support effective partnership working.

The ICB also acknowledges the progress made in response to concerns raised by the CQC following its inspection in late 2024.

The Quality Account provides clear evidence of improvement since the CQC warning notices were issued in January 2025, with the majority of concerns now returned to routine monitoring arrangements. This recognises significant improvements in call pick up times, staff recruitment, medicines incident management etc. However, it is noted that areas relating to organisational culture and staff engagement remain subject to enhanced oversight by Norfolk and Suffolk ICB, recognising that meaningful cultural change requires sustained effort and time to embed.

In particular, the N&S ICB wish to highlight the following areas of notable practice and improvement:

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- Strong clinical outcome performance in key areas, including cardiac arrest, STEMI and stroke care bundles, with performance benchmarking favourably at a national level. Positive patient experience indicators, including a reduction in formal complaints, and consistently strong Friends and Family Test (FFT) scores.

- Effective implementation and embedding of the Patient Safety Incident Response Framework (PSIRF), with clear evidence presented within the Quality Account.

The ICB support the priorities for 2026/27 as outlined in Part 2 of the Quality Account. These appropriately build on the previous year's priorities and maintain a clear focus on continuous learning and improvement.

We look forward to continuing to work collaboratively with EEAST clinicians, operational leaders, and system partners, alongside engagement with local people and communities, to further strengthen the quality, safety, clinical effectiveness, and patient experience of services delivered.

We would like to thank you and your staff and feel that this Quality Account demonstrates your organisation's ongoing commitment to delivering high-quality care and driving continuous improvement across its services.

Karen Watts

Director of Nursing and Quality

NHS Norfolk and Suffolk ICB

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09/06/2026 08:37:10

Quality Account 2025/26
Statement by Cambridgeshire County Council Health Scrutiny Committee

The Health Scrutiny Committee received the draft Quality Account for the East of England Ambulance Service (EEAST) on 23rd April 2026. A Task and Finish Group was established to consider the draft in the context of the committee's statutory health scrutiny function.

EEAST provides accident and emergency services for people in need of urgent medical treatment and transport in Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk. It also provides non-emergency patient transport in some areas, although not in Cambridgeshire. We have tried to confine our comments to the services delivered in Cambridgeshire where possible.

We found the Quality Account 2025/26 well-structured and comprehensive with a good narrative flow. There is a clear articulation of the Trust's achievements during the past year with good use of trend data and analysis. The Account reports some significant improvements during the past 18 months and we welcome and encourage that journey of continuous improvement.

The committee acknowledges management's evident pride in the progress which the Trust is making and in its achievements. However, we felt there is an occasional drift into more promotional language than we would expect to see in a statutory report, and that this does not reflect the levels of challenge which EEAST still faces. We are also surprised that no reference is made to EEAST having been ranked 10th out of 10 ambulance service trusts in England the NHS Oversight Framework - NHS Trust Performance League Tables published on 9 September 2025.
EEAST response – this will be included within our Annual Report.

It is positive to see that there has been an improvement across all categories of ambulance response times, but the report does not overtly acknowledge that these still remain below the national standard. This continues to pose a potential risk of harm to patients.
EEAST response – Narrative amended however it should be noted that more information will be available within our Annual Report which is referenced within the Quality Account.

The narrative around the Section 29A notice served on the Trust by the Care Quality Commission on 10 February 2025 for failing to meet requirements relating to staff training, staffing levels, investigation and mitigation of controlled drug incidents, call wait times, the culture of the service and acting on information from staff to develop and improve the service is well written and appropriately detailed. We welcome the positive engagement which continues to take place between EEAST and the CQC. We also welcome the measures put in place to strengthen oversight and assurance in relation to the CQC's concerns about the management of medicines investigations and the assurance that no incidents were identified that resulted in patient harm. We would like to have seen more evidence of improvement, but acknowledge that this data may not yet be available.
EEAST response – The Trust continues to monitor all metrics resulting from the S.29A Warning Notice however this will be further tested in any new inspection undertaken by the CQC.

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The committee appreciates the benefits to improving people's understanding of the right time to call for an ambulance and the other options available to them and we agree this needs to be communicated in a way which is meaningful and will be internalised. However, we felt that the language around patients' lack of understanding of the modern ambulance service and its clinical

model could seem to imply this is patients' fault. It was also unclear from the narrative how improving people's understanding of EEAST's clinical model would temper demand for services.
EEAST response – EEAST continues to promote how and when to access services and how their 999 call will be managed appropriate to their needs through multiple platforms including social media. It will continue to work with its system partners to promote this work.

Taking meaningful learning from customer and staff feedback and complaints is important in all organisations. We felt it would be helpful to include a bit more quantitative data on patient complaints in addition to the qualitative information provided, for example the number of complaints per 1000 contacts.
EEAST response – complaints vs patient contacts is included as a percentage. Figures have been added to supplement this.

It would also be useful to include some benchmarking data with other ambulance service trusts for comparison.
EEAST response - Unfortunately, benchmarking data for complaints by patient contact relating to ambulance services is not currently available.

There are three references to the NHS Staff Survey, but very little information about what this revealed.
EEAST response – narrative amended.

We would like to have seen more on this. There has also been a significant increase in the number of staff concerns registered through the Freedom to Speak Up (FTSU) process. This may be indicative of increased staff confidence in raising concerns, but we would like to have seen some assurance on this. We would also like to have seen more detail about how these concerns are being prioritised and addressed.
EEAST response – We believe this is covered within the narrative.

The committee commends the progress which EEAST has made during the past year and its commitment to continuous improvement. We remain committed to working constructively with the trust during the coming year both as a system partner and through our scrutiny role as a critical friend.

healthwatch Essex

Response to East of England Ambulance Service NHS Trust Quality Account 2025-26 from Healthwatch Essex

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Healthwatch Essex is an independent organisation that works to provide a voice for the people of Essex in helping to shape and improve local health and social care. We believe that health and social care organisations should use people's lived experience to improve services. Understanding what it is like for the patient, the service user and the carer to access services should be at the heart of transforming the NHS and social care as it meets the challenges ahead of it.

We recognise that Quality Accounts are an important way for local NHS services to report on their performance by measuring patient safety, the effectiveness of treatments that patients receive and patient experience of care. They present a useful opportunity for Healthwatch to provide a critical, but constructive, perspective on the quality of services, and we will comment where we believe we have evidence – grounded in people's voice and lived experience – that is relevant to the quality of services delivered by East of England Ambulance Service NHS Trust. We offer the following comments on this Quality Account.

- It is positive to see that despite sustained demand, EEAST reports improvements in emergency response times across all call categories compared with the previous year. We recognise how important timely responses are to people using urgent and emergency services, and welcome the progress made, whilst acknowledging that further improvement remains necessary, particularly for Category 2 calls.

- We are pleased to see that the Trust continues to perform above the national average in several important clinical outcomes, including cardiac arrest survival, heart attack care and stroke care. This provides reassurance that patients with the most serious time-critical conditions are receiving high-quality care.

- It is encouraging to see the continued development of alternative care pathways, including Hear and Treat services and Unscheduled Care Coordination Hubs, helping more patients receive the right care in the right place without unnecessary hospital conveyance. We know many people value care closer to home where it is safe and appropriate.

- We welcome the Trust's acknowledgement that patient understanding of the modern ambulance service model remains variable, particularly where expectations about ambulance attendance and alternative pathways are concerned. Clear public communication about what happens when people call 999 is essential and we are pleased this has been identified as a priority for the coming year.

- It is positive to see a co-produced Patient Voice Framework being introduced across the organisation. Embedding lived experience and patient feedback into governance, decision-making and service design is an important step and aligns strongly with the values Healthwatch Essex promotes.

- We note the Trust's openness in recognising that organisational culture, staff engagement and ensuring staff feel listened to and supported remain areas requiring further improvement. There is a clear link between staff experience and patient experience, and we welcome the commitment to continue this work over the next 12 months.

- Whilst it is reassuring to see improvements since regulatory intervention, we note the concerns previously raised by the Care Quality Commission regarding staffing, culture, training and call waiting times. Continued transparency and sustained progress in these areas will be important for public confidence.

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- We welcome the Trust's focus on reducing inequalities through improved demographic analysis of patient feedback and targeted engagement with seldom-heard communities. Understanding

how different communities experience ambulance services is vital to delivering equitable care across such a large and diverse region.

Listening to the voice and lived experience of patients, service users, carers, and the wider community, is a vital component of providing good quality care and, by working hard to evidence that lived experience, we hope we can continue to support the work of EEAST.

Samantha Glover

Chief Executive Officer, Healthwatch Essex

April 2026

healthwatch Hertfordshire

Healthwatch Hertfordshire's response to East of England Ambulance Service NHS Trust Quality Account 2025/2026

Thank you for sharing your Quality Account with us. Healthwatch Hertfordshire values its positive relationship with East of England Ambulance Service NHS Trust and looks forward to continuing to work together to ensure patient voices help shape improvements, including those reflected in the Trust's quality priorities for the coming year.



Neil Tester, Chair Healthwatch Hertfordshire

May 2026

Kingsmill,Esther
09/06/2026 08:37:10

Review of East of England Ambulance Service NHS Trust
Quality Account 2025/26

Thank you for giving Healthwatch Norfolk (HWN) the opportunity to provide comments on the draft East of England Ambulance Service NHS Trust (EEAST) Quality Account for 2025-2026.

We know that this has been a challenging year for EEAST with increasing pressures on the health and care system and the Trust experiencing increasing demand for services including considerable, sustained peaks in emergency contacts in the winter months.

We are pleased to see the results of the ongoing work by the Trust to improve performance, with **all four categories of response times**, from those involving immediately life-threatening injuries and illnesses through to those less urgent, showing an improvement on last year. In particular, it is positive to see improvement in the average response time of **Category 2 (C2) emergency ambulance response times,** where in March this year the Trust achieved its fastest average response times for five years.

We note that this has been achieved, in part, through **investment in new ambulances** which has helped reduce the amount of time vehicles are off the road being maintained or repaired. The Trust has also expanded its **clinical assessment service** (Hear and Treat) in emergency operations centres where the focus is on providing expert advice and determining the most appropriate care pathway or confirming that an ambulance response is required, which has improved ambulance availability for patients who need urgent or life-saving care.

We also note that the **Care Quality Commission (CQC)** carried out a **Focused Inspection of Urgent and Emergency Care services and Emergency Operations Centres i**n November 2024 and, following receipt of a Warning Notice and a warning Letter early in 2025, the Trust entered the formal Rapid Quality Review process involving monthly monitoring of key quality metrics. We recognise the efforts made by the Trust to address areas requiring improvement, including compliance with mandatory/statutory training, medicines management oversight and assurance, and Emergency Operations Centre staffing and supervision, leading to EEAST being moved to routine surveillance in March 2026.

We note that, although improvements have been seen across the areas requiring improvement, some remain as ongoing priorities for the coming year, including **Category 2 response times**, reducing **system delays**, and embedding a consistently **positive organisational culture.** A focus also remains on improving the **effectiveness of how the Trust listens** to staff, responds to feedback, and translates learning into actions for improvement.

EEAST's Quality Priorities for coming year

In terms of **patient safety**, we are pleased to see the continuing focus on **improving the quality of the learning and sharing learning** across the organisation, with priorities around strengthening the quality of learning from incidents (targeted After Action Review training) and reviewing and updating the Trust's Patient Safety incident Response plan.

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Under **clinical effectiveness**, we note the priority involving licensing EEAST to deliver **diagnostic and screening interventions** (ultrasound) to help improve the timeliness and accuracy of pre-hospital assessment and treatment and will be interested to see how this progresses with approval requested from CQC.

We note that a key priority under **patient experience** is to implement and embed the **Patient Voice Framework,** which has been developed to strengthen how patient experience is heard, considered and acted upon across the organisation. We note that the aim is for it to be consistently incorporated into decision-making, quality processes and governance structures and we will be interested to see how this priority progresses.

Performance against quality priorities for previous year

The Trust has achieved improvement to **ambulance response times** in all 4 categories but we also note that response times (except category 4 responses) continue to fall short of national standards. We are pleased to note that the Trust is continuing to work with system partners to help address delays associated with hospital handover in addition to focusing on operational improvement.

We note that patient safety governance continues to be strengthened with the national **Patient Safety Incident Response Framework** process being embedded across the Trust, and further development of the **Learning from Deaths programme** with improved data collection and improved consistency in the use of Structured Judgement Reviews, helping ensure that themes can be clearly identified, shared and acted upon.

In terms **of patient experience and feedback**, we note that **complaints** arose from 0.04% of the Trust's contacts with patients, an improvement of 0.1% on 2024/25. The number of **re-opened complaints** has, however, increased (4.3%) compared with last year (1.3%) and although the overall numbers remain very low (28 complaints were re-opened) they will be reviewed to identify learning for both complaint handling and response quality. We are pleased to note that the Trust received 3,722 **compliments** in 2025/26, significantly outnumbering complaints (649) which leads to a **compliment to complaints ratio of 6:1.**

It is good to see that the overall results of the Trust's **patient survey** programme (Friends and Family Test) for 2025/26 show higher overall patient satisfaction (93.3% compared to 86.3 % in 2024/25) along with an increase in the number of responses, with the main areas of dissatisfaction being ambulance and patient transport service delays. We are pleased that the **easy read survey** (co-produced last year with the Disability Real Action Group of Norfolk) continues as an accessible feedback option for urgent and emergency care service and patient transport service patients.

We note that a new **Mental Health Response Vehicle (MHRV) survey** has been developed to obtain feedback on how well the MHRV service supports people in mental health crisis. We understand that it is in its initial stages of use and will be interested to see how this work progresses in capturing valuable feedback about mental health support.

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We are pleased to see that the Trust's **Community Engagement Group** (CEG) is making good progress in representing the patient voice, with an active role in the Trust's quarterly board meetings, including discussion of films of the Group's patient and family interviews to support learning from complaints and serious incidents, as well as having a prominent role in a recent Board development session on embedding the patient voice. We note that the Group represents the patient voice at a wide range of governance meetings within the organisation as well as with partner organisations and specialist groups across the system. We also note that Group were involved in the recent co-production of the new Patient Voice Framework and review of the Patient Plan communication document.

It is good to see that the Group has been successful in recruiting some younger members (16-18 years), helping to ensure that a more diverse range of experiences and views are heard. We note that quality priorities for 2026-27 include further targeted recruitment to improve diversity and representation across the region.

Accessibility

EEAST's Quality Account is clearly presented and is available in other formats and languages. It is a valuable source of information to the public and we hope to see it promoted to patients, staff, and wider system stakeholders.

Conclusion

HWN welcomes the improvements being made to the quality of services by EEAST and recognises the efforts being made individuals and teams across the organisation. We are always keen to help in any way – so please get in touch if you would like to talk to us about how we might assist in you in making sure the views of patients, their families and their carers, are helping drive improvement.

Alex Stewart
Chief Executive, Healthwatch Norfolk

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09/06/2026 08:37:10

Glossary

Term	Acronym	Definition
90th centile		The value of a variable such that 90% of the relevant data is below that value.
Accident and emergency	A&E	A medical treatment facility specialising in acute care of patients who present without prior appointment, either by their own means or by ambulance. The emergency department is usually found in a hospital or other primary care centre.
Advanced Practitioner	AP	A healthcare profession with extended qualifications and scopes of practice.
After Action Review	AAR	A method of evaluation that is used when outcomes of an activity or event, have been particularly successful or unsuccessful to capture learning.
Ambulance (clinical) quality indicators	ACQIs	A set of national measures to benchmark clinical quality against eleven indicators to improve quality and safety of patient care.
Artificial Intelligence	AI	The theory and development of computer systems able to perform tasks normally requiring human intelligence.
Association of Ambulance Chief Executives	AACE	A central organisation that supports, coordinates and implements nationally agreed policy.
Blood pressure	BP	The pressure exerted by circulating blood upon the walls of blood vessels. One of the principal vital signs.
British Association for Immediate Care	BASICS	A charitable organisation who works in partnership with EEAST
Cardiopulmonary resuscitation	CPR	An emergency procedure, performed in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person in cardiac arrest.
Care Quality Commission	CQC	The independent watchdog for healthcare in England. It assesses and reports on the quality and safety of services provided by the NHS and the independent healthcare sector, and works to improve services for patients and the public.
Category 1	Cat 1	National response time standard for 999 immediately life-threatening injuries and illnesses.
Category 1T	Cat 1T	National response time standard for 999 immediately life-threatening injuries and illnesses where the patient is transported.
Category 2	Cat 2	National response time standard for 999 emergency calls.
Category 3	Cat 3	National response time standard for urgent calls and in some instances where patients may be treated in-situ (e.g., their own home) or referred to a different pathway of care.

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Term	Acronym	Definition
Category 4	Cat 4T	National response time standard for less urgent calls. In some instances, patients may be given advice over the phone or referred to another service such as a GP or pharmacist.
Chief Executive Officer	CEO	The position of the most senior officer, executive, or administrator in charge of managing an organisation.
Clever Together		A company that helps organisations and progressive leaders improve performance and outcomes by incorporating evidence, expertise, and lived experiences into decision-making.
Clinical Assessment Service	CAS	An EEAST service to provide triage to patients who have accessed the 999 service.
Clinical Audit	-	A process for measuring the level of care given against a set of standards to drive improvement.
Commissioning	-	The processes which local authorities and clinical commissioning groups undertake to make sure that services funded by them meet the needs of the patient.
Commissioning for Quality and Innovation programme	CQuIN	The incorporation of quality metrics within quality and innovation three-year contracts. Full reimbursement of activity is made upon delivery of quality initiatives.
Community Engagement Group	CEG	A group within EEAST in place to ensure that views of patients and their representatives can be used to improve our services.
Community first responders	CFR	Teams of volunteers who are trained by the ambulance service to a nationally recognised level and provide lifesaving treatment to people in their communities.
Cyber Assessment Framework	CAF	A systematic and comprehensive approach to assessing the management of cyber risks to essential functions of organisations.
Data Protection Act	DPA	United Kingdom Act of Parliament which updates data protection laws in the UK.
Data Security Protection Toolkit	DSPT	An online system which allows NHS organisations and partners to assess themselves against NHS Digital information standards.
Department of Health and Social Care	DHSC	A department of the Government with responsibility for government policy for health and social care matters and for the NHS in England along with a few elements of the same matters which are not otherwise devolved to the Scottish, Welsh or Northern Irish governments.
Disability Real Action Group of Norfolk	D.R.A.G.O.NS	A group of young people with disabilities that are looking to make sure that SEND opportunities, in Norfolk, are accessible and that young people are enjoying their services.
Duty of Candour	DoC	Regulation 20 of the Health and Social Care Act 2012 (Regulated Activities) Regulations 2014 to ensure that providers are open and transparent with people who use services or their representatives.
East of England Ambulance Service NHS Trust	EEAST	Ambulance service which operates in the East of England.
EasyRead	-	An accessible format which can be used by people with learning difficulties.

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Term	Acronym	Definition
Electrocardiography	ECG	An ECG is a test used to measure the electrical activity of the heart.
Electronic patient care record	ePCR	A patient care record which is in electronic format.
Emergency operations centre	EOC	Control centre for managing call receipt, triage and dispatch functions.
Face arm speech time	FAST	A simple test to help people recognise the signs of stroke and understand the importance of emergency treatment
Freedom to Speak Up	FTSU	A national initiative to apply measures to enable staff to speak out about patient safety and other concerns confidentially or anonymously.
Friends and Family Test	FFT	A feedback tool that anyone can use to give quick, anonymous feedback to providers of NHS services.
General practitioner	GP	A medical practitioner who treats acute and chronic illnesses and provides preventive care and health education to patients.
Glasgow Coma Scale	GCS	A clinical scale used to reliably measure a person's level of consciousness.
Glyceryl trinitrate	GTN	Drug for heart disease patients to dilate the blood vessels. Delivered as a spray or in tablet form.
Hazardous Area Response Team	HART	Specialist ambulance unit that provides medical care to patients in hazardous or 'hot' environments. They utilise special vehicles and equipment.
Health and Social Care Act	HSCA	An Act of the Parliament of the United Kingdom. It provides for the most extensive reorganisation of the structure of the National Health Service in England to date. It removed responsibility for the health of citizens from the Secretary of State for Health, which the post had carried since the inception of the NHS in 1948.
Health overview and scrutiny committee	HOSC	Provides external assessment of any NHS consultation process giving local assurance that the business cases for any future NHS developments are robust.
Healthcare Quality Improvement Partnership	HQIP	An independent organisation to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality improvement.
Healthwatch		An independent national body with the power to monitor the NHS and to refer patients' concerns to a wide range of authorities. It represents the interests of patients as consumers, strategic commissioning, pursues and refers patient complaints and contributes to national public debate on the NHS.
Hear and treat	-	Over-the-telephone advice that callers who do not have serious or life-threatening conditions receive from an ambulance service after calling 999.
Information Governance Group	IGG	A group within EEAST in place to ensure that all information systems and processes comply with the Data Protection Act.
Integrated Care Board	ICB	NHS organisations set up with responsibility to organise and oversee the delivery of NHS and social care services in England.

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Term	Acronym	Definition
Integrated Care System	ICS	Partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.
Integrated Performance Report	IPR	Dashboard used within EEAST that provides information against set key metrics.
Joint Royal College Ambulance Liaison Committee	JRCALC	Expert committee responsible for the production of clinical guidelines for ambulance services in the UK
Key performance indicator	KPI	Clear, comparative gauge for ICBs, boards, local authorities, patients and the public to monitor about the quality of health services commissioned by ICBs and the associated health outcomes.
Learning from Deaths	LfD	National guidance for NHS trusts on working with bereaved families and carers. It advises trusts on how they should support, communicate and engage with families following a death of someone in their care.
Learning From Patient Safety Events	LFPSE	A national NHS service for the recording and analysis of patient safety events that occur in healthcare.
Local authority	-	An organisation that is officially responsible for all the public services and facilities in a particular area.
Mean	-	A number that is the average of a set of numbers
Median	-	The middle value when a range of values is arranged in order.
Mental Capacity Assessment	MCA	An assessment undertaken by healthcare professionals to determine if the individual is able to make a decision for themselves.
Metrics	-	Set of ways of quantitatively and periodically measuring performance.
Myocardial infarction	MI	Clinical term for a heart attack.
National Guardian's Office	NGO	The organisation who works to make speaking up become business as usual to effect cultural change in the NHS.
National Health Service	NHS	The publicly funded healthcare system of England. It is the largest and the oldest single-payer healthcare system in the world.
National Institute for Health Research	NIHR	Organisation that funds health and care research in the United Kingdom.
National Patient Safety Alert	NPSA	Issued by NHS Improvement to rapidly warn the healthcare system of risks
National Performance Advisory Group	NPAG	Self funding NHS organisation that provides a number of services to support NHS organisations
National Quality Board	NQB	Provides advice, recommendations and endorsement on matters relating to quality, and acts as a collective to influence, drive and ensure system alignment of quality programmes and initiatives.
National Reporting and Learning Service	NRLS	A central database of patient safety incident reports.

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Term	Acronym	Definition
National staff survey	-	A way of ensuring that the views of staff working in the NHS inform local improvements and input in to local and national assessments of quality, safety, and delivery of the NHS Constitution.
Never Events	-	Incidents that required investigation under the previous Serious Incident framework
NHS Digital	NHSD	The national information and technology partner to the health and care system.
NHS England	NHSE&I	The lead body for the National Health Service in England.
Non-Emergency Patient Transport Service	NEPTS	Provides transport to and from premises providing NHS healthcare and between NHS healthcare providers. This is also known as scheduled transport or non-emergency service.
Norfolk and Norwich SEND Association	NANSA	A registered charity dedicated to improving the lives of people in Norfolk with disabilities and special educational needs.
Outcome from out-of-Hospital-Cardiac Arrest	OHCA	A prospective study, collecting information on all out-of-hospital cardiac arrests in the UK.
Oxygen saturation	SpO2	Term referring to the fraction of oxygen within the haemoglobin levels. A normal level would range between 95-97%.
Pandemic	-	A disease that exists in almost all of an area or in almost all of a group of people.
Paramedic	-	A registered healthcare professional, working predominantly in the pre-hospital and out-of-hospital environment.
Parliamentary and Health Service Ombudsman	PHSO	A legal organisation who make final decisions on complaints that have not been resolved by the NHS in England and UK government departments and other UK public organisations.
Patient Advice and Liaisons Service	PALS	PALS queries are processed by the Patient Services team who are the first point of contact for enquiries from the public or other healthcare organisations.
Patient and Public Involvement	PPI	The practice where people with health conditions (patients), carers and members of the public work together with organisations.
Patient care record	PCR	All NHS providers are required to record the care given to a patient on a patient care record.
Patient Facing Staff Hours	PFSH	A term used to describe resources available for patient care.
Patient Safety and Experience Group	PSEG	A group within EEAST in place to ensure that incidents and patient feedback are used to reduce risks and improve our services and patients' experiences.
Patient safety incident	PSI	Any unintended or unexpected incident which could have (or did) lead to harm for one or more patients receiving NHS care.
Patient Safety Incident Response Framework	PSIRF	An NHS process to further improve patient safety.

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Term	Acronym	Definition
Payment by results	-	The payment system in England under which commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient's healthcare needs.
Primary care	-	Out-of-hospital health services that play a central role in the local community.
Primary percutaneous coronary intervention	PPCI	Commonly known as coronary angioplasty or simply angioplasty, is a therapeutic procedure to treat the narrowed coronary arteries of the heart found in coronary heart disease.
Public Health England	PHE	An executive agency of the Department of Health and Social Care that exists to protect and improve the nation's health and wellbeing.
Quality Governance Committee	QGC	An EEAST committee which has authority from the Trust Board to be assured that progress is being made on the assurance processes for clinical effectiveness, patient safety and patient experience.
Quarter 1 (2,3,4)	Q1 (2,3,4)	Financial year (1st April – 31st March) quarter indicator.
Research Ethics Committee	REC	Responsible for the ethical conduct of research studies designed to increase understanding of workplace factors that contribute to ill-health and workplace accidents.
Return of spontaneous circulation	ROSC	The resumption of sustained perfusing cardiac activity associated with significant respiratory effort after cardiac arrest.
Scheduled transport service	STS	A non-emergency service provided to patients who are unable to convey themselves for outpatients' appointments. This is also sometimes known as Patient Transport Service or non-emergency service.
See and treat	-	Patients who are treated at home by ambulance staff and do not require taking to a hospital or other care centre
Serious Incident	SI	An event or circumstance that could have resulted, or did result, in unnecessary damage, loss or harm such as physical or mental injury to a patient, staff, visitors or members of the public.
Service user		Anyone who uses, requests, applies for or benefits from health or local authority services.
Short Message/Messaging Service	SMS	A text messaging service within most telephone, Internet and mobile device systems.
Special Educational Need and/or Disability	SEND	A term used if a child or young person has a significantly greater difficulty in learning that the majority of others of the same age or has a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions
Stakeholders	-	Anyone with an interest in the way services are delivered including service users, carers, patients, service providers, staff, health professionals and partner organisations, councils and other community or voluntary groups.
ST-elevation myocardial infarction	STEMI	A heart attack recognised by characteristics on an ECG.
STEMI care bundle	-	A set of interventions that when used together significantly improve patient outcomes for a heart attack.
Strategy	-	A plan of action designed to achieve a long-term or overall aim.

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Term	Acronym	Definition
Stroke	TIA	A stroke happens when the blood supply to the brain is disturbed.
Structured Judgement Reviews	SJR	Method for undertaking a clinical review of care for adults as part of the NHS learning from deaths programme
Summary Care Record	SCR	An electronic record of important patient information, created from GP medical records which can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care.
Time for Me App		A personal wellbeing tool to help our staff and volunteers focus on their own personal happiness and life progress.
United Kingdom	UK	The United Kingdom is the official name for the country consisting of Great Britain and Northern Ireland.
Unscheduled Care Coordination Hub	UCCH	A scheme that is designed to provide timely access to urgent care in the community for patients with immediate care needs.
Utstein	-	The Utstein Style is a set of guidelines for uniform reporting of cardiac arrest. The Utstein Style was first proposed for emergency medical services in 1991.

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Meeting:	Trust Board – Public Meeting	**Date:**	10/06/2026
Report Title:	Community Engagement Group (CEG) Report		
Agenda Item:	PUB26/06/2.4		
Author(s):	Laura Mann, Head of Patient Experience - Interim (based on input from and reviewed by CEG)		
Lead Director:	Simon Chase, Chief Paramedic and 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	X
Effective	X	People Mission	X
Well Led	X	Productivity Mission	
Safe	X		

Link to Strategic Risk:

SR1		SR3		SR5		SR7		SR9	
SR2	X	SR4		SR6		SR8		SR10	

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

Previously considered by:

This is a standing public board paper. This paper has been prepared by Laura Mann, Head of Patient Experience (interim), with input, review and full support by the Community Engagement Group (CEG).

Purpose:

To update the Board on Quarter 4 activity undertaken by the CEG, providing insight into emerging themes and trends from internal and public engagement, and to share the CEG's perspectives as patient and public representatives.

Activity Undertaken and Achievements

During Quarter 4, the CEG continued to progress its three strategic priorities, with established working groups active across each area:

Youth Engagement and Recruitment - Work continued to improve engagement and representation of younger age groups, focused on understanding lower satisfaction, tailoring engagement approaches and increasing membership from under-represented groups. There are currently two younger CEG members, with a third member going through the onboarding process.

Recruitment has been slower than planned due to challenges with the DBS process, particularly in relation to identification requirements, and will require further review to support inclusive participation.

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Patient Representative Walkabout Audits - Preparatory work continued the development of patient-led walkabout audits aligned to CQC domains, supporting impartial feedback and CQC readiness. Audit tools are being reviewed to reflect the forthcoming national standards, with piloting planned once finalised and operationally feasible, alongside further CEG audit recruitment to support delivery.

'Bystander Engagement' Public and Crew Education Project – Quarter 4 saw significant delivery of bystander engagement and community education activity, with CEG members leading and supporting public events, training sessions and partnership initiatives. This included:

- Presentations and information stalls at Epping Forest District Council's "Stay Safe & Well" events, reaching over 100 mainly older and vulnerable members of the public.
- Community emergency aid and defibrillator awareness sessions delivered to faith, voluntary and community groups, increasing confidence and preparedness across a further 50+ participants.
- Ongoing development meetings of the working group, including regional mapping of key support organisations to improve signposting for bystanders affected by traumatic incidents. This aligns with the Out of Hospital Cardiac Arrest Desk and ResQ Project initiatives. Currently support provision across the region is inconsistent, and this work aims to improve consistency, clarity and co-ordination across the region.

Activity has focused on prevention, emergency preparedness, appropriate service use, and supporting the public whilst awaiting ambulance arrival, aligning with demand management and community resilience objectives.

In addition to the above priorities, ongoing engagement activities have included community liaison and collaboration with partner organisations and networks. Quarter 4 also included a full face-to-face CEG meeting and continued recruitment activity to improve diversity and geographical coverage.

Internal Representation

CEG members have continued to proactively interface and participate in internal governance meetings, including the Patient Experience and Safety Group, Trust Committees (including the Quality Governance Committee and the People Committee), the Voluntary Advisory Forum and the Research Involvement Group. CEG members attend Trust Board, with a quarterly Board report detailing CEG activity, representing a sustained cultural shift towards embedding the patient voice within organisational governance.

For the People Committee specifically, CEG representatives are now invited to contact the Chair in advance to propose questions or agenda items, helping to shape discussions and ensure their input is fully considered.

The CEG has played a key role in the Patient Voice Task and Finish Group and the co-production of the Patient Voice Framework, which has now been finalised. This marks a significant milestone in embedding the patient voice across the Trust. CEG members have contributed lived experience, challenge and insight throughout the framework development to ensure it is practical, meaningful and sustainable.

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During Quarter 4, CEG members also supported:

- Structured discussion and feedback on the Patient Plan, highlighting the need to reduce confusion around access to services, to improve care pathway integration, and to ensure patient experience is central to delivery alongside clinical outcomes.
- Review of the Patient Plan communications materials
- Review of the Patient Plan survey content, ensuring accessibility, clarity and relevance.

Board Development and Strategic Initiatives

Building on work reported previously, CEG involvement at Board has continued through Quarter 4, supporting the embedding of the patient voice and cultural change. With the Patient Voice Framework now finalised, focus will shift to supporting implementation through the Patient Plan and wider health inequalities work.

External Engagement

External engagement has been maintained through partnership working with local authorities, voluntary organisations, community groups and faith organisations, strengthening visibility and supporting prevention, public understanding and confidence.

CEG members have continued engagement at system and governance level, including participation in Trust Chair selection interviews, ensuring public perspectives inform senior leadership appointments.

Outcomes Since Last Board Meeting

- Additional recruitment of four CEG volunteers across the organisation – improved representation.
- Increased reach and impact of bystander education and prevention messaging.
- Improved public understanding of appropriate service use and emergency preparedness.
- Finalisation of the co-produced Patient Voice Framework.
- Continued embedding of the patient voice across Trust governance channels.
- Strengthened formal and informal partnership working with local authorities, voluntary organisations, and community groups.
- Enhanced patient insight informing the development of the Patient Plan.

Upcoming work:

The CEG's three strategic priorities and working groups will remain the focus for the year ahead, alongside continued participation in Trust governance, patient voice implementation, patient and public involvement activity, system partnerships and research initiatives.

Recruitment (particularly for those aged 16 - 17 years) remains a priority to improve diversity, regional coverage and resilience within the group.

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The CEG also remains in early discussions to support EEAST becoming an accredited Duke of Edinburgh Award Approved Activity Provider, creating volunteering opportunities for young people aged 14–25. Additionally, opportunities for work experience provision are being explored.

Risks and Challenges

Key risks include sustaining volunteer capacity, physical, material and human resource limitations for wider engagement delivery, and variable operational awareness of the CEG at local level. Mitigation will continue through phased planning, targeted recruitment, improved internal communication and the development of digital engagement approaches.

Additional challenges include onboarding barriers for younger volunteers, particularly relating to DBS requirements and work is underway to tackle this element.

Areas for Consideration:

Embedding Patient Voice in Strategic Work
The CEG continues to support the Patient Voice Task and Finish Group and the co-production of the Patient Voice Framework, which is now finalised. Ongoing consideration is needed to ensure CEG involvement is sustained and supported as the framework moves into implementation.

Health Inequalities and Equality, Diversity and Inclusion / Staff Network Collaboration
The CEG is continues to contribute to the Trust's health inequalities agenda, drawing on member expertise and lived experience. Clearer alignment with Equality, Diversity and Inclusion teams and staff networks would support more co-ordinated engagement with seldom-heard groups.

Operational Awareness and Support
While Board-level awareness of the CEG is strong, operational awareness across the Trust remains inconsistent. Improved internal communication would support engagement activity and reduce challenges for members during station-level visits.

Recruitment and Diversity
Continued recruitment remains essential to strengthen diversity, geographical coverage, resilience and succession planning within the CEG, supporting delivery of future priorities.

Digital Engagement
Further development of digital engagement should be considered to enhance reach, particularly with younger age groups and seldom-heard communities, including use of platforms e.g. TV screens in GP surgeries.

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

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

As trusted partners and advocates, the CEG supports EEAST's commitment to partnership, inclusion and patient-centred care. Their work ensures public perspectives continue to inform decision-making and service improvement in line with the Trust's vision and values.

Summary:

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The CEG continues to provide meaningful patient and public representation across engagement, governance and strategic activity. Quarter 4 activity demonstrates sustained progress and impact across agreed priorities, while contributing to broader initiatives including patient voice, health inequalities and cultural change.

The CEG also continues to provide valuable insight through structured discussion and engagement, ensuring the patient voice actively informs strategic direction, including the development and implementation of the Patient Plan.

Continued support to improve visibility, sustain recruitment and strengthen engagement mechanisms will help embed patient perspectives at the heart of decision-making and improve outcomes and experiences for all.

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Meeting:	Trust Public Board	**Date:**	10/06/2026
Report Title:	Modern Slavery Statement 2026		
Agenda Item:	PUB26/06/4.3		
Author(s):	Rachel Tremble, Senior Executive Support Manager		
Lead Director:	Marika Stephenson, Chief People Officer & Deputy CEO		

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:

This report has been reviewed by the Executive Leadership Team prior to submission to Public Board.

Purpose:

The purpose of this paper is to seek approval from Public Board to adopt the NHS England Modern Slavery and Human Trafficking Statement (2025/26) in place of a locally produced Trust statement, in line with national guidance.

Recommendation:

Public Board is asked to:

- Approve the adoption of the NHS England national Modern Slavery and Human Trafficking Statement (2025/26); and
- Approve publication of a link to the national statement on the Trust's website, replacing the requirement for a standalone Trust statement.

Link to national statement:
https://www.england.nhs.uk/safeguarding/slavery-human-trafficking-statement/

Executive Summary:

The NHS England Modern Slavery and Human Trafficking Statement (2025/26) sets out a national, system-wide approach to addressing modern slavery risks across healthcare.

It recognises that modern slavery affects an estimated 50 million people globally and exists in every country, including the UK, with risks present across healthcare supply chains, workforce and patient populations.

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Healthcare staff are also identified as being in a key position to identify and support victims, who may present as vulnerable patients.

The NHS is committed to ensuring that its supply chains, recruitment practices and wider business activities are free from ethical and labour exploitation, while also fulfilling its safeguarding responsibilities.

In line with national guidance, NHS organisations are encouraged to adopt this single national statement and link to it locally, rather than produce separate organisational statements.

This paper therefore proposes that the Trust adopts the national statement approach.

Introduction / Background:

Modern slavery includes forced labour, human trafficking, servitude and exploitation, and remains a significant global issue affecting multiple sectors, including healthcare.

The NHS recognises that modern slavery risk extends beyond supply chains and procurement activity and includes:

- Workforce and recruitment practices
- Safeguarding responsibilities for patients, particularly those presenting as vulnerable individuals

The NHS England statement outlines a whole-system approach, combining:

- Supply chain risk management
- Ethical recruitment practices
- Safeguarding interventions

This reflects increasing expectations for a holistic and risk-based approach across the NHS.

Following the announcement in March 2025 of closer integration between NHS England and the Department of Health and Social Care, a single national statement has been developed to provide consistency across the NHS system.

NHS organisations are now encouraged to defer to this national statement and link to it directly from their websites.

Key Issues / Risks:

- Modern slavery risk is inherent across NHS supply chains and cannot be assumed to be absent
- Individuals within the workforce or accessing services may be victims of modern slavery, requiring safeguarding response
- Ongoing need to ensure compliance with:
    - Modern Slavery Act 2015
    - PPN 02/23
    - Procurement and safeguarding frameworks

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Failure to align with the national approach could lead to:

- Duplication and inconsistency across NHS organisations

- Reduced effectiveness of a coordinated NHS response

Options:

Option 1 (Recommended):
Adopt the NHS England national statement and publish a link locally.

Option 2:
Continue producing a standalone Trust Modern Slavery Statement.

Option 1 is recommended as it aligns with national guidance and reduces duplication while maintaining compliance.

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

Adopting a consistent national approach supports the Trust's commitment to:

- Acting with integrity and accountability
- Safeguarding vulnerable individuals
- Working collaboratively across the NHS system

Summary:

Public Board is asked to approve the transition to the NHS England national Modern Slavery and Human Trafficking Statement (2025/26) approach.

This ensures continued compliance with statutory and procurement requirements while supporting a coordinated NHS-wide response, recognising that modern slavery risks exist across supply chains, workforce and safeguarding responsibilities.

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Meeting:	Public Board	**Date:**	10/06/2026
Report Title:	FTSU Update – Annual Report		
Agenda Item:	PUB26/02/4.4		
Author(s):	Liz Cunnell, Chief of Staff		
Lead Director:	Neill Moloney, Chief Executive		

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

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

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

Equality Impact Assessment:			
YES		**NO**	

Previously considered by:

Executive Leadership Team

Purpose:

The purpose of the paper is to appraise the Board of the FTSU data in the annual report from Guardian Service from 1 April 2025 to 31 March 2026.

Recommendation:

To receive the report and discuss.

Executive Summary:

The Guardian Service (GSL) have been at EEAST since August 2024 and have provided a full year end report for review. The key areas to highlight are as follows:

- A total of 232 FTSU cases reported compared to 171 in the previous year
- Key themes remain consistent, System & Process (98), Behaviour & Relationships (48) and Management Issues (39).
- 3 cases relating to patient safety – however they were recorded under other themes and had the potential to indirectly impact on the quality of patient care.
- Norfolk and Waveney reported the most new cases
- 1 staff member reported detriment following speaking up – the staff member did not consent to following up on this.

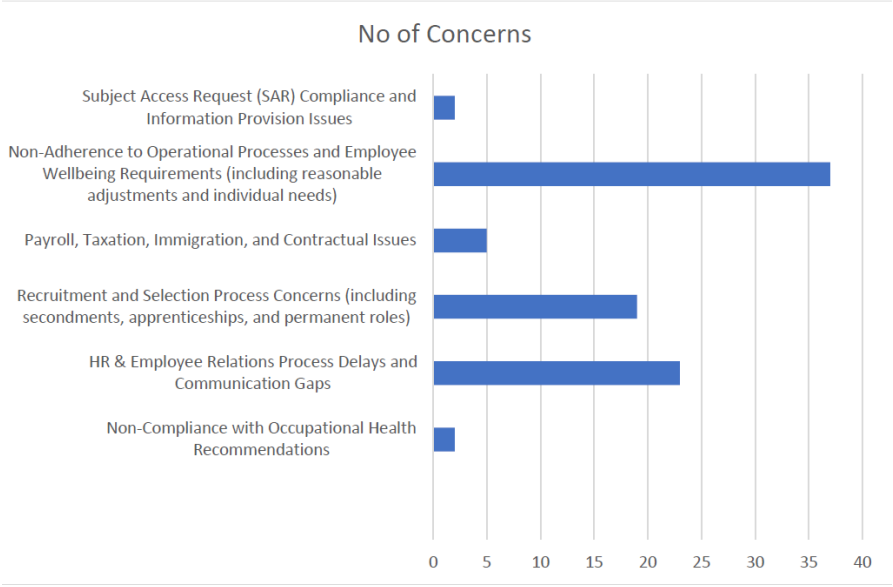
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Introduction / Background:

The report highlights some areas which require further focus for next year for improvement which are not included in the recommendations:

Last year, the Guardian Service were asked to report on the length of time taken to close cases. The average time for last year is reported at 79 days and the longest case is 311 days. National data to act as a comparator is not available, but this needs further exploration and improvement for next year. The Guardians do not report any issues with responses from managers and escalations but explain the delays as the complexity of the cases.

Systems and processes remain the most common theme for new cases and GSL have provided a breakdown on the reasons for this:



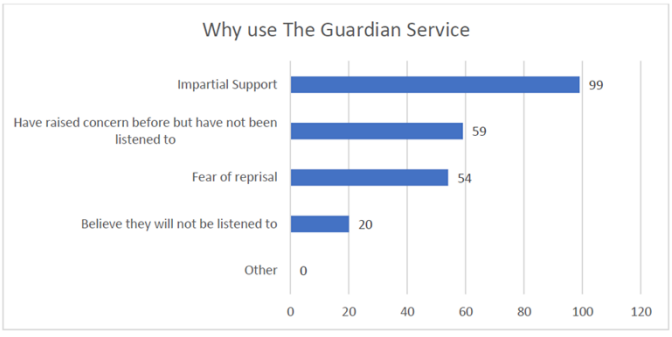
It is clear that further work is required to support staff wellbeing and the application of reasonable adjustments. Although it is reported that 10 of these cases relate to the scheduling team and centralised scheduling.

The high number of ER related cases is expected given the challenges and the high number of new ER cases the Trust is receiving.

The recruitment issues can be reviewed and discussed in more detail but relate to talent pool management, secondments, redeployment and apprenticeships.

Most concerning is the feedback that staff feel unheard when speaking up in relation to our processes.

In relation to sexual safety 6 concerns were raised and these on the whole match what we are hearing from ER cases, staff survey and staff engagement. This suggests that more work is required to promote FTSU in relation to this type of casework.



It is concerning that 23% of our people speaking up fear reprisal and indicates that more is needed to be done to improve this. Looking at the actions GSL are taking to improve FTSU culture, detailed in the report, suggests that more transformative and direct actions are required.

The recommendations are included in the annual report:

- Guidance for Welfare officers – A guidance document will be produced which aligns with the support and training provided to Wellbeing Champions.
- More timely management of ER cases – Additional resource and leadership has been provided to review processes and improve timelines.
- Improved engagement with the resourcing team – This has been enacted in recent weeks with team meetings and engagement from the CPO and CEO

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- Improved support for staff in a sexual safety case – We have signed the Sexual Safety in Healthcare Organisational Charter. This act solidifies our responsibility to uphold the highest standards of sexual safety. Additionally, to ensure these principles are clearly outlined and actionable, we published our sexual safety policy in 2024. In addition, we provide e-learning, managers toolkit and fast track approach to Occupational Health support. However, we recognise that we need to do more and envisage that the outcomes of the cultural review will support us in improved mechanisms to support staff involved in sexual safety incidents.
- Training and understanding of the neurodivergent workforce – The Trust has established a Neurodiversity working group and appointed a Head of Business and EDI to improve the experience of our neurodiverse workforce. We recognise there is much more still to do.

Key Issues / Risks:

- That our people fear reprisal when speaking up

Options:

The data is provided for information and discussion.

How does this report link with EEAST's vision, purpose and values?
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East of England Ambulance Service NHS Trust

The Guardian Service
Here to listen

1st April 2025- 31st March 2026

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

Prepared by: Kym Gillingham & Dani Marshall

Guardian
The Guardian Service Ltd.

Date: 21st April 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 April 2025 and 31st March 2026, 232 concerns were raised by staff members.

The efforts by the Trust to help promote the implementation of The Guardian Service, as well as colleagues sharing positive experiences, and results of using the service contributed to the increased usage of this channel for speaking up.

The majority of staff chose to use the GSL, as they felt that they hadn't received impartial support from the Trust or they had raised the concern previously and felt they had not been listened to.

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

The top two job groups raising concerns were Allied Health Professionals (114) and Additional Clinical Services (52).

The three most common themes for new cases were System & Process (98), Behaviour & Relationships (48) and Management Issues (39).

There were seven cases raised that were specifically relating to Patient Safety. However, it is important to note that there were cases recorded under other themes that had the potential to indirectly impact on the quality of patient care and safety.

Norfolk & Waveney A&E Operations were the directorate with the highest number of concerns. This should not be viewed negatively, but as encouragement that staff are comfortable to speak up.

One staff member reported that they suffered a detriment because of speaking up. This staff member expressed a difference in how colleagues interacted with them following speaking openly.

There are a number of recommendations detailed at the end of this report that the Trust is asked to consider. These relate to the top three themes, Sexual Misconduct and soft intelligence gather through this reporting year.

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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

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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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Green	General grievances e.g. a change in work conditions.	Response required within 72 hours
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 April 2025 to 31st March 2026. The report also sets out some learning points and makes recommendations for consideration.

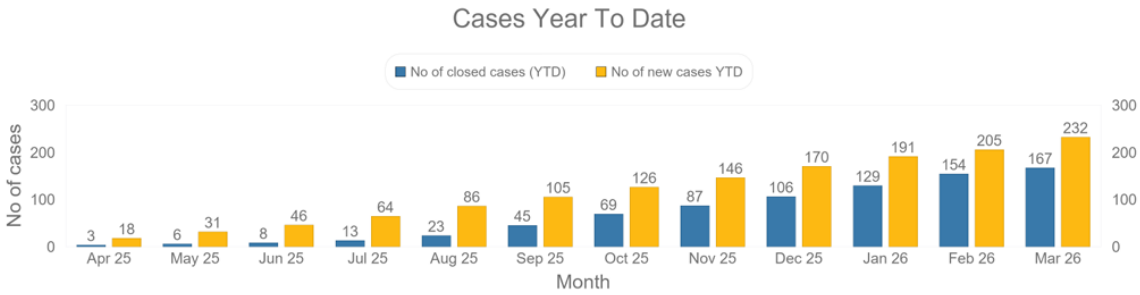
The report follows the guidance from the NGO on the content FTSU Guardians should include when reporting to their Board which include Assessment of cases, Action taken to improve speaking-up culture and Recommendations.

7. Number of concerns raised

Between 1st April 2025 – 31st March 2026, 232 concerns were raised to The Guardian Service.

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Since the service went live within East of England Ambulance Trust, monthly calls received have steadily increase. Over the past 12 months, the average number of monthly concerns raised is 19.

By the 31st of March 2026, 65 cases remained open and 167 have been closed.

Between the 1st April 2025- 31st March 2026, the average length of a case from open date to date of closure was 79 days**.** The shortest case length to closure was 1 day, whilst the longest case length to closure 311 days.

Open cases are continually monitored, and regular contact is maintained by the Guardians. Where there is a particular complex case, setbacks or avoidable delays in the progress of cases that have been escalated, these would be discussed with the Chief of Staff at regular monthly meetings.

Cases are escalated to the most appropriate person in the Trust, after a discussion with the staff member it is decided who would hear their concern. Guardians always encourages the staff member to escalate to their manager in the first instance, however this may not always be the most appropriate action for them. If this is the case, the Guardians can support them to escalate higher.

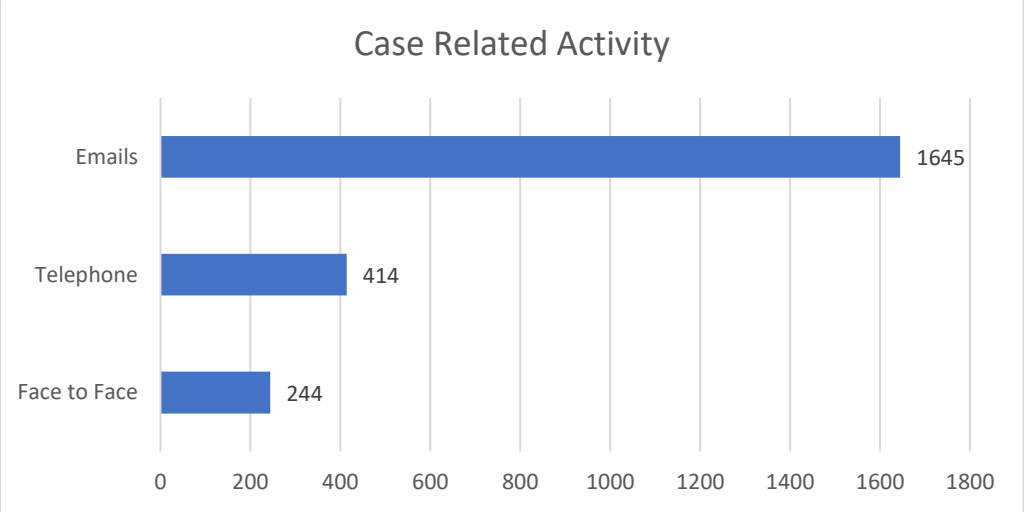
45% of staff members preferred to keep their concern confidential and for the Guardians not to escalate to the trust. 25% of staff members were happy for their concern to be escalated with their name. The remaining 28% wished to raise their concerns anonymously or without using their name.

The number of emails, telephone calls (including text messages) and face to face visits engaged by the Guardians in responding to concerns are as follows:

- Emails: 1645
- Telephone: 414
- Face to Face: 244

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There are often multiple contact points for every concern raised, therefore the numbers do not directly correlate with the number of concerns raised.

8. Confidentiality

The way in which cases are managed by The Guardian Service with respect to confidentiality and escalation routes is recorded cumulatively. A breakdown of this data covering the period of 1st April 2025 to 31st March 2026 is provided below;

Confidentiality	No. of concerns	Percentage
Keep it confidential within Guardian Service remit	105	45.26%
Permission to escalate with name	60	25.86%
Permission to escalate anonymously	17	7.33%
Permission to escalate without name	50	21.55%
Total	**232**	

Within this reporting period, just over 45% of staff members asked for their concern to be kept confidential with The Guardian Service. 25% of staff members asked for their concern to be escalated with their name. This data indicated that staff members prefer to speak to the Guardians in confidence and keep their concern confidential.

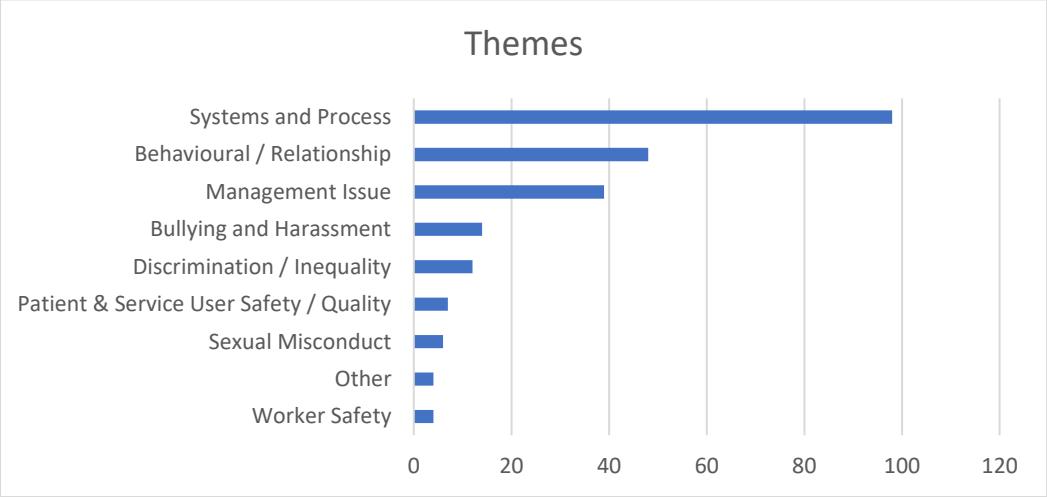
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9. Themes

Concerns raised are broken down into the following categories;

Theme	Total
A Patient and Service User Safety / Quality	7
B Management Issue	39
C System Process	98
D Bullying and Harassment	14
E Discrimination / Inequality	12
F Behavioural / Relationship	48
G Other	4
H Worker Safety	4
I Sexual Misconduct	6
Total Concerns	**232**



10. Assessment of Themes

System & Process

The Trust has received 98 primary concerns relating to the systems and process theme, this data has been further analysed and outlined below. This is the theme with the highest number of concerns.

Definition: Systems and Process Concerns

Systems and process concerns refer to issues, risks, or areas of attention related to how a Trusts system (technology, people, and structures) and processes (the steps and workflows used to perform work/ ways in which a policy is followed) are designed, implemented, and managed to achieve objectives efficiently and effectively.

A **system** is an issue stemming from components such as policies, people and technology problems that work together as a function or support operations.

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System concerns focus on:

- Reliability and availability
- Integration between systems
- Data/ knowledge accuracy
- Adaptability and maintainability of time scales
- System performance and failures

A **process** is a structured sequence of activities or steps used to complete a task or deliver an outcome.

Process concerns focus on:

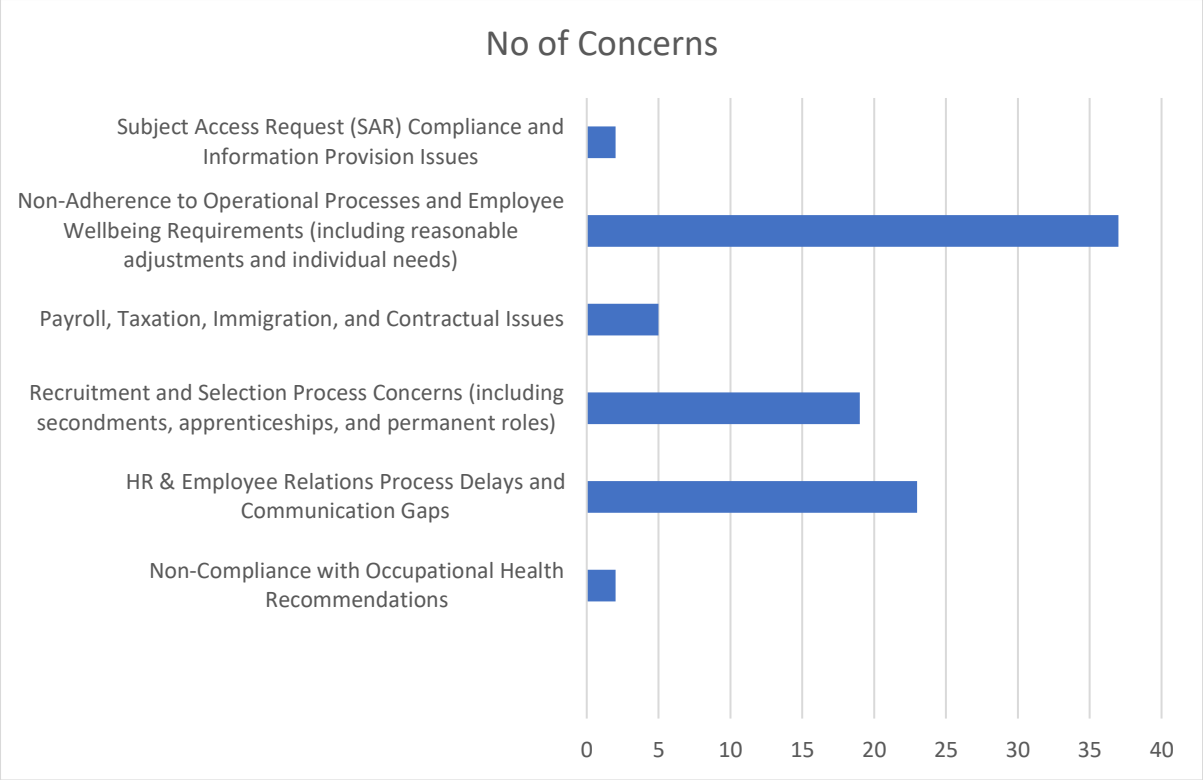
- Inefficiency or duplication of steps
- Lack of standardization
- Bottlenecks or delays
- Poor knowledge around a process
- Poor documentation
- High error or rework rates

The categories within Systems and Process are:

- **Non-Compliance with Occupational Health Recommendations**
- **HR & Employee Relations Process Delays and Communication Gaps**
- **Recruitment and Selection Process Concerns**
  (including secondments, apprenticeships, and permanent roles)
- **Payroll, Taxation, Immigration, and Contractual Issues**
- **Non-Adherence to Operational Processes and Employee Wellbeing Requirements**
  (including reasonable adjustments and individual needs)
- **Subject Access Request (SAR) Compliance and Information Provision Issues**

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- Operational process concerns include wellbeing concerns and is listed as the highest area. Please note that this includes 10 concerns specifically on the scheduling team both the team itself and operational staff raising issues about the process.
- Recruitment Concerns includes concerns raised on redeployment, and thoughts from staff members that the following have been unfairly progressed - Secondments, Apprenticeship and Talent pool recruitment.
- Overall, staff members feel there is a lack of support and clear communication when following processes and procedures also when speaking up internally they have said they are left feeling unheard, dismissed and not understood.

Behavioural / Relationship

48 concerns were reported in relation to this theme. Examples as described by staff:

- Perceived 'cliques' within stations causing staff to feel singled out
- Confidentiality breaches between management and staff members
- Staff circulating malicious rumours
- Inappropriate use of WhatsApp groups sharing inappropriate content
- Rude and belittling behaviours
- Staff using electronic cigarettes at stations
- Belittling content within emails
- Inappropriate use of personal mobile phones within Emergency Operation Centre's
- Staff shouting / swearing at each other
- Inappropriate and offensive social media posts

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Management Issue

39 concerns were raised in relation to this theme. Examples as described by staff:

- Managers making inappropriate, derogatory and disrespectful comments about others
- Managers displaying sexist behaviors / discrimination
- Lack of support from managers following operational staff attending traumatic incidents
- Managers treating staff differently following a concern being raised
- Micro-management including constant monitoring and criticism
- Managers displaying toxic, bullying and passive aggressive behaviors
- Managers breaching staff confidentiality and inappropriately sharing information with others

Bullying and Harassment

14 concerns were raised in relation to this theme. Examples as described by staff:

- Use of aggressive, mocking, or hateful vocal cues intended to threaten, or belittle
- Information about staff members personal life being shared without their knowledge or consent
- Criticizing or shouting at an employee in front of colleagues
- Managers setting unachievable goals, constantly changing tasks, or overloading specific employees while others have light workloads.
- Deliberately excluding staff from important meetings
- Spreading rumours, mocking someone's personal choices, or making derogatory remarks about a person's private life.
- Upward bullying by staff using aggressive, disrespectful, or intimidating language when addressing the manager, either in person or via written communication
- Threats to remove privileges from staff members

Patient Safety / Quality

7 concerns were raised in relation to this theme. Examples of concerns described by staff:

- Allegations made that the residual effects of alcohol or drug use during personal time may have influenced individual's performance while at work.
- Concern over clinical practise and lack of knowledge
- Inappropriately sharing patient's personal details with others

Discrimination / Inequality

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12 concerns were raised in relation to this theme. Example concerns described by staff:

- Discriminatory conversations within a crew room
- Inappropriate comments regarding disabilities

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- Staff airing their personal racist and political views via social media
- Racial discrimination
- Disability discrimination due to neurodiversity's

Worker Safety / Wellbeing

4 concerns were raised in relation to this theme.

The cases recorded under this theme included the following examples of concerns described by staff:

- Concerns regarding the welfare of colleagues
- Implementation of ESOP16 causing staff to feel under pressure to achieve targets affecting their personal wellbeing

Sexual Misconduct

6 concerns were raised in relation to this theme

The cases recorded under this theme included the following examples of concerns described by staff:

- Concerns raised regarding the conduct of staff members in relation to alleged sexual misconduct
- Concerns relate to reported patterns of inappropriate sexual behaviours, both verbal and physical, directed towards female colleagues.
- Allegations of unwanted sexual advances and continuation inappropriate and unwanted messages to female staff, despite explicit requests for this behaviour to cease
- Considerable anxiety expressed by colleagues regarding individuals returning to work following formal processes
- Reports of staff feeling unsafe, unheard and inadequately supported. undermining staff wellbeing and phycological safety
- Concerns raised regarding the handling of sexual misconduct cases formally, including the perception of unfair processes, a lack of transparency and insufficient accountability
- Collectively, these matters raise concerns relating to staff safety, trust culture and the robust processes for managing and responding to sexual misconduct allegations.

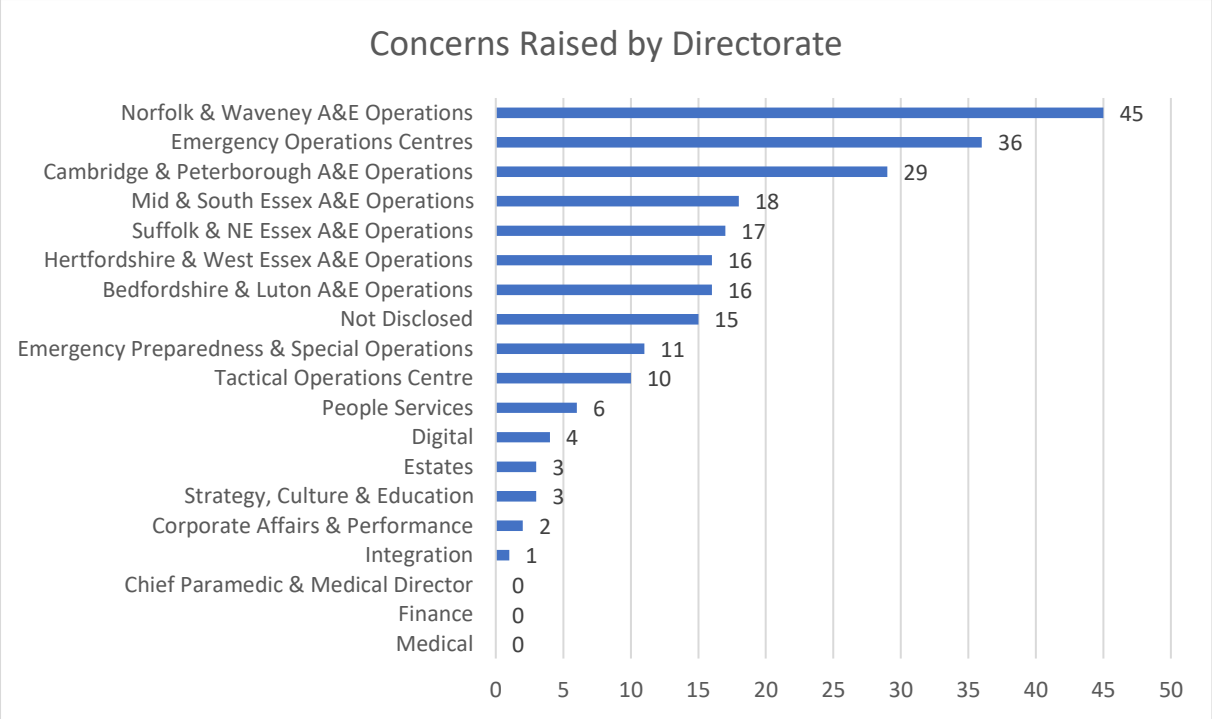
The Trust have been quick to respond when raising concerns . The themes are discussed regularly at monthly meetings with the Chief of Staff. The trust has an action plan in place to talk and work through themes and any suggestions and recommendations the trust wishes to action from the Freedom to speak up report.

11. Statistical Graphs

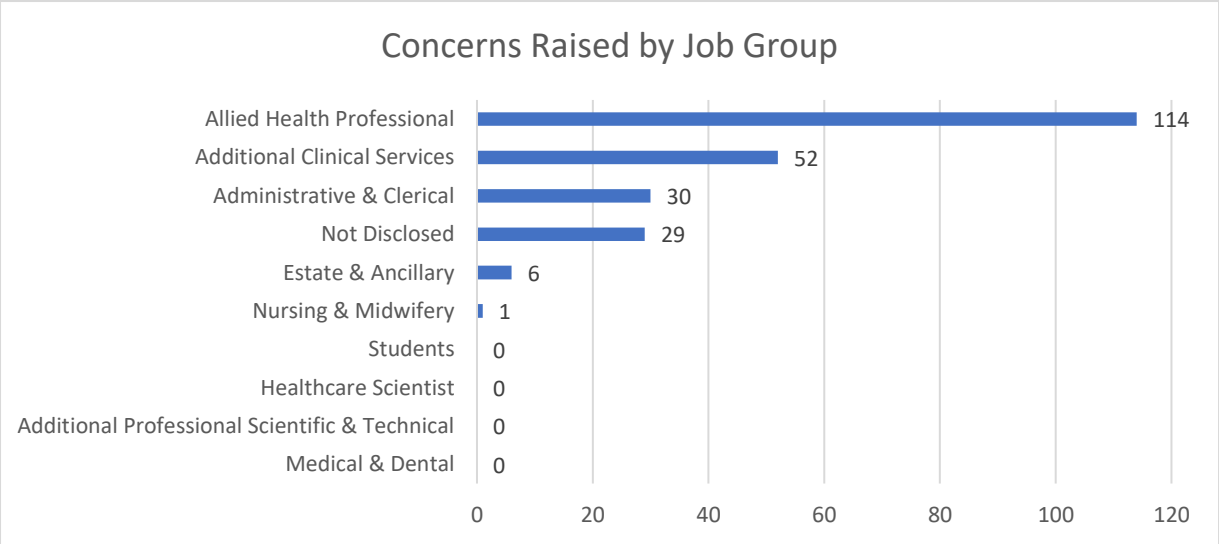
Concerns raised by Directorate

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Concerns raised by Job Group

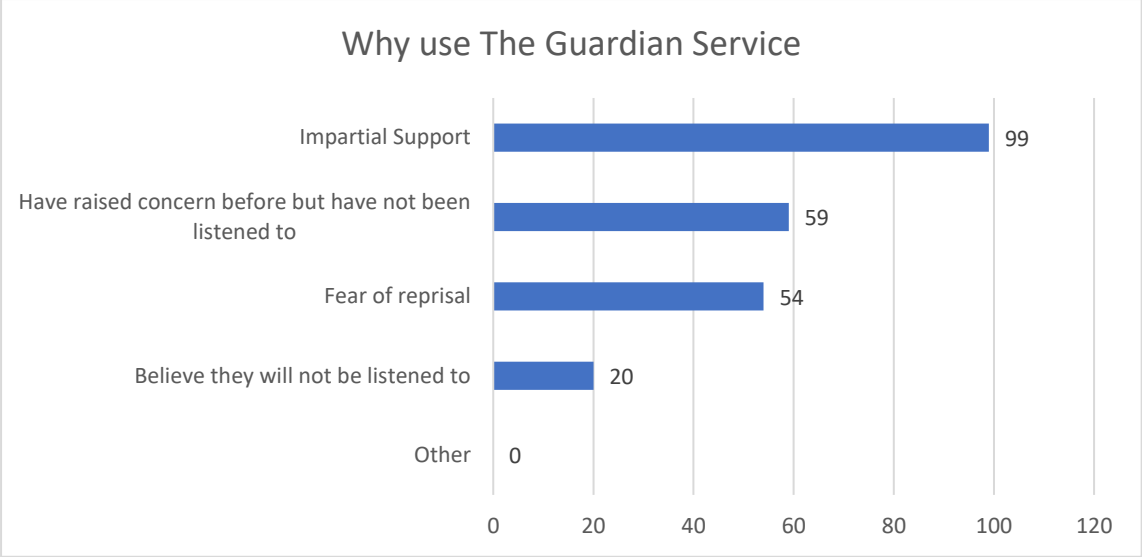


12. Why do staff use The Guardian Service?

Staff who make contact with The Guardian Service are routinely asked why they chose this route to raise a concern. The responses provided are demonstrated in the chart below;

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13. Detriment

One staff member felt they had suffered a detriment after raising a concern. The staff member expressed a difference in how their colleagues treated them following speaking up. However, the staff member did not wish to pursue this as a separate concern and wanted this kept as a confidential conversation.

Detriment is a major concern associated with speaking up and has a huge influence on FTSU culture. The Guardians will not close cases without approval of the staff member. The staff member is encouraged to keep the lines of communication open throughout their case and following closure and any perceived detriments should be advised to the Guardians.

14. Action taken to improve the Freedom to Speak Up Culture

- Monthly meetings with the Chief Executive Officer and the Chief of Staff to discuss the monthly activity reports which includes themes and outcome of cases. No individual can be identified by the discussion of themes therefore maintaining staff confidentiality.
- Quarterly meetings with the NED to discuss the monthly activity reports which includes themes and outcome of cases. No individual can be identified by the discussion of themes therefore maintaining staff confidentiality.
- The Guardians conduct walkabouts, visiting sites and stations to speak to staff about The Guardian Service and distribute promotional materials at different locations. The Guardians hold briefings with teams and attend meetings both in person and via Teams to talk about the service and

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encourage a culture of speaking up for all staff and managers. The Guardians have completed over 300 visits between the 1st April 2025 – 31st March 2026.

- The Guardians have worked in collaboration with the EEAST Communications team to implement regular virtual drop-in sessions to accommodate remote working staff members.

- The Guardians attend various staff inductions to promote of The Guardian Service.

- The Guardians attend both the NGO Eastern regional meetings & NHS UK Ambulance Service meetings, workshops, events and conferences organised by the NGO. This, in addition to the NGO Bulletins, enables Guardians to keep abreast of developments in the field which in turn support the effective handling of concerns.

- The Guardians listen and support staff to enable them to raise their own concerns. Exploring ideas and options for using existing tools, such as facilitated meetings, peer facilitation, considering content of e-mails to managers, verbal communication and preparation for staff attending facilitated or one to one meeting. All of which can help an individual bring about a resolution, without instigating formal grievance procedures.

15. Learning and Improvements

- There are cases where staff did not wish to escalate issues through GSL. Reasons for this are more complex than they appear as each person has different reasons for speaking to a Guardian. Staff conversations with the Guardians indicate work could be undertaken by the organisation to try and understand why employees feel they cannot escalate an issue internally and what the organisation could do to remove barriers to speaking up.

- Staff choose to speak up via the Guardians because they have raised concerns before but are not listened to and many believe the organisation will not take action. Confidence can be restored through promoting positive staff experiences of speaking up at work through all available speaking up routes within EEAST.

- The Guardians attend fortnightly “Listen and Learn” meetings with other FTSU Guardians within the Guardian Service where complex concerns are raised and discussed, and learning is embedded via shared good practices. Reflecting on practice informs continual learning. High levels of confidentiality are always maintained whilst in this setting.

- The Guardians role is complex, and the landscape is constantly evolving. To ensure best practice, the Guardians complete annual refresher training provided by the NGO to support learning and development needs on changes.

- The Guardians are Mental Health First Aiders. This is valuable when liaising with staff who may be experiencing poor mental health or at risk or self-harm. The skills learned enable the FTSU Guardian to signpost a person to appropriate support.

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16. Comments & Recommendations

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- Designated welfare officers serve as liaisons for staff undergoing formal processes, particularly when employees have made repeated requests for updates and have received little, or no response. This responsibility may create additional strain on welfare officers. The Guardian Service recommends providing comprehensive support and Guidance for these individuals, such as regular supervision and access to a professional network for peer support.

- The Guardian Service has received a number of concerns relating to Employee Relations (ER) cases, particularly regarding the length of time taken to progress these processes. Themes identified include delays in the appointment of investigating officers and insufficiently regular communication with staff involved in ER cases. Staff have reported that updates are not always provided as frequently or consistently as expected. Protracted ER processes can have a significant adverse impact on staff wellbeing and mental health, highlighting the importance of timely case management and clear, ongoing communication. It is recommended that regular check-in and updates are instigated by the trust rather than the staff members continued chasing. This could cut down on the amount of unnecessary communication and support staff wellbeing.

- The Trust's Drugs and Alcohol Policy plays a vital role in protecting patient safety, staff wellbeing and public confidence in the service and the trust has taken these concerns very seriously. All staff have a personal responsibility to ensure they are fit for duty and free from the effects of alcohol, drugs or substances that could impair judgement, performance or behaviour while at work. The Trust has already investigated these allegations thoroughly and found no evidence. The Trust could consider reinforcing the importance of their responsibilities by reminding staff of the policy, promoting awareness through team briefings and one-to-one discussions, and addressing concerns promptly and sensitively in line with Trust processes.

- The Trust could consider a review within the Central Resourcing Team and the impact of last-minute changes to operational staff shifts. These changes can affect both operational staff and the scheduling team and may contribute to reduced trust and understanding between teams. The Resourcing Team report feeling dismissed and unheard, indicating that communication remains a key barrier. Targeted work to strengthen communication should help improve collaboration and team working.

- With sexual misconduct concerns it is noted that both parties, the potential victim and alleged perpetrator feel unsupported and victimised. It is suggested that the trust review formal processes, the support that is offered and if those handling these cases and supporting staff members are well equipped to handle these situations with empathy and understanding. It is highly recommended that the Trust consider reviewing the impact of when an alleged perpetrator returns to the same workplace as a potential victim following a sanction and the effect this has on victims. More communication with empathy and understand could be used in these situations.

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- As per our last report, the Guardians suggest further training and understanding around the neuro divergent workforce. More adults within the UK are being diagnosed as neuro divergent and so empathy and a level of understand as to how complex and different each staff member lives would benefit the workforce.

- The Guardians continue to encourage the trust to use and share the reflection and planning tool. This guide has 3 stages and is designed to help you identify strengths in yourself, your leadership team and your organisation. This should be used alongside Freedom to speak up and promoting the Guardian Service.

    - The FTSU Guardian encourages the Trust to embed Speaking up further by making it mandatory for all staff to complete the 'Freedom to Speak Up in Healthcare' modules - *Speak Up*, *Listen Up* and *Follow Up*, introduced by the NGO.
    - ***Speak Up*** covers what speaking up is and why it matters. It helps staff understand how they can speak up and what to expect.
    - **Listen Up** focuses on listening to concerns and understanding the barriers to speaking up. It helps Managers to understand what speaking up is and how they should respond when someone speaks up to them.
    - **Follow Up** was developed for senior leaders throughout healthcare – including executive and non-executive directors, lay members and governors. The module aims to promote a consistent and effective Freedom to Speak Up culture across the system, which enables workers to speak up and be confident they will be listened to and action taken.

17. Staff Feedback

Positive comments that staff have fed back to the Guardians have included:

- Prompt and thorough service, I felt very supported and heard in my concerns.

- I haven't used the service before since it has gone to an external company. The Guardian knew the structure of the ambulance service and who to contact which was helpful

- I spoke to the Guardian, and she was so lovely, kind and very personable. She showed me a lot of patience and kindness during a particularly difficult period.

- Yes. The Guardian Service handled my concern promptly, confidentially and with professionalism. The focus remained on learning & improvement rather than blame!

- The Guardian was really professional and responded to me in a timely manner. She listened well to my concerns, and I was provided with in depth information.

- I found the Guardian easy to talk to and she listened to my concerns and made me feel like she is very approachable so I would recommend colleagues using the service

- There was a point when I truly felt ready to give up, but the Guardian's encouragement and understanding made all the difference.

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- Response was prompt from guardian service. They accessed individuals who I was struggling to get an accurate answer from.

- The Guardian was nothing short of exceptional. Her manner and professionalism are amazing and made my difficult time at work much easier to deal with. She is everything a FSTU guardian should be and is a credit to the service. Thank you so much

- Made to feel listened to and valued. Very comfortable and safe space to talk openly. Never felt judged or that my feelings didn't matter.

- All good I had a few queries which were all dealt with promptly and in confidence. The Guardian was very friendly and made me feel comfortable in raising the further queries I had after assisting with the first one.

- I appreciate how seriously my concern was taken and how respectfully it was handled. The Guardian was excellent!

- A huge thank you. I felt like a weight had been lifted off my shoulders after contacting her.

- I would absolutely recommend the Guardian Service and would even suggest to some staff that they speak to a Guardian before proceeding with official complaint procedures via unions.

- The Guardian has been amazing all the way through. Welfare checks, texts, emails. It's the little touches that matter the most and have the biggest impact. I would recommend anyone going to FTSU even if it's just to be able to talk in a safe space. It really helps.

- The Guardian is excellent in her role

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East of England Ambulance Service NHS Trust

Meeting:	Trust Board – Public Meeting	**Date:**	10.06.2026
Report Title:	People Committee Assurance Report		
Agenda Item:	PUB26/06/4.5		
Committee Date:	29.04.2026		
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 Objective:	
People Mission	**X**
Patient Mission	
Partnership Mission	
Productivity Mission	

Summary of Items Considered at the Meeting			
Issue	**Consideration**	**Resolution/Outcome**	**Assurance**
Integrated People Report	Marika Stephenson, Chief People Officer (CPO), discussed the performance against the 4 People Priorities: 1. Attendance and Performance 2. Recruitment Effectiveness 3. Staff Engagement and Experience 4. Safety, Inclusion and Compliance Sickness: whilst Q4 had tracked above target (8.5% vs 8%), April's sickness was 7.2% vs 7.5% target. The current focus was on improving attendance within the current policies, particularly on long term sickness, with a 2nd phase looking at preventative measures. Filling vacancies had been a focus, with HWE fully staffed; in the EOCs, call handlers and dispatchers were on track, but it was proving harder to recruit senior call handler and CAS roles. A review was currently being done of the ECA and EMT bands. ER cases remained high at 181, despite a strong closure rate. Importantly sexual safety cases continued to be raised with	The Committee were impressed by the scale and scope of the work on Sickness management with a target of 7.2% at end of 26/27: an update was requested for the next People Committee. Delivery of the workforce plan was noted, particularly for traditionally difficult areas to recruit into, eg HWE. Robust management of ER cases was supported although it was resource hungry. The Committee noted the report, recognizing the progress that is being made against the 4 priorities.	Reasonable

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	management. Focus for EDI would be on education and cultural awareness, improving workplace experience for diverse colleagues and workplace adjustments.		
People Transformation Programmes	Marika Stephenson briefed the Committee on progress on the programmes. Project 5: after consultation with staff and leaders, it has been agreed that rotas will be co-designed with staff across the 6 sectors and 1 team will co-design the leadership elements, with representatives from the 6 sectors. Supported by an expert in how to successfully co-design, these working groups would begin imminently. Planning & Resourcing: this project was coming to an end, with the system upgrade complete and delivery of operational rotas. 2 outstanding issues were being worked on: booking of annual leave (individual days within a block booking remained an issue) and tracking of rolling hours.	The Committee noted this was the first time EEAST had engaged in operational co-design and can learn from it. Planning and Resourcing: the outstanding issues on booking leave and rolling hours should come back to the Committee when it was clear how they were to be resolved. The Committee noted the report.	Reasonable
Network Update: All Women EEAST	The Network Chair, Beth Owen, shared the full programme of work over the last year, including education on womens' health, baby loss awareness, working on adjusting the uniform to better fit women and domestic abuse awareness. Capacity to deliver the full programme remains an issue with 2 projects, including white ribbon accreditation, having to be paused.	The Committee congratulated Beth on a wide ranging and valuable programme.	
Network Update: Multi-Faith Network	The Network Chair, Scott Owen, shared that the network was for those of all faiths and none. The work during the year had included celebration of Eid, sessions with speakers on religious diversity and on global and national tensions. The network had been sharing its work with LAS and YAS.	The Committee congratulated Scott on the year's work. For both networks, capacity was an issue. The Committee asked that both committees track their activity so we can gauge how much time the networks require.	
People Mission Update	The Committee received the final version of the People Mission, one of	The Board had been impressed by the	Reasonable

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	the pillars of the 5-year strategy. Following feedback, it had been refined since its presentation at the Board Strategy session and would come back to the June Board.	People Mission, its scope and ambition. The final version, which incorporated feedback from consultation, was endorsed by the People Committee.	
25/26 People Strategy Update	Sudha Pavan, Deputy Director, shared the achievements of the 25/26 people plan and explained that it would merge with the People Mission.	The Committee noted the achievements and merging with the People Mission.	
Sexual Safety	The CPO reported that work continued to embed sexual safety policies, training, triaging and support. Evidence was strong that staff had confidence in management to investigate and address instances of sexual safety raised with them: the cases now coming forward are less severe than historical cases but still serious.	The Committee welcomed the continued focus and that staff were raising cases with management. The Committee noted the report and agreed the next update would be in July.	Substantial
Board Assurance Framework (BAF)	The Committee discussed the BAF and the CPO presented a detailed review of Risk SR7 Workforce Sustainability.	The Committee asked that the BAF, IPR and People Services report be aligned. The detailed review of SR7 was noted.	Reasonable

There were no matters for escalation or onward referral.

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Meeting:	Trust Board – Public Meeting	**Date:**	10/06/2026
Report Title:	Data Security and Protection Toolkit submission		
Agenda Item:	PUB26/06/5.3		
Author(s):	Fiona Lennox Information Governance Manager		
Lead Director:	Sian Clark, Director of Digital Innovation		

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	
Well Led	x	Productivity Mission	x
Safe			

Link to Strategic Risk:

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

Equality Impact Assessment: YES		**NO**	x

Previously considered by:

Information Governance Group, Compliance and Risk Group, Audit Committee.

Purpose:

This paper provides the Board with oversight of the Trust's Data Security and Protection Toolkit submission for 2025/26

Recommendation:

Acknowledge the Trust will be submitting the Data Security and Protection toolkit (DSPT) as Approaching Standards.

Executive Summary:

For 2025–26, the DSPT has transitioned to a CAF-aligned framework, strengthening focus on cyber resilience and governance across the NHS. EEAST has met the expected standard in 44 of 47 outcomes, with minimal gaps remaining. The Trust is on track to complete the final submission by 30 June 2026.

Introduction / Background:

The Data Security and Protection Toolkit (DSPT) transitioned to the assurance framework aligned with the National Cyber Security Centre's Cyber Assessment Framework (CAF) for the 2024–25 submission. This marked a significant shift from the ten Data Security Standards in place since 2018, strengthening the focus on cyber resilience and information governance across the NHS. EEAST was onboarded to the CAF-aligned DSPT model during this transition and continues to operate within the framework for the 2025–26 assessment cycle. In addition to providing formal assurance, the DSPT remains the mandated mechanism for reporting data breaches and data security incidents to NHS England.

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The CAF-aligned DSPT is organised around five strategic objectives, each underpinned by a series of principles and measurable outcome:

- Objective A – Managing Risk (7 outcomes)
- Objective B – Protecting Against Cyber Attack and Data Breaches (20 outcomes)
- Objective C – Detecting Cyber Security Events (7 outcomes)

- Objective D – Minimising the Impact of Incidents (5 outcomes)
- Objective E – Using and Sharing Information Appropriately (8 outcomes)

Each outcome is assessed against statements categorised as Not Achieved, Partially Achieved, or Achieved. NHS England has determined the expected level of achievement for each outcome that an organisation must meet in order to be assessed as having "standards met." Importantly, the CAF is not designed on the basis that all outcomes must be fully achieved.

The Trust submitted its baseline CAF-aligned DSPT assessment by the national deadline of 31 December 2025, with the final submission due by 30 June 2026.
At the time of this report:

- 44 of the 47 outcomes meet the nationally defined expected level
- 2 align with NHS England's own benchmark assessment of "not achieved", with the outstanding outcome waiting on the Trust's internal audit report to be uploaded by the auditors.

Key Issues / Risks:

There is a low delivery risk associated with final assurance dependencies, evidence validation, and alignment to the CAF-aligned framework, although mitigations are in place.

Options:

none

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

We are required to ensure all of the Trust's systems holding patient and personal information are required to be secure, protected and ensure are efficient to meet the required needs.

Summary:

EEAST has made strong progress under the new CAF-aligned DSPT, with most outcomes meeting national expectations. Only a small number of areas remain outstanding, and the Trust is well positioned to achieve a compliant final submission by the deadline.

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Meeting:	Trust Board Public Meeting	**Date:**	10/06/2026
Report Title:	Audit and Risk Committee Assurance Report		
Agenda Item:	PUB26/06/5.4		
Committee Date	20/05/2026		
Meeting Chair:	Victoria Corbishley – Non Executive Director and Committee Chair		
Meeting quorate	Yes		
Purpose:	Assurance		
Recommendation:	The Board is asked to take assurance from the matters discussed and to note the escalation of the Internal Audit report on fleet management.		

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**
Board Governance Assurance Framework	An update on the Board Governance Assurance Framework (BGAF) was provided, together with the draft framework for review.	The Committee noted the progress made in refining the framework. It heard that the BGAF would be realigned to the new ICB footprints and reviewed again once the new Chair and substantive Company Secretary were in post. The framework was approved, subject to these further refinements.	Reasonable
Board Assurance Framework	An update on the Board Assurance Framework (BAF) was provided.	The Committee noted that the BAF review meetings had been scheduled after the Committee meeting and, as a result, a full update was not available. It also noted that the BAF had been reviewed by the Executive, with an updated report to be circulated to the Committee in June 2026.	Reasonable
Risk Management Policy	The revised Risk Management Policy was presented to the Committee.	The Committee noted the improvements made to the risk training package and approved the revised policy.	Reasonable
Declaration of Interests, Gifts and Hospitality Register	Update on the Trust's current position in relation to declarations of interests, gifts and hospitality, and the register of interests.	The Committee noted that all staff at Band 8a and above were required to complete an annual declaration of interests. Completion stood at 97%, with the remaining declarations being followed up.	Reasonable

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Attestation of Trust Seal 2025-26 closure report	Report detailing the instances when the Trust Seal had been used during 2025-26	The Committee noted that there had been one further use of the Trust Seal since the previous meeting in February, relating to property.	Substantial
Governance Improvement Plan	Review the progress made on the governance improvement plan that followed the independent review concluded in 2025.	The Committee noted the progress made, with all actions either completed or progressing well.	Reasonable
Trust Draft Annual Accounts and Performance Report 2025-26	Review of proposed documents for scrutiny and approval to share with external auditors	The Committee reviewed the documents and approved the draft reports for submission to the external auditors. Work remains on track to secure final approval of the accounts within the agreed timetable. Final approval rests with the Board.	Substantial
Annual Review of Standing Orders, Reservation of Powers, Scheme of Delegation and Standing Financial Instruments	Review of proposed documents for scrutiny.	The Committee reviewed the documents, noted the minor changes to role titles and dates, and approved them for submission to the Trust Board.	Substantial
Information Governance & Data Security Protection Toolkit (DSPT) updates	Update on the Trust's current position with respect to: • IG training compliance • Subject Access Requests compliance and • FOI Request compliance	The Committee noted that Subject Access Request compliance remained above the 90% target. While Information Governance training compliance had fallen below the 90% threshold to 88%, the current position had improved. FOI compliance remained below target, with focused actions in place, including directing requesters to review the disclosure log before submitting a new request.	Reasonable
Financial Management - Losses and special payments	Quarterly Report on compliance with HM Treasury 2023 publication "Managing Public Money" – (January 2026 – March 2026).	The Committee noted 11 losses and ex gratia payments totalling £24.8k in the quarter. The full-year total for 2025–26 was £329.9k, compared with £1.524m in 2024–25.	Substantial

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Financial Management – Tenders & Waivers	Report on Tenders and Waivers Qtr 4 and Full Year 2025-26	The Committee noted that the Trust had approved waivers totalling £888k of non-pay spend in Q4, of which £139.5k related to procurement exemptions. The Committee also noted the benchmarking information provided and supported the Procurement Team's continued work to reduce retrospective tenders.	Reasonable
Annual Governance Statement	To review the Annual Governance Statement 2025-26 that set out the Trust's governance framework that operated in 2025-26	The Committee approved the Annual Governance Statement for submission to External Audit as part of the Annual Report and Accounts.	Reasonable
Counter Fraud Quality Assurance Annual Report	The annual counter fraud report for 2025-26 was presented by Grant Thornton	The Committee noted the forecast green rating for the Trust.	Substantial
Internal Audit Annual Report	The annual report and three final reports were presented, covering Risk Management (reasonable assurance), the Cost Improvement Programme (reasonable assurance) and Fleet Management (limited assurance).	The Committee noted the annual report and the three final audit reports. The Fleet Management report was recommended for escalation (see separate section).	Reasonable
External Audit Progress Report	A verbal update was provided by the external auditors	The Committee noted the progress made and that the audit remained on track against the agreed timetable.	Reasonable

Matters for escalation or referral		
Issue	Committee	Reason
Internal Audit Fleet Management Report	Public Board	Limited Assurance received from the review with several areas not operating consistently or lacking the structure needed to support effective oversight. Recommendations have been provided, one of which is high (business case approvals) and three are deemed medium priority.

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Meeting:	Trust Board – Public Meeting	**Dates:**	10/06/2026
Report Title:	Performance Committee Report		
Agenda Item:	PUB26/06/5.5		
Committee Date	27/05/2026		
Meeting Chair:	Catherine Glickman, 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	
Productivity Mission	**X**

Summary of Items Considered at the Meeting:			
Issue	**Consideration**	**Resolution/Outcome**	**Assurance**
Board Assurance Framework (BAF)	Dr Hein Scheffer and Julie Young explained that the BAF was in development for 26/27: key would be that the BAF described those risks actively being managed by the Executive Leadership team (ELT).	The updated BAF and Group Assurance Report formats will go the ELT and Board, with an updated version to be tabled at the next Performance Committee.	Reasonable
Integrated Performance Report (IPR)	Specific items discussed on the IPR were Hear & Treat and how to maintain the percentage we had set safely and effectively, and how to provide alternative pathways for C3 to C5 calls overnight, where dispatch was 10% higher than during the day.	The Committee discussed Hear & Treat, recognising that a plateau will be reached in its efficacy. It was recognised other routes needed to be available to dispatchers overnight.	Reasonable
Performance Against NHS Annual Return	Darren Meads, COO, presented the April results against the 9 metrics which support delivery of response times. Good performance continues to be noted and sustained for those metrics within the Trust's sole responsibility in spite of incident levels 9% higher than plan. Focus continues to be on working with the acutes to achieve the agreed hospital handover times.	The Committee noted that sustained delivery against the targets within EEAST's control had continued into the new financial year, with strong results for April. The Committee commended the continued focus on maintaining the improved results which is a result of staff and management commitment.	Reasonable
Transformation Portfolio	Darrent Meads, COO, briefed the Committee on progress on the 2 projects: EOC Reconfiguration and Hear &	The Committee were assured that Hear & Treat was targeted at the right calls and agreed that the review would	Substantial

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	Treat. On the latter the focus was on increasing the target calls per hour, conversion and absolute percentage of calls. The EOC project was on track, with Pentaco, the contractor, going onto the Springfield Lyons site in May and consultation taking place with the staff in Bedford EOC. There was a recruitment campaign for call handlers at the new site to ensure we had sufficient staff for seamless handover in November. Continuity plans and contingency plans were being tested.	enable EEAST to understand both the limitations and opportunities with Hear & Treat. The Committee was assured that the EOC plan was being carefully worked through and rigorously tested to ensure no loss of service. Key would be ensuring that the call handler courses were running at more than 50% capacity, to ensure we have well trained personnel at handover. Contingency plans are in place to manage any shortfall in staffing.	
Winter Planning	Darren Meads headlined the key findings from the comprehensive Winter Plan review, which had identified 6 opportunities for improvement. 2 areas highlighted were early understanding of funding available and defining clear roles and responsibilities when escalations were necessary, specifically at night. Handover 45 would be the key enabler to ensure crews were released to attend patients in the community at high risk.	The Committee commended the Ops team on an excellent review, with clear conclusions and recommendations. There was a good discussion about Handover 45 and how to make it a priority for the acutes to achieve the trajectories to which they have committed. This should be shared with EEAST staff, as long handovers were demotivating and deeply frustrating.	Reasonable
Business Continuity	Darren Meads confirmed that 3 continuity challenges were being worked on: fuel disruption, doctors' strikes and pandemic readiness.	The Committee noted the report, and that most departments now had clear business continuity plans: this will now become an annual item at the Performance Committee.	Reasonable
Patient Level Information and Costing System (PLICS) Kingsmill,Esther 09/06/2026 08:37:10	Ross Ashton, Deputy Director of Finance, presented the analysis of EEAST's costs and performance against other ambulance trusts. Areas EEAST should focus on to align EEAST's costs with benchmarks would be reduction of sickness and corporate costs, increasing the Hear & Treat percentage, reducing job cycle times and hospital handovers. These	The Committee noted the areas of cost management opportunity, and that these areas were already being worked on. When the 25/26 data is available later in the year, EEAST's performance would be reviewed again.	

	areas were well understood with action plans against each of them.		
System Partnership Update	Glenn Young, Deputy Director of System Partnerships, briefed the Committee on discussions with LAS on Integrated Urgent Care: a Memorandum of Understanding was underway. The Interoperability Toolkit would go live in mid-June 2026. Clarity was emerging to support conversations with the ICBs on the Unscheduled Care Co-ordination Hubs and what care provision was needed in the localities: this should be ready for the autumn.	The Committee welcomed the partnership with LAS on the Integrated Urgent Care and noted the report.	Reasonable
Non-emergency Patient Transport Services (NEPTS)	Dr Hein Scheffer briefed the committee on performance, quality of service, financial performance and contribution, all of which were in line with plan.	The Committee noted the good performance and the progress that had been made in the last year.	Reasonable
Community 1st Responders (CFRs) and Co-Response Contribution	Darren Meads confirmed a 13 second contribution from CFRs to response times, consistent with performance during the year. Missed opportunities were now being identified where CFRs could be deployed and a limited auto-deployment trial was being planned to test how effective this was.	The Committee noted that EEAST had the 2nd highest usage of CFR hours but would welcome higher and more consistent usage. They welcomed the plan to evolve CFRs' skills to attend non-injury falls.	Reasonable

Matters for escalation or referral:	
People Committee	EOC Chelmsford Recruitment campaign and level of fill of call handler courses.
People Committee	Winter Planning – include the consideration of frustration and potential psychological harm to staff linked to long handover delays.

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UNCONFIRMED

MINUTES OF THE EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST
CORPORATE TRUSTEE MEETING HELD IN PUBLIC ON WEDNESDAY 8 APRIL 2026 at EEAST HEADQUARTERS, MELBOURN HQ, SG8 6NA

Present:			
Members	Mrunal Sisodia	Trust Chair	TC
	Catherine Glickman	Non-Executive Director	NED-CG
	Darren Meads	Chief Operating Officer	COO
	Dr Hein Scheffer	Director of Strategy, Transformation and Governance	DoSTG
	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
	Steven Course	Chief Finance Officer	CFO
	Susan Wilkinson	Non-Executive Director	NED-SW
In attendance			
	Julie Young	Interim Company Secretary	CS
	Tom Bennett	Head of Communications	HoC
Administration	Esther Kingsmill	Deputy Head of Corporate Governance	DHoCG

PUBLIC SESSION (Disclosable)

The meeting commenced at 12:20

PUB26/04/07	**CORPORATE TRUSTEE**
7.1	**Minutes of the Previous Meeting** The minutes of the meeting held on 11.02.2026 were approved as an accurate record.
7.2 7.2.1	**Charity Annual Accounts** NED-CB confirmed there was £329k income, £610k expenditure and £1.7m reserve. The financial accounts had been audited and approved. The focus was on how to ensure enough funds were generated for the charity to be in a healthy position.
7.3	**Date of Next Meeting: Wednesday 8 April 2026..**

The meeting closed at 12:30

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NHS
East of England Ambulance Service
NHS Trust

Meeting:	Public Board	**Date:**	10/06/2026
Report Title:	Charitable Funds Committee Assurance Report		
Agenda Item:	CT26/06/7.2		
Committee Date	14/05/2026		
Meeting Chair:	Victoria Corbishley		
Meeting quorate	YES		
Purpose:	To provide the Corporate Trustee with an update on the performance of the EEAST Charity		
Recommendation:	To note the progress made		

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**
Charitable Funds Activity	To update the Committee on project activity, including the THRIVE project, welfare wagons and wellbeing gardens.	The Committee noted the progress made across the projects and heard about the notable success of the Out of Hospital Cardiac Arrest Desk (OCHAD) project, funded through charitable funds, which had been highlighted at national conferences, including the Ambulance Leadership Forum. The team had successfully moved into the Strategy Directorate, and the communications role was noted as now permanent. A fundraising role was also being recruited.	Reasonable
Communications Update	To update the Committee on communications and engagement activity.	The Committee heard that a range of publications featuring the work of the charitable funds included BBC Online, East24 and the Peterborough Telegraph. Further work was identified to improve brand consistency so that stakeholders can more easily recognise the work delivered through charitable funds and the impact of donations received.	Reasonable

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Charity draft accounts 2025-26	The report updated the Committee on the financial position of the charity and the deadline for filing the accounts.	The Committee noted that the charity is maintaining a reasonable level of unrestricted funds. The independent review of the accounts will be completed before the final accounts are filed.	Reasonable
Cash handling policy	The updated policy on handling cash was presented to the Committee for approval.	The policy was discussed and approved, although the Committee noted its preference for moving to a digital-first approach.	Reasonable
Committee Annual Report, Terms of Reference and plan for 2026-27	The annual report on committee effectiveness, a revised Terms of Reference and the high-level work plan for the forthcoming year were presented to the Committee.	The annual review noted that the Committee was well regarded. Development opportunities were identified and were already underway, with confirmed owners. The Terms of Reference and the plan for 2026–27 were approved.	Reasonable

Matters for escalation or referral		
Issue	None	Reason

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