Public Board Meeting 11.11.2026

Wednesday 11 November 2026, 13:15 - 16:15

Agenda

13:15 - 13:45
30 min

1. Opening Administration

1.1. Welcome

Information *Trust Chair*

1.2. Apologies for Absence

Information *Trust Chair*

Apologies have been received from:

Marika Stephenson, Chief People Officer

Catherine Glickman, Non-Executive Director

1.3. Declarations of Interest

Information *Trust Chair*

1.4. Patient Story

Discussion *Chief Paramedic and Director of Quality*

Patient Story.pdf (3 pages)

1.5. Trust Chair and Non-Executive Report

Discussion *Trust Chair*

Trust Chair Report.pdf (3 pages)

1.6. Chief Executive Officer's Report

Discussion *Chief Executive Officer*

CEO Board Report.pdf (5 pages)

1.7. Minutes of Previous Meeting

Decision *Trust Chair*

Draft Public Board Minutes 16.09.2026.pdf (14 pages)

1.8. Matters Arising and Action Tracker

Discussion *All*

Public Board Action Tracker 11.11.2026.pdf (1 pages)

13:45 - 14:25
40 min

2. Patients and Partnerships

Olatunji Adeola
09/11/2026 09:03:41

2.1. Board Assurance Framework Summary

Review *Chief Paramedic and Director of Quality, Medical Director, Chief Operating Officer, Director of Strategic Partnerships and Governance*

Board Assurance Framework Report.pdf (5 pages)

2.2. Integrated Performance Report – Patient and Partnerships

Review *Chief Paramedic and Director of Quality, Medical Director, Chief Operating Officer, Director of Strategic Partnerships and Governance*

Integrated Performance Report.pdf (3 pages)
IPR Patients - Performance.pdf (21 pages)
IPR Patients - Clinical.pdf (13 pages)

2.3. Thirlwall Inquiry Update

Information *Chief Paramedic and Director of Quality*

Thirlwall Inquiry Report.pdf (4 pages)
Thirlwall Inquiry report and recommendations.pdf (4 pages)

2.4. Quality Governance Committee Assurance Report

Discussion *Committee Chair*

QGC Assurance Report - 23.09.2026.pdf (3 pages)

2.5. Performance Committee Assurance Report

Discussion *Committee Chair*

Perfromance Committee Assurance Report - 30.09.2026.pdf (4 pages)

14:25 - 14:35
10 min

Break

14:35 - 15:30
55 min

3. People

3.1. Board Assurance Framework Summary

Review *Director of Strategic Partnerships and Governance*

3.2. Integrated Performance Report - People

Review *Director of Strategic Partnerships and Governance*

IPR Patients - People.pdf (9 pages)

3.3. Perkbox, Employee Assistance Programme and GP Service

Assure *Chief People Officer*

Perkbox Update.pdf (2 pages)
Perkbox EAP and GP Service Update.pdf (6 pages)

3.4. Freedom to Speak Up Report

Assure *Freedom to Speak Up Guardians*

FTSU Board Report.pdf (3 pages)
GSL EEAST 6 month Board Report 2026 Final V2.pdf (15 pages)

Olatunji,Adeola
09/11/2026 09:03:41

3.5. Remuneration Committee Assurance Report

Discuss *Committee Chair*

RemCom Assurance Report - 02.09.2026 14.10.2026.pdf (2 pages)

15:30 - 16:00
30 min

4. Productivity

4.1. Board Assurance Framework Summary

Review *Chief Finance Officer, Director of Digital Innovation*

4.2. Integrated Performance Report - Productivity

Review *Chief Finance Officer, Director of Digital Innovation*

IPR Patients - Finance.pdf (9 pages)

4.3. Audit Committee Assurance Report

Discussion *Committee Chair*

Audit Committee Assurance Report - 28.10.2026.pdf (4 pages)

4.4. Finance and Sustainability Committee Assurance Report

Discussion *Committee Chair*

FAS Committee Assurance Report 30.09.2026.pdf (5 pages)

16:00 - 16:05
5 min

5. Closing Administration

5.1. Questions from the Public

Discussion *Trust Chair*

5.2. Key Messages and Risks

Trust Chair

5.3. Reflection on Meeting

Discussion *Chief Operating Officer*

5.4. Date of Next Meeting: Wednesday 10 February 2027 (09.30 – 12:30)

Olatunji,Adeola
09/11/2026 09:03:41

Meeting:	Trust Public Board	**Date:**	11.11.2026
Report Title:	Patient story – 2026 Compliment review – Learning from Excellence		
Agenda Item:	PUB26/11/1.4		
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:	Limited		Reasonable		Substantial	x

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		SR10	

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

Previously considered by:

Executive Summary:

What?

This report presents a patient voice story as a collection of compliments that highlights how positive patient experience can inform organisational learning and improvement. Whilst the Trust appropriately places significant focus on incidents, complaints and areas for improvement, there is also substantial learning that can be gained from examples of excellent care and service delivery. The accompanying patient story collection demonstrates the impact that compassionate, professional and patient-centred care has on patients and families.

Patient feedback continues to demonstrate that positive experiences significantly outweigh complaints.

During the period October 2025 to September 2026, the Trust received over 3,700 compliments compared with 635 complaints, reflecting the high quality of care routinely delivered by EEAST staff and volunteers.

The patient story highlights key themes consistently identified within positive feedback, including:

- Compassion and kindness.
- Professionalism

Olatunji Adeba
09/11/2026 09:03:41

- Respect and dignity.
- Effective communication
- Patient advocacy
- Acting in patients' best interests
- High standards of clinical care and decision-making

These themes align closely with EEAST's strategic objectives and values.

So What?

The patient voice narrative provides the Board with direct insight into the real-world impact of services delivered by the Trust. It demonstrates how individual interactions between staff, volunteers, patients and families influence patient outcomes, confidence and experience.

Learning from excellence is increasingly recognised as an important component of quality improvement and safety culture.

Positive feedback identifies behaviours and practices that should be replicated and reinforced across the organisation. Sharing these experiences supports:

- Staff engagement and morale.
- Recognition of exemplary practice.
- Reinforcement of Trust values and expected behaviours.
- Greater understanding of what matters most to patients and families.
- Improvement in patient-centred care delivery.

The patient story also provides assurance to the Board that the Trust continues to deliver care that is valued by patients, despite ongoing operational pressures across urgent and emergency care services.

Failure to recognise and learn from positive experiences risks losing opportunities to embed excellent practice, strengthen organisational culture and celebrate the contribution of staff and volunteers.

What Next?

The Trust will continue to embed patient voice and learning from excellence within its quality improvement approach through:

- Regular sharing of patient stories at Trust Board and future committee meetings.
- Wider dissemination of positive patient feedback through internal communications, including Safety Matters and professional development platforms.
- Incorporation of learning from excellence themes within clinical supervision and quality improvement activities.
- Continued monitoring of complaints, compliments and patient experience trends to identify opportunities for organisational learning.
- Ongoing promotion of patient-centred care aligned to the Trust's Patient Mission.

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09/11/2026 10:03:11

Action Required by the Board:

the Trust Board is asked to:

1. Receive and consider the patient story presented.

2. Recognise the contribution of staff and volunteers highlighted through patient feedback.
3. Take assurance that learning from excellence is being actively used to support quality improvement, patient-centred care and organisational culture.
4. Note the positive compliments-to-complaints trend and its contribution to understanding patient experience across the Trust.

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

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

The patient story directly supports the Trust's Patient Mission by demonstrating the delivery of high-quality urgent and emergency care that is responsive, compassionate and focused on patient need. It illustrates the lived experience of patients and families and reinforces the Trust values of Accountability, Respect and Excellence. The report also supports the Trust's commitment to continuous learning and quality improvement through both positive and negative patient feedback.

Olatunji,Adeola
09/11/2026 09:03:41

Meeting:	Public Board	**Date:**	11.11.2026
Report Title:	Chairs report		
Agenda Item:	PUB26/11/1.5		
Author(s):	Julie Thallon – Interim Trust Chair		
Lead Director:	N/A		

Purpose:	Decision Approval		Discussion Review		Information Noting	**X**
Assurance:	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 Undertaken: YES		**NO**	

Previously considered by:

Executive Summary:

What?

This report is to update the Board on chair and non-executive activities since the last Board. It will identify:

- Key areas of Board focus since the last report
- Non-executive Director additional activities providing wider assurance and board visibility
- Key activities for the chair since the last report

So What?

This report demonstrates non-executive commitment and engagement across the trust and the various ways in which assurance is sought. The board sub-committees provide separate reports into board and so this reflects the other activities, and the variety of activities engaged in. It also reflects where non-executive focus is applied to support the trust to achieve its organisational objectives.

What Next?

Board focus:

In my last report I talked about the challenges of a very hot summer where we saw record levels of activity which placed a huge pressure on the service. This has made the transition into winter extremely challenging for the trust and our staff. We have an agreed winter plan in place and are actively working with partners across the system to minimise impact. This includes agreed minimum

Trust Board Meeting 09/12/2026 09:00:00

handover times for patients at our Emergency Departments to ensure we are best placed to respond to calls across the communities.

We are continuing our 2-fold focus:

- ensuring that we have the most robust arrangements to provide a safe and good quality service to our patients over winter.
- ensuring that we have the most robust arrangements to support our staff and enable them to work safely, use their full range of competencies and enable them to deliver a service they can be proud of.

In my last report I spoke about the cultural review we have commissioned for the trust. This is in the final stages of completion, and we hope to be able to share it with colleagues when it is finalised. There has been an unavoidable delay due to sickness, but we are confident this is back on track now.

We welcomed the CQC to the trust in late September to undertake an unannounced inspection of our emergency operations service and emergency control rooms. They met extensively with staff and visited several sites and did ride-outs with crews. We are currently reviewing their draft report and hope to be able to report on their conclusions soon.

Non-Executive (NED) activities and update:

Catherine Glickman – *visit to Bedford EOC to understand how transitions are going, meetings with members of the executive Leadership Team, meetings with members of the HR team, meeting with Ed Bradshaw, Company Secretary and meeting with Sandra Treacher.*
Victoria Corbishley – *Meeting with Hein Scheffer and Ed Bradshaw.*
Chris Brook – *Meeting with Hein Scheffer, meeting with Sian Clark, Libby Holdcroft and Omid Shiraji to discuss tracking realisation benefits, various other briefings and discussions on specific areas i.e. culture.*
Omid Shiraji –*Meetings with Hein Scheffer, Sian Clark, heads of the REaCH Network and the Deputy Director of Strategy.*
Sue Wilkinson – *Marauding Terrorist Attack training day, shift on the Cardiac Desk, ride out with a Cambridge crew and meeting with Simon Chase.*

We have concluded our recent NED recruitment and are very pleased to announce that we have appointed Surinder Birdi to join our Board. Surinder has a wealth of HR experience in the private sector as well as NHS NED experience in Southwest London. We are planning for Surinder to be substantively in post in November.

We will be advertising a further NED vacancy in November and are currently reviewing the skills on the Board to see where any gaps in knowledge or experience might help guide our recruitment.

Chair activities:
My tenure as Interim Chair was extended to allow time for the new Chair recruitment process to be concluded. This is underway and we hope to appoint a new Chair in December. During my extended time as interim Chair, I have continued to meet with colleagues and partners across the system.

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Developing these external relationships particularly, remains crucial as we proceed with delivering our strategy but also more immediately with our management of winter.

After meeting with all the Staff Networks I fed back my reflections to Executive colleagues and a paper about staff engagement was presented to a private meeting of the Board in October. Work is ongoing with the Networks as well as more widely across the organisations to ensure the staff voice is heard clearly and loudly in the work of the Board.

I attended one of the Senior Leaders Away Days in Ipswich. This was an interesting day where Senior Leaders across the organisation came together to discuss the issues currently facing the trust but also to meet colleagues and members of the Board. It also provided an opportunity to update them on internal and external current issues where their input and understanding are crucial. There was some useful feedback across operational and corporate services management and developments which was broadly consistent across the two days. This provides valuable input to how we work.

I have continued with various 1:1 meetings with Executive colleagues and weekly meetings with our CEO and new Company Secretary. I have also met with Caroline Duck to discuss the important work she is leading for us on EDI.

I have started a regional programme 'Leading EDI Strategically' being run by NHSE. This will run over six months and is an action learning set for a small number of Board members from across the East of England Region to meet and discuss EDI issues they are dealing with.

Meetings with external colleagues include Anna Parry the CEO for AACE (Association of Ambulance Chief Executives), the Southern Ambulance Services Collaborative, our Regional Chair, Nick Carver, I also attended the Regional Chairs and CEOS meeting with Neill. It was an interesting day and a good opportunity to meet with colleagues from across the regions organisations and to discuss the challenges and pressures being experienced by ambulance services and how to best work in partnership to ensure the safety and care for all our patients is best served.

Action Required by the Board:

To note and discuss.

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

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

Olatunji,Adeola
09/11/2026 09:03:41

Meeting:	Public Board	**Date:**	11.11.2026
Report Title:	Chief Executive Update		
Agenda Item:	PUB26/11/1.6		
Author(s):	Liz Cunnell, Chief of Staff		
Lead Director:	Neill Moloney, Chief Executive		

Purpose:	Decision Approval		Discussion Review	x	Information Noting	
Assurance:	Limited		Reasonable		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		SR3		SR5		SR7		SR9	
SR2		SR4		SR6		SR8		SR10	

Equality Impact Assessment Undertaken: YES		**NO**	

Previously considered by:

Executive Summary:

What?

The Chief Executive's report highlights continued organisational focus on improving patient care, workforce wellbeing, culture and stakeholder engagement across the Trust. Key areas include:

- Category 1 response times improved in September compared to September last year
- Category 2 response times have declined in September to 41 minutes and 21 seconds.
- The demand on our services has increased by over 8% in September with our staff dealing with 1000 more patients than planned. Hospital handover delays are above trajectory and impacting our response to patients
- The teams have winter extremis actions in place to improve the response to patients
- Emergency Operations Centres maintained excellent call answering performance, despite answering 98,000 calls during the month of September
- Completed a Hear and Treat service for 19% of our patients, which is 700 patients more than planned.
- The Trust underwent a Care Quality Commission (CQC) inspection in July 2026 and remains within the active inspection period.
- The independent culture review will be published in coming weeks. The findings have been delayed due to ill health within the inspection team.

So What?

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The report provides assurance that progress is being made against all four strategic missions while maintaining a strong focus on operational delivery, regulatory compliance and organisational culture.

Key implications for the Board are:

- Plans for winter have been established and finalised enabling the Trust to respond to the higher than planned demand for our services.
- Strong EOC performance and achievement of Hear and Treat targets indicate continued effectiveness in managing increasing patient demand and reducing avoidable ambulance dispatches.
- The ongoing CQC assessment represents a significant regulatory milestone, and the Trust must maintain focus on evidencing improvements and responding promptly to any additional requests.
- The independent culture review provides an important opportunity to identify and address cultural issues, strengthen staff experience and support long-term organisational improvement.

Overall, the report indicates positive progress across operational, people and partnership priorities, while highlighting the need to maintain momentum on performance improvement, culture and regulatory assurance.

What Next?

- Maintain enhanced Patient Facing Staff Hours and operational resilience measures to support performance through periods of increasing demand and winter pressures.
- Continue to monitor and improve Category 1 and Category 2 response times, EOC performance and fleet availability through regular performance reporting and operational oversight.
- Support and coordinate ongoing engagement with the CQC until the inspection process concludes and findings are published.
- Receive the outcome of the independent culture review in the coming months and develop a Trust-wide action plan to address recommendations and drive cultural improvement.
- Maintain regular CEO engagement with staff, volunteers and partners to ensure visibility, strengthen relationships and support delivery of the Trust's strategic objectives.
- Progress against these priorities will be monitored through Executive Leadership Team oversight, performance reporting and future CEO updates to the Board.

Action Required by the Board:

To review and discuss the CEO report.

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

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

As discussed above all workstreams and areas of work align with our corporate strategy.

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Personal Reflection:

The change in weather has been significant in recent weeks with terrible storms, and I am extremely grateful to all our staff for going out to care for patients while most take shelter at home. This change occurs as we are making plans for what we know will be another challenging winter.

In October we celebrated International Control Room week, and I had the opportunity to visit colleagues in Chelmsford and see firsthand the excellent care they provide for our patients. In September our control room teams answered more than 98,000 999 calls and maintained our strong call answering performance. On average all calls were answered under 2 seconds. We also provided more clinical advice over the phone than ever before, helping more than 16,000 patients receive the care they needed without needing an ambulance response.

I am hugely grateful for the hard work and commitment of all our people and the continuing focus on maintaining safe and effective care during periods of high demand.

Organisational Performance

The Trust continues work to strengthen patient care and service delivery, supported by an increase in Patient Facing Staff Hours (PFSH). The Trust has experienced a significant increase in demand with our staff dealing with an average of 1000 more jobs per week than we had planned for. In response to this our Hear and Treat teams have managed 700 more patients per week above plan.

In September, our responses to the most seriously ill and injured patients were faster, with Category 1 performance at 8 minutes and 38 seconds, compared to 8 minutes and 45 seconds last September. Our responses to Category 2 patients in September 2026 was 41 minutes and 21 seconds which is slower than previous months.

This change in C2 performance is related to an increase in demand for our services of over 8% in September and an increase in hospital handover delays. Hospital handover delays are the time taken over 15 minutes for our crews to hand over patients to our acute colleagues. Delays are now routinely exceeding this standard with exceptions rising to just under 14 hours. These delays mean we need to increase the number of double staffed ambulances provided each week to deliver care to patients. Our teams have been delivering increased PFSH since the 1 April. In addition, we are increasing the number of calls managed through Hear and Treat. Our internal productivity metrics remain on target ensuring that the ambulances on shift are focused on providing care to patients.

Our senior leaders and Executives are engaging with Acute and system colleagues to manage the hospital delays and the impact they are having on our performance. We are engaging with local and national colleagues to seek to alleviate the issues and are planning to ensure that there is a maximum waiting time for handover of 120 minutes. As part of our winter plan, we are considering all possible solutions that would enable us to maximise the resources available to the public in order to match the expected increase in demand expected in the coming months. These include recruiting additional clinicians, using senior clinicians differently to ensure that our patients receive the appropriate care at the right time and in the right place as set out in our patient plan.

Regulatory update

Care Quality Commission (CQC)

The CQC inspected EEAST as part of their assessment programme on the 21, 22 and 23 July 2026. Prior to receiving the final report, the Trust will receive a draft report for factual accuracy.

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09/11/2026 09:05:41

The date of publication is yet to be confirmed by the CQC.

NHS Oversight Framework Segment 4

The Trust has moved from Segment 4 to Segment 3 in the latest NHS England Oversight Framework assessment, recognising progress made across a range of areas over the past year.

The NHS Oversight Framework brings together measures covering operational performance, workforce, patient experience and organisational performance to provide an overall assessment of NHS trusts.

Ambulance trusts are placed into one of four segments, with Segment 1 representing organisations facing the fewest challenges and Segment 4 those facing the most.

The latest assessment sees EEAST move out of Segment 4, reflecting the improvements colleagues across the Trust have worked hard to deliver.

The assessment follows continued work to improve operational performance, strengthen support for staff and create a positive culture across the organisation. The NHS Oversight Framework data is published quarterly by NHS England and the report on EEAST is available from this link NHS England website.

Independent Culture Review

In April we launched an independent cultural review led by Nazir Afzal OBE and Rise Associates in our Norfolk and Waveney and Bedfordshire and Luton sectors. In July the review team also visited staff in Peterborough and Stevenage. The lessons we learn from the review will be applied across the whole organisation.

Initially we had considered the report would be ready in October but due to ill health the report is delayed. Once completed the report will aim to highlight the views from staff and also provide recommendations, supported by a clear action plan.

Engagement

Alex Burgess

It is with sadness that we share news from the family of Alex Burgess, a paramedic in east and north Hertfordshire, that he died while off-duty following an incident on the 14 October.

Alex, who joined the Trust in February this year, was a pleasure to work with and had a great sense of humour. He had a keen interest in research and was highly motivated and excited to embark on his career as a paramedic. Our thoughts are with his family, friends and colleagues at this difficult time.

20,000 Trained in CPR by EEAST Heart

EEAST Heart have hit the amazing milestone of training more than 20,000 people in CPR and defibrillator use for free, since launching in 2023, helping to create more lifesavers in local communities and giving people the confidence to act when every second counts.

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EEAST Heart is a free community initiative, run by volunteers and staff from EEAST and made possible with the support from the East of England Ambulance Service Charity and its generous supporters.

The incredible EEAST Heart volunteers and staff have been working hard to equip as many people as possible with the skills and confidence to perform CPR and use a defibrillator in a life-threatening emergency.

Leadership Days in October

Leaders from across the Trust came together to discuss the most important conversations taking place across the Trust: how we create the culture, leadership and working environment that helps colleagues to succeed.

The two leadership days – the first held in St Ives and the second in Ipswich - brought together leaders from operational and corporate services to reflect on feedback from colleagues across the organisation and consider what practical actions can be taken to improve the experience of working at EEAST.

At the heart of the discussions was a clear message: improving organisational culture requires both supportive leadership behaviours and practical changes to everyday working conditions.

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09/11/2026 09:03:41

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

Present:			
Members	Julie Thallon	Interim Trust Chair	TC
	Chris Brook	Non-Executive Director	NED-CB
	Darren Meads	Chief Operating Officer	COO
	Dr Hein Scheffer	Director of Strategic Partnerships and Governance	DoSPG
	Marika Stephenson	Chief People Officer	CPO
	Neill Moloney	Chief Executive Officer	CEO
	Omid Shiraji	Associate Non-Executive Director	NED-OS
	Sian Clark	Director of Digital Innovation	DDI
	Simon Chase	Chief Paramedic and Director of Quality	CP-DoQ
	Dr Simon Walsh	Medical Director	MD
	Steven Course	Chief Finance Officer	CFO
	Susan Wilkinson	Non-Executive Director	NED-SW
	Victoria Corbishley	Non-Executive Director	NED-VC
In attendance			
	Danielle Marshall	The Guardian Service *(PUB26/09/3.3 only)*	FTSUG-DM
	Edward Bradshaw	Company Secretary	CS
	Kimberley Gillingham	The Guardian Service *(PUB26/09/3.3 only)*	FTSUG-KG
	Tom Bennett	Head of Communications	HoC
Administration	Esther Kingsmill	Head of Corporate Governance	HoCG

PUBLIC SESSION (Disclosable)	
PUB26/09/1.1	**Welcome**
1.1.1	*The meeting commenced at 09:30*
1.1.2	Julie Thallon, Interim Trust Chair (TC) welcomed those present to the Public Board meeting of the East of England Ambulance Service NHS Trust (EEAST). She advised that any questions that had been received from the public would be addressed at the end of the meeting.
PUB26/09/1.2	**Apologies for Absence**
1.2.1	Apologies were received from: Catherine Glickman, Non-Executive Director (NED-CG).
PUB26/09/1.3	**Declarations of Interest**
1.3.1	There were no new declarations of interest received.

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09/10/2026 09:03:41

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PUB26/09/1.4	Patient Story
1.4.1	The Public Board heard the story of Susan Bush, who had initially contacted NHS 111 during a significant episode of acute illness associated with severe suspected norovirus and dehydration. Susan also lived with Functional Neurological Disorder (FND), which affected her ability to swallow safely, and resided with her daughter who had Stage V kidney disease and was clinically vulnerable to infection. Following assessment by NHS 111, a request for a Category 3 ambulance response was made to the Trust. However, during a period of exceptional system pressure, the case was clinically reviewed through the Trust's Hear and Treat/clinical review process and a decision was made that an ambulance response would not be dispatched. Susan was subsequently advised to seek alternative healthcare support and, if necessary, make her own way to hospital. The patient outlined the psychological impacts this had on her, and her concerns regarding how the call was managed and whether her specific circumstances were taken into account.
1.4.2	The Chief Paramedic and Director of Quality, Simon Chase (CP-DoQ) briefed the Board that at the time the call was received, the Trust was experiencing a period of significant, sustained demand and a number of escalation measures had been introduced which included triaging. In this patients case, the 'no send' instruction was enacted and the call handler was required to provide a script which outlined this decision. However, the call handler had not provided the patient with the time to describe her specific circumstances, and it was also felt the call handler was not empathetic when delivering the call. Although the call was subsequently ended on conclusion of the script, a further clinical assessment did then take place in which a clinician spoke to the patient's daughter who explained some of the circumstances for the patient. Subsequently the patient was able to manage their condition at home, which demonstrated that the clinical decision was correct, however action was required to address the patients concerns about patient experience and contact. Mentoring had been provided to the call handler involved in the case, but work remained underway to ensure call handlers continued to provide patients with time and empathy despite the demand on the service. Although the ambulance service was only for life threatening emergencies, there were also instances in which patients were treated through hear and treat, so it was important to recognise some patients would fall outside of this categorisation. Auditing was regularly undertaken on a large number of calls, which demonstrated that the clinical decision making was accurate in 95%-97% of all cases. This auditing also assessed the empathy for the patient throughout the process, with strong compliance demonstrated.
1.4.3	The TC requested clarity on the process of the transfer from NHS 111. The COO confirmed that the patient details would have been sent across and an EEAST call handler would phone the patient back. The TC suggested the challenge was regarding the clinical expertise of the individual responding to the patient.
1.4.4	Non-Executive Director, Susan Wilkinson (NED-SW) observed that although this was not a clinical incident, there was the chance it could have progressed to a near miss, and it was important to recognise the psychological harm to the patient from the experience. She was pleased that mentoring had been provided to the call handler involved, but recognised that in a high pressure system, time limited situation, preventing a recurrence was key. She had observed a culture anecdotally in which 111

Olatunji,Adeola 09/11/2026 09:03:41

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	calls lacked credibility which could affect the service provided to these patients. The CP-DoQ acknowledged that in this instance it was the right decision not to dispatch an ambulance, however there was the potential the patient condition could have deteriorated – consideration was required of whether alternative services could support patients who did not meet the threshold for an ambulance response, such as increasing hear and treat activity.
1.4.5	The Chief Executive Officer, Neill Moloney (CEO) emphasised this was a patient who did not need to attend hospital, but there was not the availability of services in the community which would enable them to get the treatment they did need. Discussions were underway with system partners to create this capacity within the community. NHS 111 should assess clinically any C3-C5 patients before referring to EEAST, however during times of peak pressure this was not undertaken and the patient was automatically transferred to EEAST. Patients within this category should always receive a clinical assessment from 111 as the referral organisation before they were transferred to EEAST, the failure to do so had contributed to the poor experience for the patient.
1.4.6	Chris Brook, Non-Executive Director (NED-CB) suggested further work was required to improve communications with the Public to outline how emergency services are changing and how this may affect the way they are managed when they dial for emergency services. The CP-DoQ acknowledged further work was required to communicate the changing approach to patient management. One area he was keen to explore was how volunteers could support this. It was important to emphasise that this was not to stop the public calling an ambulance if they genuinely needed it, but to outline that where clinically applicable the patient may be treated via an alternative route.
1.4.7	Non-Executive Director, Omid Shiraji (NED-OS) extended his thanks to the patient for sharing her experience so candidly. There were two elements to patient experience; the outcome, and how the patient was made to feel during the experience. There was a balance between managing demand, and providing compassion and human interaction, if the second element had been handled differently the patient experience could have been improved. NED-OS enquired how assurance could be gained that call handling was undertaken as empathetically as possible, and how opportunities for further learning would be identified. The CP-DoQ advised that calls were audited on a regular basis on the care and compassion shown alongside other key measures. Ambient voice technology would be piloted in the clinical assessment service, this would start to identify triggers around the way people were talking with patients to increase the support provided. During the period in which the patient contacted the service, there was a decision to implement 'no send' in which call handlers had to complete the message as quickly as possible. However, even where this decision had been made, patients had the opportunity to phone back as their condition changed. The COO confirmed routine audits of call handling performance also assessed the compassion of call handlers - the majority of audits provided a good score against this criteria. He highlighted that when the patient had contacted EEAST this was during an extreme, high pressure period, and this tension may have come across in the call. This raised the debate of how the public could be better made aware of the critical nature of some of the decisions made during this period.
1.4.8	NED-SW highlighted that it was essential staff were also supported and did not see the action as punitive where they were following a script.

Olatunji,Adeola 09/11/2026 09:03:41

DRAFT

1.4.9	The TC extended her thanks to the patient for sharing her story.
PUB26/09/1.5	**Trust Chair and Non-Executive Director's Report**
1.5.1	The TC presented the Chair's report: • The focus was on maintaining high quality, safe services moving into winter alongside trying to manage service demand. • It was essential to ensure staff were supported throughout this. • A review was underway of organisational culture, to provide clarity on the environment and challenges that our people work in. • The Trust had also been inspected by the CQC in a routine unannounced visit. • Interviews had taken place for a Non-Executive Director to replace NED-CG who would step down in December 2026. • The TC advised the public of the sad passing of a former Board member, Non-Executive Director, George Lynn, and extended her condolences to the family. • The TC welcomed Edward Bradshaw, Company Secretary (CS) to the Board.
1.5.2	The Public Board resolved to note the update provided.
PUB26/09/1.6	**Chief Executive Officer's Report**
1.6.1	The CEO presented the Chief Executive's report: • Significant resources had been released, exceeding 8% in additional resources to support service pressures. • There had been strong, consistent performance in call pick up times, averaging 2.7 seconds despite handling more than 100,000 emergency contacts in July. • Hear and Treat performance achieved target at 17.94%. • 999 Emergency Services day had been celebrated across the blue light services, and had included learning on the Bedford train incident, the Dunwich Heath fire and other routine daily activity. • An unannounced CQC inspection had been undertaken in July 2026, the draft report was expected in October 2026 and the final report would be published alongside the previous 2024 CQC report which had been significantly delayed. • The stars of EEAST awards had taken place, with 450 nominations from across the organisation. • Perkbox had been introduced, this was an employee assistance programme to provide GP access to patients. This had been well received across the organisation.
1.6.2	The Public Board resolved to note the update provided.
PUB26/06/1.7	**Minutes of Previous Meeting**
1.7.1	The minutes from the meeting on 10.06.2026 were approved subject to the below amendments: • 5.1.1 – Not yet [full] assurance for the [full] value for efficiencies in 2027

Olatunji,Adeola 09/11/2026 09:03:41

DRAFT

	• 2.1.4 – bullet point 5 – non- conveyance incidents or patient safety incidents – to confirm
PUB26/09/1.8	**Matters Arising and Action Tracker**
1.8.1	The action tracker was reviewed and updated. 2.4.2 – The TC queried whether this was sufficient to raise the profile of the CEG. The CEO suggested having CEG members visit stations would also support this awareness.
1.8.2	The following actions were resolved for closure: • PUB26/06/4.4.4 • PUB26/06/4.4.10 • PB26/06/3.3.2
PUB26/09/2.0	**PATIENTS**
PUB26/09/2.1	**Board Assurance Framework (BAF) Summary – SR1 and SR2**
2.1.1	Dr Hein Scheffer, Director of Strategic Partnerships and Governance (DoSPG) advised that the risk scores had improved for principal risks SR4 (finance), SR7 (Workforce sustainability), SR8 (Staff retention) and SR9 (Organisational Development).SR9 would be reset to focus on culture. SR6 was being reset with a deep dive to performance committee with a clear link to SR1 and SR2. Cyber security actions had largely been completed and the risk would be reassessed in line with this.
2.1.2	The Medical Director, Simon Walsh (MD) advised that in relation to SR2 he was recommending an increase in the risk score from 9 based on the likelihood of an event, particularly the ability to maintain a C2 response in light of the handover delays which meant there was the potential for an increase in patient safety incidents associated with a delay. This would be discussed at the Quality Governance Committee on 23.09.2026.
2.1.3	The Public Board resolved to acknowledge the update provided, including the score changes and review of the Board Assurance Framework, which would report back to the Board.
PUB26/09/2.2	**Integrated Performance Report**
2.2.1	The CP-DoQ and COO presented the patient elements within the IPR: • Performance against the ambulance care clinical indicators was positive and was approaching the target. However, a sustained period of demand was anticipated in winter which may put pressure on the ability to achieve these targets. • The cardiac arrest desk had been implemented and was driving an improvement in ROSC, delivering 61%, the highest level for a considerable period. • It was rewarding to see the number of safety incidents where harm may have happened remained low. This provided assurance that patients were receiving a safe service. • Complaints closure rates were holding consistently around 60% against a target of 80%. Through the accountability forums, investigations were supported to take place in a more timely manner. • Mandatory training had been maintained above 97%.

DRAFT

Olatunji,Adeola
09/11/2026 09:03:41

	• Call volumes in June/ July significantly exceeded levels ever seen previously and also exceeded expectations for peak winter. Total activity had reached unprecedented levels. The focus was on maximising productivity including mobilising as many ambulances as possible to manage this demand. • The majority of calls were answered in an average of between 4 and 6 seconds despite the unprecedented demand. • Hear and treat performance was broadly on target, but more patients required treatment over the phone as demand increased. Around 700 more patients per week were treated successfully and safely through hear and treat when compared to the previous summer. • Whilst the Trust would support some patients by telephone advice, the COO emphasised that the 999 system should only ever be used for life threatening emergencies.
2.2.2	NED-SW observed the patient complaint response which had been highlighted at People Committee. There had been an improvement in July 2025 and July 2026, however as pressures increased NED-SW was concerned this performance may deteriorate as staff capacity was affected. She enquired how assurance could be gained that patient safety incidents were being accurately recorded given the reduction in moderate and severe harm incidents. The MD confirmed that staff were encouraged to report all incidents. The number of incidents reported overall remained stable which provided assurance reporting was maintained, but there had been a reduction in delay harm incidents to zero and there was also a reduction in incidents of moderate and severe harm. He was assured there was a genuine reduction in the severity of incidents, whilst maintaining a strong reporting culture.
2.2.3	The TC enquired how mandatory training compliance would be maintained through winter. The CP-DoQ advised that this was maintained on a risk assessed basis. Delivery had been sustained over a 12-month period. During peak demand the delivery of training may be paused but this was be based on a forecast of the impacts.
2.2.4	The Public Board acknowledged the pressures posed to performance approaching winter 2026/27.
PUB26/06/2.3	**Winter Plan**
2.3.1	The COO presented the winter plan: • The purpose of the winter plan was to set out how safe patient care would be managed throughout the winter period. • This included a focus on demand, staffing levels and patient flow. • The Board Assurance Statement required annual submission. • Additional ambulances and control room staff would be deployed over winter, alongside an increase in wellbeing measures for staff, and a change in the provision during peak periods such as Christmas and New Year.
2.3.2	Non-Executive Director, Victoria Corbishley (NED-VC) noted that the Trusts winter plan was dependent on other providers delivering against their winter plans and enquired how this was managed. The COO advised that the winter plans had been desktop tested across the region in a central exercise co-ordinated by the ICB. This was the first time it had been undertaken at scale. One of the key learning points was to provide other providers with an oversight of the system provision through winter.

Olatunji,Adeola 09/11/2026 09:03:44

DRAFT

2.3.3	NED-OS reflected on the unprecedented summer demand and enquired how this would be managed sustainably in the longer term, given this was a consistent change in the demand pattern. The COO advised that any plan needed to feed into the overall operating plan for the Trust, this was critical for the long-term service delivery. The focus on the business planning cycle could not be overstated.
2.3.4	The CEO observed that levels of activity in Summer had considerably increased, almost exceeding peak winter activity. The impact of the warmer weather would need to be considered in business planning. This was more challenging as annual leave was reduced over Christmas to maintain capacity, and this was then offered during periods of lower demand such as Summer. However since this profile had shifted this would be more challenging.
2.3.5	The Public Board resolved to acknowledge the Winter Plan and Board Assurance Statement.
PUB26/09/2.4	**Quality Governance Committee Assurance Report**
2.4.1	NED-SW presented the QGC assurance report: • Reasonable or good assurance was provided across most domains. • There was one risk associated with the ability to meet key performance indicators, which could affect patient and staff experience and safety.
2.4.2	The Public Board resolved to note the assurance provided from the Quality Governance Committee.
PUB26/09/2.5	**Performance Committee Assurance Report**
2.5.1	The TC presented the Performance Committee assurance report: • Reasonable or good assurance had been provided against all areas within the Committee remit. • Consideration had been given to reducing the risk rating for SR6 – partnership working – but the decision was made that this should be maintained at a high level due to the need to maintain these relationships during peak winter demand. • There was one risk associated with high levels of activity moving into winter alongside high hospital handover delays.
2.5.2	The Public Board resolved to note the assurance provided from the Performance Committee.
PUB26/09/3.0	**PEOPLE**
PUB26/09/3.1	**Board Assurance Framework – SR7, SR8 and SR9**
3.1.1	The risk register was considered in conjunction with the Integrated Performance Report.
PUB26/09/3.2	**Integrated Performance Report**
3.2.1	The CPO presented the people metrics within the IPR:

DRAFT

Olatunji,Adeola 09/11/2026 09:42:41

	• Time to hire had increased which was common during the summer months due to annual leave affecting reference return times. This had increased from 8 weeks in July to 9 weeks in August. • Employee relations cases had reduced to 176 cases in August 2026 from 187 in July 2026. • Suspensions were reducing. Through ELT a risk assessed approach had been agreed for suspension reviews. • An increase in sickness over summer was noted, this was associated with short term sickness driven by demand, the weather and school holidays. • Perkbox had received considerable uptake, with anecdotal feedback from staff requiring treatment such as physio who were able to access appointments more quickly when compared to their GP waiting list. • There had been good progress in the time to access an occupational health appointment.
3.2.2	NED-SW observed the peak in July associated with stress and anxiety and suggested this was an anomaly. This peak was also seen the previous year, and she enquired what the driver was. The CPO confirmed deep dives were being undertaken. The reduction in long term sick would have contributed to this mirrored increase but it was also affected by school holidays. The first week of school holidays overall sickness levels increased to 12%.
3.2.3	The Chief Finance Officer, Steven Course (CFO) reflected on the reduction in suspensions – when on a suspension panel he had observed a positive change in the approach, so he was pleased to see how this was driving a reduction.
3.2.4	The MD observed a mismatch between the improving patient safety incident levels and the reports in the staff survey around our people's belief about the Trust's approach to patient care. Sharing this data effectively with staff was essential.
3.2.5	The Public Board resolved to acknowledge the performance position.
PUB26/09/3.3	**Freedom to Speak Up Guardian Report**
3.3.1	Freedom to Speak Up Guardian (FTSUG) Dani Marshall (FTSUG-DM) presented the report: • 129 concerns had been reported between April and July 2026. • 67 visits were also completed over the period. • The top two groups reporting concerns were AHPs and additional clinical services. • One concern reported related to patient safety. • The emergency operations centres reported the highest level of concerns, accounting for 29 of the concerns reported. • The increasing concerns from certain directorates could be associated with increased visibility of the FTSU in these areas. • Regular meetings were underway with the trust to address concerns raised
3.3.2	The TC noted a lower level of concerns in Bedfordshire and Luton and challenged how this could be addressed, reflecting that this was likely due to reduced reporting.

DRAFT

Olatunji,Adeola
09/11/2026 09:03:41

3.3.3	The CEO highlighted that staff willingness to go through any formal process including FTSU raised the challenge of what more the Board could be doing to increase this reporting across the Trust.
3.3.4	NED-VC noted that across all categories an overwhelming theme was communication challenges. She suggested there were underlying themes across all areas which could be addressed systematically.
3.3.5	The DoSPG enquired what the FTSU would expect to be a peak of cases. The FTSUG-DM advised that there was lots of work underway to broadcast the role of the FTSU which was driving increased reporting. If cases decreased it was important to understand the reasons for this decrease – either because cases were being reported internally or because staff were not reporting concerns. As such, these figures should be looked at in triangulation with internal reporting to identify whether there was an associated increase in internal reporting with a decrease in FTSU reporting.
3.3.6	The CS enquired whether there was an understanding of the extent to which staff were satisfied with the outcome from their case. The FTSUG-DM advised that outcomes were reported in the annual report based on staff feedback. This was voluntary and anonymous feedback.
3.3.7	The CFO noted the increase in cases but observed the number of cases closed was considerably less. He enquired whether there was data to demonstrate how well the Trust was performing in time to close cases. FTSUG Kym Gillingham (FTSUG-KG) advised that delays in closing long standing case was not always associated with delays from the Trust, but could be related to the complexity of the case or the staff members perception of the situation they were in and not agreeing to case closure until they were assured on the outcome from this.
3.3.8	The CP-DoQ noted that email was the highest form of contact received and he enquired whether this was from a Trust email or a personal email. The FTSUG-KG confirmed the majority of cases were via email as staff felt most confident corresponding through this platform – this could be through either a Trust or personal email. Often the FTSU would then try to arrange a phone meeting. There may then be correspondence to update the individuals via their preferred communication method. A number of staff were shift workers, so email was preferred due to their unusual working patterns.
3.3.9	The CPO advised that the first micro-aggression session had been held the preceding week and may contribute to an increase in the caseload.
3.3.10	NED-CB suggested there was enough information to triangulate all the elements of reporting to provide a heatmap which identified the true problems within the organisation.
3.3.11	The Public Board resolved to acknowledge the FTSU case load and work underway which may increase case levels.
PUB26/09/3.4	**WRES and WDES Submission and Action Plan**
3.4.1	The CPO presented the report:

Olatunji, Adeola
09/11/2026 09:03:47

DRAFT

	• She highlighted significant improvements in staff experience, engagement, workplace adjustments and perceptions of career development. • Disability representation increased from 8.5% to 9.99%. • Experiences of bullying and harassment and abuse decreased across both measures. • Workplace adjustments also increased which was encouraging given the level of work underway to facilitate reasonable adjustments. • Ethnically diverse and disabled staff reported an increased perception of career development. • Priorities were to improve recruitment outcomes, leadership representation and workforce experience through the EDI improvement programme.
3.4.2	The CEO acknowledged further work was required, but he was encouraged to note the positive progress made and improvements in a number of the key indicators.
3.4.3	The Public Board resolved to: • Approve the WDES 2025/26 Annual Report. • Approve the WDES 2026/27 Action Plan. • Approve the WRES 2026/27 Action Plan.
PUB26/09/3.5	**Gender Pay Gap Reporting**
3.5.1	The CPO presented the report: • The Trust remained compliant with the gender pay gap statutory reporting requirements. • EEAST reported a persistent gender pay gap driven by the distribution of women across pay levels rather than unequal pay for the same role. Women earnt 97p for every £1 earnt by men. • The mean pay gap improved from 6.9% to 6.66% with senior and specialist roles continuing to influence the overall outcomes. • Women remained underrepresented in higher pay roles. • Leadership progression, talent management and flexible working were key areas which would help to reduce the gender pay gap.
3.5.2	The CFO noted that year on year change was currently benchmarked on a one year period and suggested three years would provide a more accurate reflection.
3.5.3	The Public Board resolved to: • Note the findings of the 2025-2026 Gender Pay Gap Report. • Take assurance that the Trust had met its statutory reporting obligations. • Take assurance that actions were in place to address the workforce factors contributing to the gender pay gap. • Endorse the continued delivery of the Gender Pay Gap Action Plan through the Trust's Inclusivity Plan.
PUB26/09/3.6	**Remuneration Committee Assurance Report**
3.6.1	NED-VC provided the Remuneration Committee assurance report: • The Remuneration Committee had approved a restructure of the EOC as a result of the closure of Bedford EOC.

DRAFT

Olatunde Adeola 09/12/2026 09:03:41

	• The objectives for the executive team were approved.
3.6.2	The Public Board resolved to acknowledge the assurance provided by the Remuneration Committee.
PUB26/09/3.7	**People Committee Assurance Report**
3.7.1	NED-SW provided the People Committee assurance report: • There was one risk associated with staff survey results and near misses.
3.7.2	The Public Board resolved to note the assurance provided.
PUB26/09/4.0	**PRODUCTIVITY**
PUB26/09/4.1	**Board Assurance Framework – SR3, SR4, SR5 and SR10**
4.1.1	The CFO presented the BAF: • The risk score on SR4 'If EEAST cannot achieve financial sustainability there is a risk to its ability to deliver high quality (safe and effective) services' had improved from 9 to 6 due to the increasing assurance on the financial position.
4.1.2	The Public Board resolved to acknowledge the risk reduction.
PUB26/09/4.2	**Integrated Performance Report**
4.2.1	The CFO presented the report: • The plan was for a £1.4m surplus at this point in the year, actual delivery was £2.2m which exceeded plan, providing assurance on the ability to meet the year end position. • Efficiency savings were £71k ahead of plan. Part of the plan was a fuel efficiency however given the increasing price of fuel this was becoming increasingly difficult to achieve. • Staff rebanding was being assessed and would be backdated – this was being accrued for. • The Trust continued to demonstrate reduced energy use, CO2 emissions and electricity/ gas usage associated with more efficient boilers and solar panels. • Entonox showed a small increase but remained within expected variation limits. • The target for an improvement to recycling rates by 5% had shown a slight reduction, this was largely related to behavioural change.
4.2.2	The CEO highlighted that despite the underspend against plan, the forecast position had not changed.
4.2.3	The TC noted additional funding had been set aside to support winter performance, she therefore sought assurance this would be achieved with the additional resources in place to support winter performance. The CFO confirmed that the Trust had increased the winter funding in 2026/27 to ensure shifts were filled to a sufficient level and to increase PAS provision. There was reasonable confidence this would be met. The COO extended his gratitude to the finance team for supporting the winter funding provision. A portion of this additional monies would be allocated to several approved PAS providers.
4.2.4	The DDI presented the digital update:

Olatunji,Adeola
09/11/2026 09:03:41

DRAFT

	• A roadmap was being developed for investment for the organisation. • External benchmarking was underway for infrastructure review. • An ambient voice technology pilot was underway and would represent a major step forward in delivery. • The annual NHSE digital maturity assessment had launched. This was completed by every trust and provided a level of comparison. This highlighted the digital maturity position across other organisations within the NHS.
4.2.5	The Public Board resolved to note the update provided.
PUB26/09/4.3	**Annual External Audit Management Letter**
4.3.1	The CFO presented the external audit management letter: • The value for money opinion was identified as an area of significant weakness due to the previous CQC inspection outcomes and warning notices received. This would remain on the report until the final inspection outcome was received. • The Trust had concluded the cumulative deficit repayment and this action was closed.
4.3.2	The CP-DoQ clarified that the CQC did not lift warning notices, they provided a view from a point in time. The CFO agreed to report this back to the external auditor. **ACTION: CFO to confirm with external auditor that the warning notices from the CQC would not be lifted, as this was a view from one specific point in time. Lead: CFO**
4.3.3	The Public Board resolved to acknowledge the external audit management letter and areas of weakness identified.
PUB26/09/4.4	**Audit Committee Assurance Report**
4.4.1	NED-VC presented the Audit Committee assurance report: • There were no areas for escalation. • Risks continued to be monitored for cyber security and information compliance.
4.4.2	The Public Board resolved to note the assurance provided by the Audit Committee.
PUB26/09/4.5	**Finance and Sustainability Committee Assurance Report**
4.5.1	NED-CB presented the report: • There were two areas for escalation: 1. The ability to track benefits from transformation activity and 2 the ability of the Board to articulate the cyber position.
4.5.2	The Public Board resolved to note the assurance provided by the Finance and Sustainability Committee.
PUB26/09/5.0	**GOVERNANCE**
PUB26/09/5.1	**Provider Capability Assessment Submission 2026**
5.1.1	The DoSPG presented the report:

DRAFT

Olatunji.Adeoti 09/11/2026 10:03:41

	• This was an annual submission requirement. • The narrative was co-designed by ELT over two sessions. • There were clear definitions for the ratings. • The Trust had proposed four green and two amber-green ratings.
5.1.2	The TC noted a concern associated with people and culture which was rated as amber-green due to the progress made and significant improvements. She was concerned about this rating given the culture review and incoming CQC report and how this may be perceived. She suggested the current rating was more ambitious than the actual position and it needs to demonstrate a more cautious assessment. The CPO confirmed that the rating was based on that point in time, until these reports were received, they could not be clear on how this may affect the position. Given that the submission was not until October she suggested this may need review ahead of submission. NED-SW agreed there was qualitative data which continued to demonstrate the Trust had not made sufficient progress in this area and suggested the rating be amended to amber-red. The Board agreed with this recommendation. **ACTION: Amend the rating within the provider capability assessment submission to amber-red for people and culture.** **Lead: DoSPG**
5.1.3	Subject to the above listed amendments, the Public Board resolved to approve the provider capability assessment submission for 2026.
PUB26/09/6.0	**CLOSING ADMINISTRATION**
6.1	**Questions from the Public**
6.1.1	**Q: A difficult listen from Susan - thank you for sharing. I wonder what the Trust are doing to work with 111 and NHS England to discuss their process for call flow - you will know their script says an emergency ambulance has been dispatched when what they mean is they have sent the call to the ambulance service to review. Is this in your gift to work with them to get this changed to meet better patient expectation?** A: A key component of working in winter is the relationships across systems with both hospitals and other agencies who support activity response. Maintaining the relationship with 111 providers over this period is essential. Conversations are underway with 111 providers to ensure there is a clear understanding of not only the data but the process changes required to support responses. Having closer relationships with these providers will help to sharpen the process for people.
PUB26/09/6.2	**Reflection on the Meeting**
6.2.1	The DoSPG provided the reflection on the meeting: • Overall the new framework for Board reporting provided greater clarity and assurance. • There was a strong focus on patient experience and ensuring psychological harm was not caused. • He was pleased to attend the staff awards and reflect on all of the positive work undertaken by our staff every day. • Indications from the IPR were demonstrating positive improvement.

Olatunji,Adeola
09/11/2026 09:03:41

DRAFT

	• Considerable progress had been made on the WRES and WDES which was positive to note. • The capability assessment demonstrated improvements from the previous year, recognising further work was required.
PUB26/09/6.3	**Any Other Business**
6.3.1	There was no other business and the meeting closed at 12:15.

DRAFT

Olatunji,Adeola
09/11/2026 09:03:41

In Public Trust Board - Action Tracker for the meeting on 11.11.2026						
Ref	**Source (meeting / date / agenda item / title)**	**Action**	**Lead**	**Due Date**	**Status / Update**	**Proposed to Open/Close**
4.3.2	Public Board, 16.09.2026, PUB26/09/4.3.2, External Audit Management Letter	CFO to confirm with external auditor that the warning notices from the CQC would not be lifted, as this was a view from one specific point in time.	CFO	11.11.2026	This has been addressed with the external auditor. **Proposed for Closure**	C
5.1.3	Public Board, 16.09.2026, PUB26/09/5.1.3, provider capability assessment submission	Amend the rating within the provider capability assessment submission to amber red for people and culture.	DoSPG	11.11.2026	This has been amended within the submission **Proposed for Closure**	C
2.1.3	Public Board, 10.06.2026, PUB26/06/2.1.3, Board Assurance Framework	Board Assurance Framework to be updated to include a trajectory for risk score reduction.	CS	10.02.2027	16.09.2026: This will be picked up in the review of the BAF Framework that will be led by the new Company Secretary, to be finalised by the end of December 2026 **Item not yet due**	O
2.4.2	Public Board, 10.06.2026, PUB26/06/2.4.2, CEG Report	Consider how the profile of the CEG can be raised across the Trust to promote awareness of their role and duties at operational level.	HoC	16.09.2026	An article was published on East24 to highlight the role of the CEG 16.09.2026: The TC queried whether this was sufficient to raise the profile of the CEG. The CEO suggested having members visit stations would also support this awareness. The action was not closed.	O

Business Delegated to Public Board from Committees/Private Board						
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	10.03.2027	Closure of the call handling function is 30.11.2026 and dispatch end of 31.03.2027 - final position to be confirmed in March 2027 following conclusion of both elements. **Item not yet due.**	O
Business Delegated to Committees/Private Board						

Actions from Board Development/Service Visits

Olatunji,Adeola
09/11/2026 09:03:41

Meeting:	Public Board	**Date:**	11.11.2026
Report Title:	Board Assurance Framework Update Summary Report		
Agenda Item:	PUB26/11/2.1		
Author(s):	Edward Bradshaw, Company Secretary		
Lead Director:	Hein Scheffer, Director of Strategic Partnerships and Governance		

Purpose:	Decision Approval		Discussion Review	**X**	Information Noting	
Assurance:	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 Undertaken: YES		**NO**	**X**

Previously considered by:

The Board Assurance Framework (BAF) has been reviewed and updated by individual executive directors and collectively at Executive Leadership Team meetings and relevant Board committees.

Executive Summary:

What?

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. As the Board is aware, each principal, or 'strategic', risk is owned and managed by a named Board committee.

A summary of the latest full BAF is in **Appendix 1**.

Since the last Board report in September 2026, most strategic risk scores have remained unchanged, with the exception of demand and capacity (SR1) and quality governance (SR2) – although the Board should note that neither of these has yet been agreed by the Performance or Quality Governance committees that own the risks on behalf of the Board.

- Demand and capacity (SR1) has increased from 16 to 20, reflecting an increase in likelihood from 4 to 5. SR1 remains the Trust's highest-rated strategic risk and has the largest gap between its current and target scores. The position has become more challenging due to sustained above-plan demand, operational sickness remaining off trajectory, and hospital handover delays, which remain the single biggest operational factor affecting C2

Olatunji Abegunde
09/11/2026 10:41

performance. Further improvement is increasingly dependent on both successful delivery of transformation programmes and action by system partners. Taken together, these pressures mean that, despite the controls and improvement programmes in place, the risk is now considered almost certain to materialise at some level without further intervention; and

- Quality governance (SR2) has increased from 9, to 12 and then to 16. This reflects the Trust's increasing concern that worsening system pressures, particularly hospital handover delays, may impair the Trust's ability to maintain high quality of care.

The scores of all other strategic risks have remained the same. Updates of note include:

- SR4 (financial sustainability) – this remains the only strategic risk that is at, or below, its target score. However, whilst the Trust remains ahead of its financial plan there is some forward-looking uncertainty, particularly around the identification of recurrent cost savings and emerging cost pressures;
- SR5 (cyber security) – there is active consideration of whether the current risk score (12) is appropriate following the recent infrastructure assessment. The Board should also note that ownership of this risk has recently been transferred from the Finance and Sustainability Committee to the Audit and Risk Committee;
- SR7 (workforce sustainability) – there is a broadly positive outlook, with most of the additional 50 newly-qualified paramedics already at offer stage, a 100% fill rate on September's paramedic training courses, and an anticipated improvement of the speed with which new recruits become operationally deployable due to the new C1 licence requirement. However, sickness remains higher than target and remains a significant constraint on converting increased establishment into available operational capacity; and
- SR10 (digital) – digital governance and planning have strengthened, including the establishment of the Change Board and development of the Digital Roadmap, but delivery remains constrained by capacity, resource and investment requirements.

So What?

The overall strategic risk profile remains challenging, with particular concern around the increasing exposure associated with demand and capacity and quality governance. The position reinforces the interdependency between operational performance, system pressures and quality, while a number of other strategic risks remain above their target levels despite broadly stable scores.

Board and committee attention should therefore focus not only on movements in risk scores, but on the effectiveness of controls, gaps in assurance and whether planned mitigating actions are sufficient to move risks towards their target position.

What Next?

The BAF will continue to be updated in real time, with each strategic risk reviewed by the Executive Leadership Team on a six-weekly cycle before consideration by the relevant Board committee.

The Company Secretary is reviewing the BAF's format and review process to strengthen its role in focusing Board attention on the principal risks to delivery of the Trust's strategic objectives and the actions required to mitigate them. This will include a dedicated Board session to review the BAF in its entirety and confirm that it continues to capture the most significant threats to achievement of the Trust's strategy.

Oliver Jones 08/11/2025 10:31

Board committees will continue to oversee the risks they own on behalf of the Board and undertake periodic 'deep dives' into these risks to ensure the causes of the risk are understood, evaluate whether the evidence available provides sufficient confidence that the key controls are appropriately designed and operating effectively to mitigate the risk, and help identify any further controls or assurances needed that may help to reduce the risk score towards its target score.

Action Required by the Board

The Board is asked to **note**:

i. the current strategic risk profile and the changes since the September 2026 report;
ii. the increases in SR1 and SR2, including that these revised scores remain subject to consideration by their respective lead committees; and
iii. the planned review of the BAF framework and process and steps to ensure the BAF continues to reflect the principal risks to achievement of the Trust's strategic objectives.

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.

Olatunji,Adeola
09/11/2026 09:03:41

Appendix 1: Summary of full BAF

Ref	Risk Area	Risk Description	Current Score	Trend	Target score	Distance from target
SR1	Demand & Capacity	If we do not match our capacity to the demand, we will not deliver an improvement in our response times.	20	↑ Increased (from 16)	6	+14
SR2	Quality Governance	If we fail to meet national and locally agreed performance targets due to not having the appropriate clinical or operational model may lead to avoidable harm to patients, adverse clinical outcomes and poor patient experience as well as potential failure to maintain regulatory compliance and confidence will be lost in delivering Trust strategic patient mission.	16	↑ Increased (from 9)	4	+12
SR3	Estates	If EEAST does not maintain appropriate estate infrastructure to support service delivery, then it may not have the right facilities and assets to deliver safe, high-quality care resulting in not attaining our safety, quality and compliance ambitions.	12	→ Static	4	+8
SR4	Finance	If EEAST cannot achieve financial sustainability there is a risk to its ability to deliver high quality (safe and effective) services	6	→ Static	12	-
SR5	Cyber Security	If the Trust fails to prevent a Cyber Incident, then one or more Digital Systems will be compromised leading to operational, reputational, financial and patient impact.	12	→ Static	9	+3
SR6	Partnership Working	If hospital handover delays are not reduced in line with EEAST 2026/27 trajectories and system partner recovery plans, then ambulance availability will remain constrained, resulting in risks to patients from prolonged response times.	9	→ Static	4	+5
SR7	Workforce Sustainability	If EEAST does not have workforce plans that support recruitment then prospective staff may not choose to work at EEAST, resulting in associated skills deficit, reliance on temporary staffing, staff morale and our ability to provide high quality of care to our services users.	6	→ Static	4	+2

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09/11/2026 09:03:41

Ref	Risk Area	Risk Description	Current Score	Trend	Target score	Distance from target
SR8	Staff Retention	If EEAST does not effectively and efficiently manage a coherent staff retention strategy, then we will continue to affect staff and skills shortages in certain professions resulting in associated skills deficit, impact on staff morale and our ability to provide high quality care to our services users.	**8**	→ Static	**4**	**+4**
SR9	Organisational Development	If EEAST does not have in place effective OD support to address cultural development and management of change, then we may not achieve a positive impact, resulting in suboptimal outcomes for staff and patient care.	**8**	→ Static	**4**	**+4**
SR10	Digital	If EEAST does not invest in, modernise, and integrate its digital systems, platforms, and infrastructure, then digital may be unable to deliver efficient, high-quality service, support innovation, or meet future service and partnership needs.	**12**	→ Static	**4**	**+8**

Olatunji,Adeola
09/11/2026 09:03:41

Meeting:	Trust Board	**Date:**	11.11.2026
Report Title:	Integrated Performance report		
Agenda Item:	PUB26/11/2.2		
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:	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 Undertaken: YES		**NO**	**X**

Previously considered by:

Executive Leadership Team

Executive Summary:

What?

The Integrated Performance Report (IPR) presents **September 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.

So What?

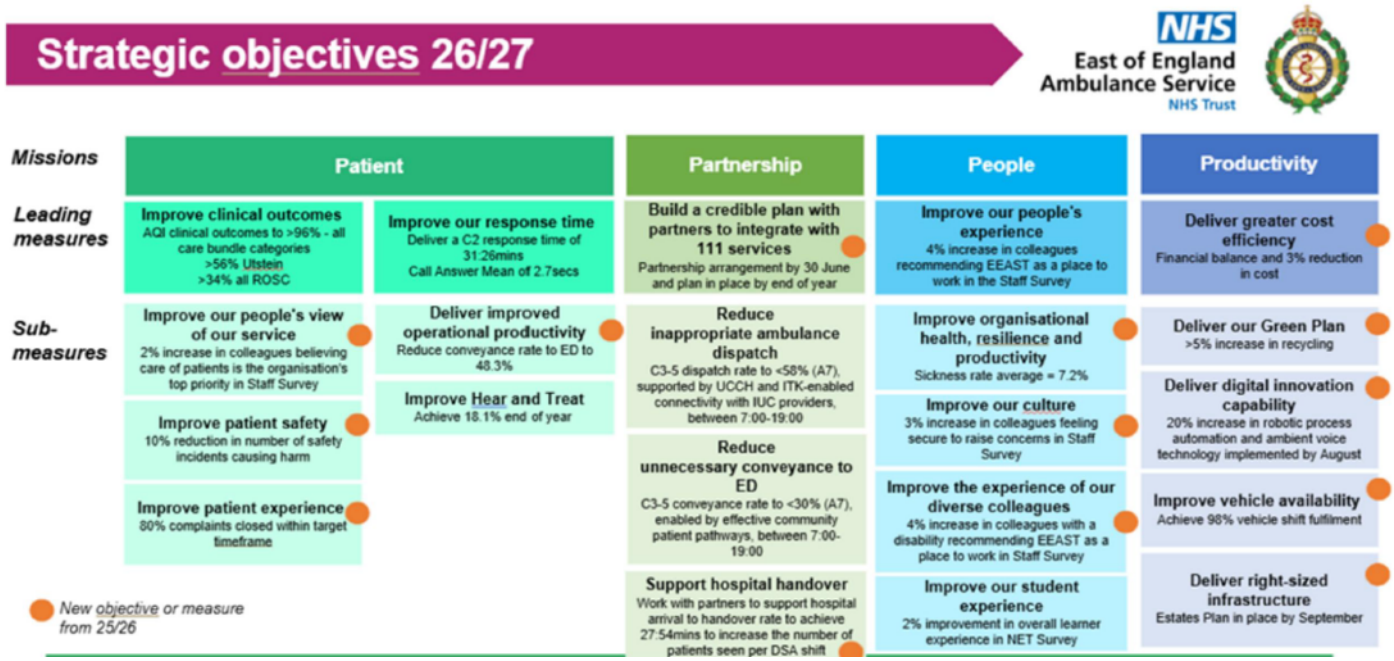
The report aims to provide the Board with:

- 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).

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.

Document Updated 07/11/2025 09:07:54

Strategic Objectives Summary



Strategic Metrics Summary September 2026



Strategy Section	Metric	Reporting Month	Reporting Month Value	Target	YTD	Assurance	Variation
Patient	Stemi Care Bundle	Jul 2026	95.7%	95%	98.18%		
Patient	ROSC Care Bundle	Aug 2026	98.6%	95%	98.08%		
Patient	ROSC - Utstein	Aug 2026	54.1%	55%	56.67%		
Patient	ROSC - All	Aug 2026	30.3%	33%	32.05%		
Patient	Falls in Older People - Discharged At Scene Care Bundle	Jun 2026	97%	95%	97.20%		
Patient	Care of patients / service users is my organisations top priority	Apr 2026	51.1%	55.5%	51.1%		
Patient	Declared Patient Safety events investigated under PSIRF	Sep 2026	7	4	-50.0%		
Patient	% of Complaints Closed in Compliant Timeframe	Sep 2026	76.12%	80%	69.5%		
Patient	C2 Mean Response Time	Sep 2026	00:41:21	00:18:00	00:34:12		
Patient	Call Answer Mean (A3) (seconds)	Sep 2026	1.85	2.7	2.09		
Patient	See, Treat & Convey to ED %	Sep 2026	44.81%	48.3%	45.5%		
Patient	Hear & Treat % (including A2S and PCT)	Sep 2026	19.09%	18.1%	17.7%		
Partnership	C3-C5 Dispatch (Attendance) Rate % (% of A7) (7am - 8pm)	Sep 2026	50.95%	58%	55.6%		
Partnership	C3-C5 Conveyance Rate % (% of A7) (7am - 8pm)	Sep 2026	25.12%	30%	27.3%		
Partnership	Average Arrival to Handover Time	Sep 2026	00:39:24	00:15:00	00:34:08		
People	I would recommend my organisation as a place to work	Apr 2026	34%	42.3%	34.0%		
People	Sickness Absence Rate %	Sep 2026	8.6%	7.2%	8.0%		
People	Colleagues feeling secure to raise concerns	Oct 2025	49.3%	64%	49.3%		
People	Colleagues with a disability recommending EEAST as a place to work	Oct 2025	32.5%	36.5%	32.5%		
Productivity	Recycling Rate %	Sep 2026	28.38%	40%	27.3%		
Productivity	Number of 999 CAD Patients Managed by Robotic Process Automation	Sep 2026	120	122	66.6%		

What Next?

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

Action Required by the Board:

- To note areas demonstrating positive assurance against the Strategic Missions.

Planning Cycle 2025-26 v1.0 241

- 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.

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.

Olatunji,Adeola
09/11/2026 09:03:41



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NHS Trust

East of England Ambulance Service NHS Trust

Integrated Performance Report

October 2026 (September 2026 data)

#WeAre EEAST

Strategic objectives 26/27

NHS
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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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09/11/2026 08:03:41

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#WeAre EEAST

Strategic Indicator Metrics 2026/27

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Strategy Section	Metric	Reporting Month	Reporting Month Value	Target	YTD	Assurance	Variation
Patient	Stemi Care Bundle	Jul 2026	95.7%	95%	98.18%		
Patient	ROSC Care Bundle	Aug 2026	98.6%	95%	98.08%		
Patient	ROSC - Utstein	Aug 2026	54.1%	55%	56.67%		
Patient	ROSC - All	Aug 2026	30.3%	33%	32.05%		
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Patient	Declared Patient Safety events investigated under PSIRF	Sep 2026	7	4	-50.0%		
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Patient	C2 Mean Response Time	Sep 2026	00:41:21	00:18:00	00:34:12		
Patient	Call Answer Mean (A3) (seconds)	Sep 2026	1.85	2.7	2.09		
Patient	See, Treat & Convey to ED %	Sep 2026	44.81%	48.3%	45.5%		
Patient	Hear & Treat % (including A2S and PCT)	Sep 2026	19.09%	18.1%	17.7%		
Partnership	C3-C5 Dispatch (Attendance) Rate % (% of A7) (7am - 8pm)	Sep 2026	50.95%	58%	55.6%		
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Productivity	Recycling Rate %	Sep 2026	28.38%	40%	27.3%		
Productivity	Number of 999 CAD Patients Managed by Robotic Process Automation	Sep 2026	120	122	66.6%		

YTD Note

Please note that the Targets for the Declared Patient Safety events investigated under PSIRF and the Number of 999 CAD Patients Managed by Robotic Process Automation are monthly but the YTD is the percentage change vs YTD in the previous Financial year. The current YTD values are a -50.0% decrease and a 66.6% increase respectively.

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Variance – Is the measure getting better/worse?	Assurance – Can the target be consistently achieved?			
	Consistently hit target	Target not consistently achieved or failed	Consistently fail target	No target set
Special Cause Improvement	**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	**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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09/11/2026 09:03:41

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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Variance	Assurance: Consistently hit target (P)	Assurance: Inconsistently achieve or fail target (?)	Assurance: Consistently fail target (F)	Assurance: No target given
Special Cause - Improvement	• See, Treat & Convey to ED % ★	• C3-C5 Conveyance Rate % (% of A7) (7am - 8pm) ★ • C3-C5 Dispatch (Attendance) Rate % (% of A7) (7am - 8pm) • Hear & Treat % (including A2S and PCT) • ROSC - All • Vehicle off Road % – All Emergency Operational Vehicles	★	★
Common Cause	★	• % change in energy use compared to the same month in the previous year • % of Complaints Closed in Compliant Timeframe • Call Answer Mean (A3) (seconds) • 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 - Utstein • ROSC Care Bundle • Sickness Absence Rate % • Stemi Care Bundle	• Average Arrival to Handover Time • C2 Mean Response Time • Recycling Rate %	
Special Cause - Concern		• Care of patients / service users is my organisations top priority		

Data up to: September 2…

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

September 2026

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09/11/2026 09:03:41

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

NHS East of England Ambulance Service NHS Trust
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Data up to:
September 2026

Variance

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

Olatunji,Adeola
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Patients - Performance

Summary

Data up to: September 2026

Data Owner / Responsible Exec
Darren Meads

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Calls & Incidents

Metric	Month	Value	Mean	Assurance	Variation
Daily Average Contacts (A0)	Sep 26	4363	4145.13		
Daily Average Calls (A1)	Sep 26	3272	3051.88		
Call Answer Mean (A3) (seconds)	Sep 26	1.85	1.95		
C1 Incidents	Sep 26	8223	8323.04		
C2 Incidents	Sep 26	43968	43237.21		
C3 Incidents	Sep 26	14609	16107.58		
C4 Incidents	Sep 26	298	428.67		
Incidents (A7)	Sep 26	84349	82798.68		
Hear & Treat % (including A2S and PCT)	Sep 26	19.09%	16.67%		
See & Treat %	Sep 26	33.37%	34.15%		
See, Treat & Convey to ED %	Sep 26	44.81%	46.96%		
See, Treat & Convey %	Sep 26	47.54%	49.9%		
C3-C5 Dispatch (Attendance) Rate % (% of A7) (7am - 8pm)	Sep 26	50.95%	60.33%		
C3-C5 Conveyance Rate % (% of A7) (7am - 8pm)	Sep 26	25.12%	30.46%		
Daily Average Patient Facing Staff Hours (excludes PAS)	Sep 26	12000.38	12553.33		
Average Number of Patients seen per DCA Shift	Sep 26	3.56	3.54		
Vehicle off Road % – All Emergency Operational Vehicles	Sep 26	14.32%	17.11%		
Call Pickup 95th Percentile (A5)	Sep 26	4	7.16		
Calls diverted in automatically (A124)	Sep 26	831	396.42		
Calls diverted out automatically (A125)	Sep 26	22	53.71		
Average On Scene Time - Conveyed	Sep 26	00:43:49	00:45:08		
Average On Scene Time - Not Conveyed	Sep 26	01:06:33	01:07:21		
OOS as a % of Vehicle Hours	Sep 26	6.41%	5.91%		
Multiple Assignment Ratio	Sep 26	1.16	1.16		

Gareth Aeolus
09/11/2026 9:03:41

Arrival to Handover & Handover to Clear

Metric	Month	Value	Mean	Assurance	Variation
Average Arrival to Handover Time	Sep 26	00:39:24	00:36:41		
Average Arrival to Handover Time - % Over 15 mins	Sep 26	72.59%	71.59%		
Average Handover to Clear Time	Sep 26	00:12:31	00:12:15		

C1

Metric	Month	Value	Mean	Assurance	Variation	
C1 Incidents	Sep 26	8223	8323.04			YTD
C1 Mean Response Time	Sep 26	00:08:38	00:08:38			00:08:34
C1 90th PCTL Response Time	Sep 26	00:16:26	00:16:10			00:16:10

C2

Metric	Month	Value	Mean	Assurance	Variation	
C2 Incidents	Sep 26	43968	43237.21			YTD
C2 Mean Response Time	Sep 26	00:41:21	00:35:08			00:34:12
C2 90th PCTL Response Time	Sep 26	01:28:07	01:13:48			01:12:18

C3

Metric	Month	Value	Mean	Assurance	Variation	
C3 Incidents	Sep 26	14609	16107.58			
C3 Mean Response Time	Sep 26	02:26:42	01:55:24			YTD
C3 90th PCTL Response Time	Sep 26	05:47:02	04:32:39			01:50:38
						04:22:28

C4

Metric	Month	Value	Mean	Assurance	Variation	
C4 Incidents	Sep 26	298	428.67			
C4 Mean Response Time	Sep 26	02:36:08	02:34:05			YTD
C4 90th PCTL Response Time	Sep 26	07:26:09	06:19:51			02:06:30
						04:59:12

Patients - Performance

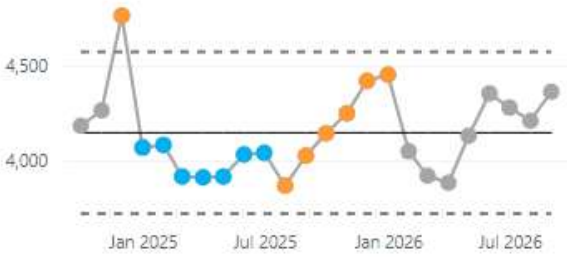
Call Volume

Data up to: September 2026

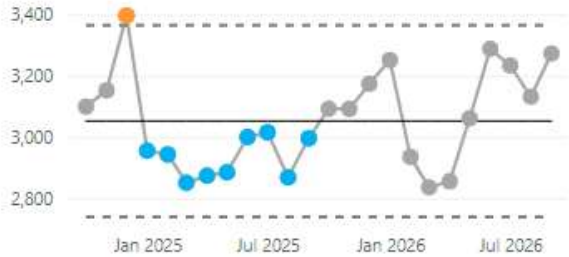
Data Owner / Responsible Exec
Darren Meads

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Daily Average Contacts (A0): Trust



Daily Average Calls (A1): Trust



Metric	Month	Value	Mean	Assurance	Variation
Daily Average Calls (A1)	Sep 26	3272	3051.88		
Daily Average Contacts (A0)	Sep 26	4363	4145.13		

Intelligence Narrative	Operations Narrative
Daily Average Contacts (A0) metric shows common cause variation Daily Average Calls (A1) metric shows common cause variation Olatunji,Adeola 09/11/2026 09:03:41	The average daily call volume across all contacts (A0) was 4,363. The average daily total for emergency (public 999) calls (A1) was 3272. Both metrics saw slight increases in demand compared to the previous month. Over the month, the EOC team responded to a total of 130,917 contacts, of which 98,178 were public 999 calls connected by the BT Operator. In terms of overall call volumes, EEAST remains consistently among the five busiest Ambulance Services nationally.

Patients - Performance

Call Pickup

Data up to: September 2026

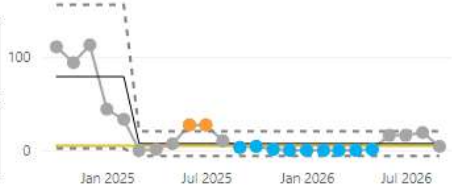
Data Owner / Responsible Exec
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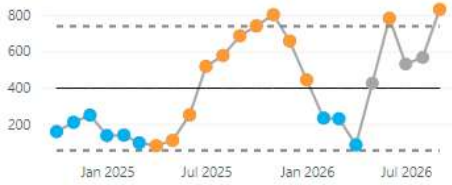
Call Answer Mean (A3) (seconds): **Strategy Metric**



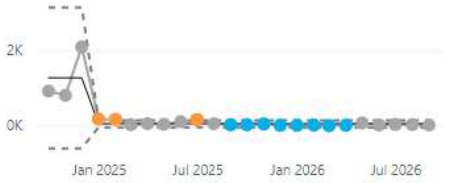
Call Pickup 95th Percentile (A5): Trust



Calls diverted in automatically (A124): Trust



Calls diverted out automatically (A125): Trust



Metric	Month	Value	Mean	Assurance	Variation
Call Answer Mean (A3) (seconds)	Sep 26	1.85	1.95		
Call Pickup 95th Percentile (A5)	Sep 26	4	7.16		
Calls diverted in automatically (A124)	Sep 26	831	396.42		
Calls diverted out automatically (A125)	Sep 26	22	53.71		

Intelligence Narrative	Operations Narrative
Call Answer Mean (A3) (seconds) metric shows common cause variation and the metric may hit it or miss target Call Pickup 95th Percentile (A5) metric shows common cause variation and the metric may hit it or miss target Calls diverted in automatically (A124) metric shows special cause variation of a concerning nature Calls diverted out automatically (A125) metric shows common cause variation	Mean call answer time continued to meet the national standard at 1.85 seconds. The 95th percentile answer time, which measures the longest waiting calls, also achieved target at 4 seconds. The EOC team continues to review call handler productivity measures to support service delivery. IRP activity saw 22 EEAST 999 calls diverted out to other Ambulance Services. However, EEAST received 831 diverted 999 calls into our EOC which reflects the system-wide pressure and increased demand experienced across Ambulance Services. In terms of call answering performance, EEAST continues to rank within the top five Ambulance Services nationally.

Olatunji,Adeola
09/11/2026 09:03:41

Patients - Performance

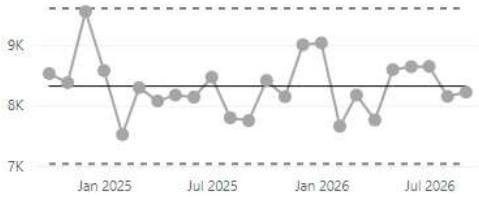
Incidents and Response Type

Data up to: September 2026

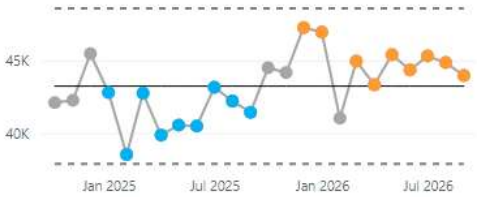
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C1 Incidents: Trust

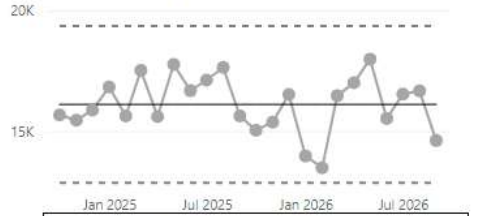


C2 Incidents: Trust

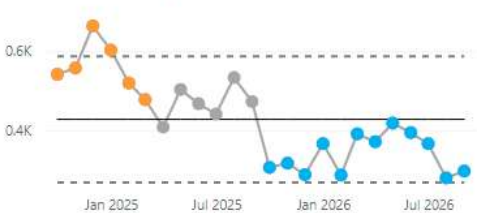


Metric	Month	Value	Mean	Assurance	Variation
C1 Incidents	Sep 26	8223	8323.04		
C2 Incidents	Sep 26	43968	43237.21		
C3 Incidents	Sep 26	14609	16107.58		
C4 Incidents	Sep 26	298	428.67		
Incidents (A7)	Sep 26	84349	82798.68		

C3 Incidents: Trust



C4 Incidents: Trust



Incidents (A7): Trust



September 2026

Split

C1	12.26%
C2	65.53%
C3	21.77%
C4	0.44%

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 special cause variation of a concerning nature C3 Incidents metric shows common cause variation C4 Incidents metric shows special cause variation of an improving nature Incidents (A7) metric shows special cause variation of a concerning nature	EEAST responded to a total of 84,349 incidents (A7), representing a slight decrease from the previous month. The overall category mix continues to reflect the patten seen across recent months with C2 incidents accounting for 65.53% of the Trust's activity, a slight increase on the previous month. C3 incidents fell slightly to 21.77%, while C1 incidents increased slightly to 12.26%. C4 incidents remained low at 0.44%.

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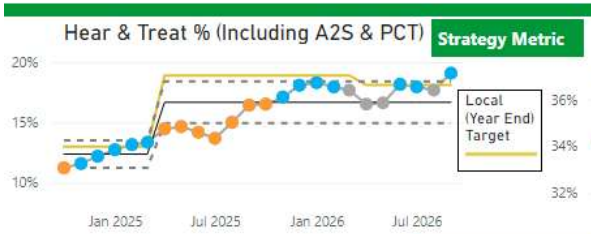
Patients - Performance

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

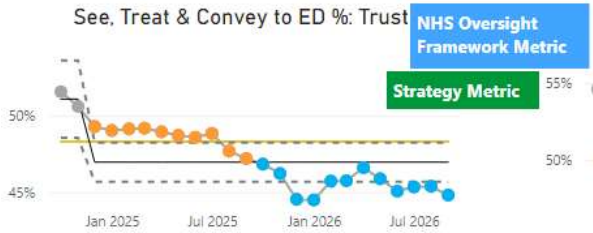
Data up to: September 2026

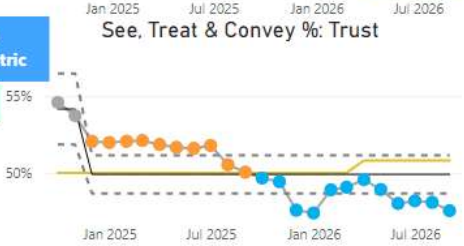
Data Owner / Responsible Exec
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Metric	Month	Value	Mean	Assurance	Variation
Hear & Treat % (including A2S and PCT)	Sep 26	19.09%	16.67%		
See & Treat %	Sep 26	33.37%	34.15%		
See, Treat & Convey to ED %	Sep 26	44.81%	46.96%		
See, Treat & Convey %	Sep 26	47.54%	49.9%		

Intelligence Narrative	Operations Narrative
Hear & Treat % (including A2S and PCT) metric shows special cause variation of an improving nature, but the metric may hit it or miss 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 and the metric will consistently pass its target See, Treat & Convey % metric shows special cause variation of an improving nature, but the metric may hit it or miss target	Through CAS and UCCH call management 16,101 calls were resolved through a H&T disposition representing 19.09% of total activity and achieved the H&T target. Improvement initiatives continue to support H&T delivery, including productivity management for CAS clinicians, enhanced clinical supervision to increase conversion rates, and ongoing process improvements to support the transfer of calls to 111 providers.

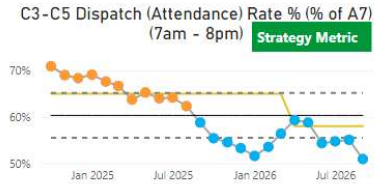
Olatunji,Adeola
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Patients - Performance

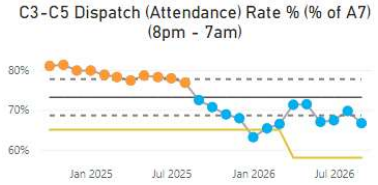
C3-C5 Dispatch and Conveyance Rates

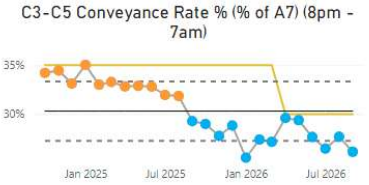
Data up to: September 2026

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Metric	Month	Value	Mean	Assurance	Variation
C3-C5 Dispatch (Attendance) Rate % (% of A7) (7am - 8pm)	Sep 26	50.95%	60.33%		
C3-C5 Conveyance Rate % (% of A7) (7am - 8pm)	Sep 26	25.12%	30.46%		
C3-C5 Dispatch (Attendance) Rate % (% of A7) (8pm - 7am)	Sep 26	66.67%	73.18%		
C3-C5 Conveyance Rate % (% of A7) (8pm - 7am)	Sep 26	26.14%	30.3%		

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 may hit it or miss 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 in hours, performance was 50.95% and out of hours was 66.67%. Conveyance rates remained consistent with the previous months with C3–C5 conveyance at 25.12% in hours and 26.14% out of hours. EEAST will continue with work to focus on increasing the safe redirection of appropriate cases into alternative care pathways. 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 those with critical conditions.

Olatunji,Adeola
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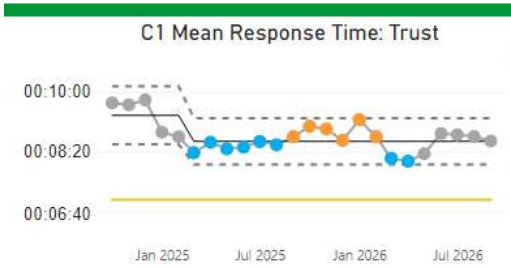
Patients - Performance

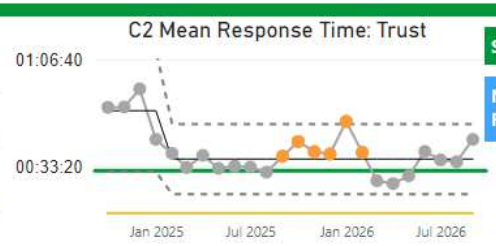
C1 / C2 Monthly Response Times

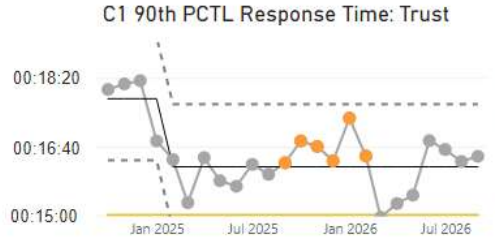
Data up to: September 2026

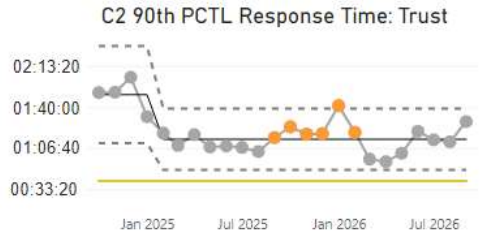
Data Owner / Responsible Exec
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Strategy Metric

NHS Oversight Framework Metric

National Target

Local Target

Metric	Month	Value	Mean	Assurance	Variation
C1 Mean Response Time	Sep 26	00:08:38	00:08:38		
C2 Mean Response Time	Sep 26	00:41:21	00:35:08		
C1 90th PCTL Response Time	Sep 26	00:16:26	00:16:10		
C2 90th PCTL Response Time	Sep 26	01:28:07	01:13:48		

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 C1 incidents have reduced slightly compared to the previous month but unfortunately C2 incidents have increased slightly. The average C1 response time was 00:08:38 and the average C2 response time was 00:41:21.

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 H&T 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.

Olatunji,Adeola
09/11/2026 09:03:42

Patients - Performance

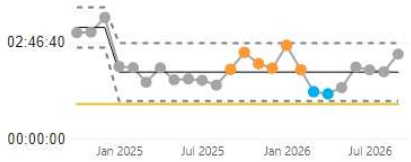
C3 / C4 Monthly Response Times

Data up to: September 2026

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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	Sep 26	02:26:42	01:55:24		
C4 Mean Response Time	Sep 26	02:36:08	02:34:05		
C3 90th PCTL Response Time	Sep 26	05:47:02	04:32:39		
C4 90th PCTL Response Time	Sep 26	07:26:09	06:19:51		

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 common cause variation

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

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

Operations Narrative

Unfortunately response times for both C3 and C4 incidents have increased compared to the previous month reflecting increased demand against this group of calls. The average C3 response time was 02:26:42 and the average C4 response time was 02:36:04.

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 H&T 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.

Olatunji,Adeola
09/11/2026 09:03:41

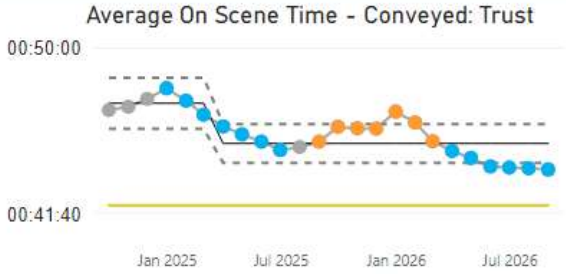
Patients - Performance

On Scene Times - Conveyed and Not Conveyed

Data up to: September 2026

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

Local Target

Metric	Month	Value	Mean	Assurance	Variation
Average On Scene Time - Conveyed	Sep 26	00:43:49	00:45:08		
Average On Scene Time - Not Conveyed	Sep 26	01:06:33	01:07:21		

Intelligence Narrative	Operations Narrative
Average On Scene Time - Conveyed metric shows special cause variation of an improving nature but the metric will consistently miss its target Average On Scene Time - Not Conveyed metric shows special cause variation of an improving nature and the metric will consistently pass its target	For conveyed patients, the average on-scene time remained in line with previous months at 00:43:49. For non-conveyed patients, the average on scene time was 01:06:33. 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 58.75%. 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.

Olatunji.Adeola
09/11/2026 09:03:41

Patients - Performance

Handover

Data up to: September 2026

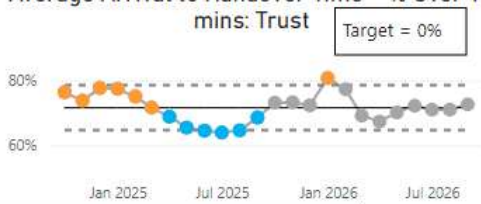
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Average Arrival to Handover Time: Trust

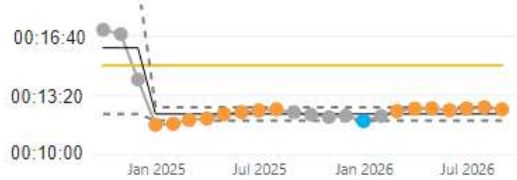


Average Arrival to Handover Time - % Over 15 mins: Trust



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	Sep 26	00:39:24	00:36:41		
Average Arrival to Handover Time - % Over 15 mins	Sep 26	72.59%	71.59%		
Average Handover to Clear Time	Sep 26	00:12:31	00:12:15		

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

Operational Narrative

Average Arrival to Handover (A2H) time was above target at 00:39:24 with the % of handovers exceeding 15 minutes at 72.59%. Handover to Clear performance remains within the 15-minute target at 00:12:31.

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.

Olatunji,Adeola
09/11/2026 09:03:41

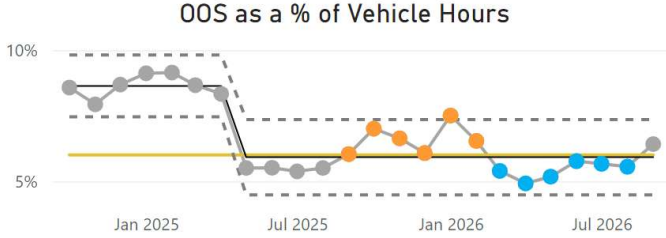
Patients - Performance

PFSH (Excluding PAS) and OOS

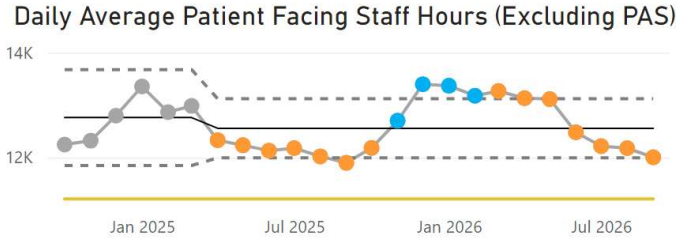
Data up to: September 2026

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Local Target



PFSH Minimum Floor Standard

Metric	Month	Value	Mean	Assurance	Variation
OOS as a % of Vehicle Hours	Sep 26	6.41%	5.91%		
Daily Average Patient Facing Staff Hours (excludes PAS)	Sep 26	12000.38	12553.33		

PFSH includes CRU, 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 a concerning nature but the metric will consistently pass its target

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

Olatunji,Adeola
09/11/2026 09:03:41

Operational Narrative

Patient facing hours continues to be in line with the NHSE planning submission. Additional PAS resources and overtime have been in place to support workforce resilience, patient safety, operational capacity and 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 was 6.17% which is above the 6% target. When cohorting is excluded, OOS reduces to 4.85%.

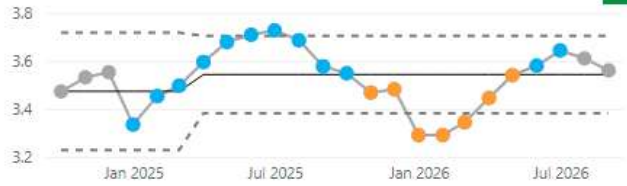
Patients - Performance
Average Number of Patients seen per DCA Shift & Multiple Assignment Ratio

Data up to: September 2026

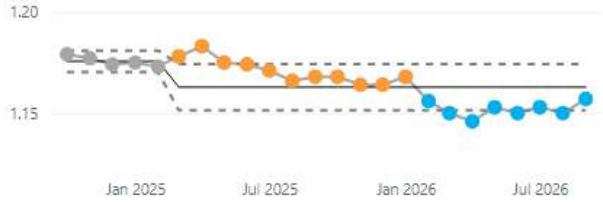
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Average Number of Patients seen per DCA Shift **Strategy Metric**



Multiple Assignment Ratio: Trust



Metric	Month	Value	Mean	Assurance	Variation
Average Number of Patients seen per DCA Shift	Sep 26	3.56	3.54		
Multiple Assignment Ratio	Sep 26	1.16	1.16		

Please note that Multiple Assignment Ratio includes all resources and Average Number of Patients seen per DCA shift only includes DSA, HCRT, SSA and URG vehicle types.

Intelligence Narrative	Sustainability Narrative
Average Number of Patients seen per DCA Shift metric shows common cause variation Multiple Assignment Ratio metric shows special cause variation of an improving nature	Patients per shift (PPS) has remained steady over the past 12 months and 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) was 1.16 meaning that most incidents were attended by a single response. This helps to ensure resources are available to attend new incidents.

Olatunji Adeola
09/11/2026 09:03:41

Patients - Performance
Right Place, Right Time

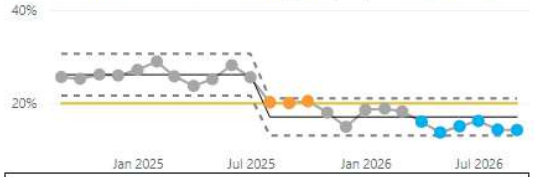
Data up to: September 2026

Data Owner / Responsible Exec
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Local Target

Vehicle Off Road % – All Emergency Operational Vehicles



Vehicle Shift Fulfilment - Data Under Review (Expected to be added November 2026)

Strategy Metric

Metric	Month	Value	Mean	Assurance	Variation
Vehicle off Road % – All Emergency Operational Vehicles	Sep 26	14.32%	17.11%		

Intelligence Narrative	Operational Narrative
Vehicle off Road % – All Emergency Operational Vehicles metric shows special cause variation of an improving nature, but the metric may hit it or miss target	Performance against the overall average for all Vehicle Off Road (VOR) measures remained within planned levels at 15.86% for DSA. This was supported by ongoing progress in securing a steady supply of new vehicles. 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. This is showing benefit in the reduction of time vehicles are off site in 3rd party repairers. The delivery of new vehicles continues at the improved rate. this is enabling the delivery trajectory to be maintained. The VOR rate for DCAs is showing continued improvement with a mean for the FY27 now showing 15.4% This is showing how the impact of the incremental changes to line management of VOR, move to local MOT testing, and the removal of the aged FIAT vehicle stock is being reflected in the vehicle availability.

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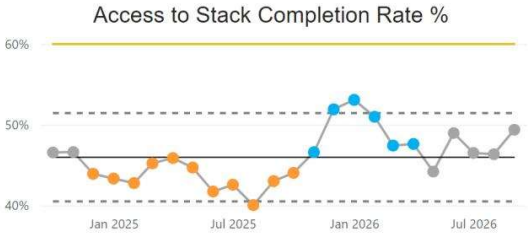
Patients - Performance

System Involvement

Information as at: September 2026

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Metric	Month	Value	Mean	Assurance	Variation
Access to Stack Completion Rate %	Sep 26	49.38%	45.97%		

Intelligence Narrative	Integration Narrative
Access to Stack Completion Rate % metric shows common cause variation and the metric will consistently miss its target	3,368 incidents were passed to UCR teams in September 26 via Access to Stack (A2S). Of those, 2,780 (82.54%) were accepted by the Urgent Community Response (UCR) providers and 1,624 (48.22%) were completed by UCR teams with no ambulance response being required. The completion volume has increased by 105 calls since August 26 but has decreased by 84 incidents since September 2025. Sector totals (ordered by completion %) SNEE - 519 passed, 464 accepted (89.40%) and 347 completed (66.86%) BLMK - 483 passed, 455 accepted (94.20%) and 287 completed (59.24%) N&W - 862 passed, 569 accepted (76.45%) and 388 completed (45.01%) MSE – 345 passed, 146 accepted (42.32%) and 146 completed (42.32%) C&P - 597 passed, 549 accepted (91.96%) and 239 completed (40.03%) HWE - 562 passed, 445 accepted (79.18%) and 217 completed (38.61%) The highest single provider (split only in SNEE, HWE & N&W) is REACT in SNEE, with 104 passed and 89 completed (85.58%). The lowest is CLCH in HWE, with 222 passed and 73 completed (32.88%).

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Patients - Clinical

Director: Simon Chase

September 2026

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.'

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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)

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Data up to:
September 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	• % of Incidents that are Moderate,Severe or Fatal Harm ★ • Statutory/Mandatory Training (11 CSTF topics) %	• ROSC - All ★	★	• Resus face to face element (Adult/Paediatric/Neonatal) % ★
Common Cause	• Complaints per 10000 Patient Interactions ★ • IG Training Compliance % • Number of Incidents per 10000 Patient Interactions • Patient Safety Incident Reviews (PSIRs) per 10000 Patient Interactions	• % of Complaints Closed in Compliant Timeframe • Declared Patient Safety events investigated under PSIRF • 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 • Number of Prevention of Future Death (PFDs)/Regulation 28 reports received in month • 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				

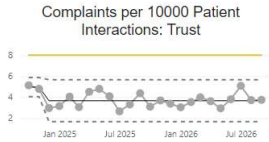
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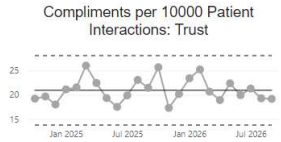
Please note that Falls in Older People - Discharged at Scene Care Bundle will not appear on the above grid until it has a sufficient amount of data points to be an SPC chart. Additionally, Number of Preventing Future Deaths (PFDs)/ Regulation 28 Reports is a bar chart so will also not show.

Patients - Clinical
Complaints & Compliments

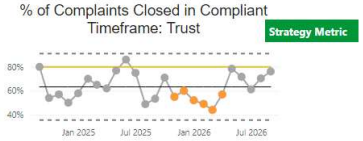
Data up to: September 2026

Data Owner / Responsible Exec
Simon Chase





Metric	Month	Value	Mean	Assurance	Variation
Complaints per 10000 Patient Interactions	Sep 26	3.74	3.65		
Compliments per 10000 Patient Interactions	Sep 26	19.16	20.94		
% of Complaints Closed in Compliant Timeframe	Sep 26	76.12%	63.28%		



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 common cause variation and the metric may hit it or miss target	Complaint volumes remained stable during September, with 55 complaints received. This is broadly in line with the 53 complaints received in August and the rolling 12-month average of 53 complaints per month. This equates to 3.74 complaints per 10,000 patient interactions, remaining close to the SPC mean of 3.65 and within expected variation with no special cuase for concern. A total of 282 compliments were received during September, equating to 19.16 compliments per 10,000 patient interactions. Whilst slightly below the SPC mean of 20.94, performance remains within expected variation. Positive feedback continued to significantly outweigh complaints received, with many individuals expressing appreciation for the kindness, care and professionalism demonstrated by Trust staff. Within UEC and EOC complaints received during September, clinical assessment and treatment remains the most frequently reported theme (36.7%), followed by staff attitude (23.3%). Delays accounted for four UEC and EOC complaints during the month and continued to represent a relatively small proportion of complaint activity. Within PTS, 21 complaints were received during September, above both the August total and the rolling 12-month average of 17 complaints per month. Two-thirds of PTS complaints related to transport and driving concerns (33.3%) or delays (33.3%). Complaint themes continue to be monitored to identify emerging trends and opportunities for service improvement. Compliance and Governance Complaint closure compliance improved further during September, reaching 76.1%. This represents continued improvement from August (70.4%) and July (61.2%) and remains significantly above the long-term average of 63.3%. The sustained improvement reflects continued focus on complaint timeliness, strengthened performance oversight and effective management of complaint caseloads. It is hoped to stabalise and show improved special cuase for concern over the coming months and remains on target for the 80% target by March 2027. Complaint performance and investigation timeliness continue to be monitored through established governance processes and accountibility forums, with overdue investigations escalated where appropriate. The Accountability Dashboard and OSDG provide ongoing oversight of performance, support operational ownership of overdue investigations and facilitate identification of cases requiring intervention. Open complaint compliance remains strong, with 91.1% of 158 open complaints currently within the required 55/65-day timeframe. Although lower than the position reported last month, the overall number of open complaints has reduced from 179 to 158, representing a reduction in the overall complaint caseload. The remaining non-compliant cases are predominantly associated with more complex or delayed investigations. Actions • Continue targeted engagement with operational, EOC and PTS leads to reduce overdue local investigations and improve investigation timeliness. • Sustain recent improvements in complaint closure compliance through effective caseload management and timely case progression. • Explore opportunities to improve efficiency within complaint administration and investigation processes through digital solutions and process improvements. • Continue to provide complaint and investigation performance reporting through established governance arrangements, supporting organisational oversight and escalation where required. Impact • Complaint closure compliance increased to 76.1%, achieving the highest level reported since May 2026 and remaining above the long-term average. • The number of open complaints reduced from 179 to 158 cases, reflecting improved management of the overall complaint caseload. • Continued reporting through the Accountability Dashboard and OSDG has strengthened visibility of complaint performance and accountability for overdue local investigations. • Despite ongoing challenges with local investigation timeliness, 91.1% of open complaints remain within the required compliance timeframe.

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Patients - Clinical
Patient Safety

Data up to: September 2026

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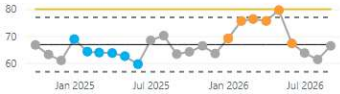
Patient Safety Incident Reviews (PSIRs) per 10000 Patient Interactions



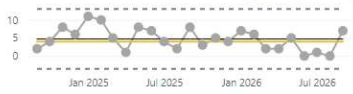
% of Incidents that are Moderate, Severe or Fatal Harm



Number of Incidents per 10000 Patient Interactions



Declared Patient Safety events investigated under PSIRF **Strategy Metric**



Metric	Month	Value	Mean	Assurance	Variation
Patient Safety Incident Reviews (PSIRs) per 10000 Patient Interactions	Sep 26	0.48	0.23		
% of Incidents that are Moderate,Severe or Fatal Harm	Sep 26	0.1%	0.18%		
Number of Incidents per 10000 Patient Interactions	Sep 26	66.38	66.86		
Declared Patient Safety events investigated under PSIRF	Sep 26	7	4.72		

Intelligence Narrative	Clinical Narrative
Patient Safety Incident Reviews (PSIRs) per 10000 Patient Interactions metric shows common cause variation and the metric will consistently hit its target % of Incidents that are Moderate,Severe or Fatal Harm metric shows special cause variation of an improving nature and the metric will consistently pass its target Number of Incidents per 10000 Patient Interactions metric shows common cause variation and the metric will consistently hit its target Declared Patient Safety events investigated under PSIRF metric shows common cause variation and the metric may hit it or miss target	The number of incidents reported in September 2026 was 977, an increase from the 893 in August. For the sixth consecutive month there was Zero delay incidents deemed to have caused moderate or above harm harm. However, there were seven potential harm incidents declared in September (currently under invesitgation). The number of incidents discussed at Incident Review panel remains consistent, resulting in no special cause for concern in the patient safety metrics. The total number of SJR's completed for Q1 and Q2 to date is 381, this has exceeded the compliance figure of 40 per month (120 per quarter). The Q2 to date total is 206 completed SJR's. 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. 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 (Deep dive to be considered at QGC). The number of overdue incidents in September was 853 across the trust, a slight reduction to the 876 in August. Escalations are reported to OSDG monthly by the HoPS as a standing agenda item, they are also reported to the relevant EOC governance groups by the EOC PSS. A further report on overdue incidents will be provided to the Clinical Effectiveness Group (CEG) on its launch for further escalation to the Quality and regulatory assurance group. Action: A new After Action Review (AAR) template has been produced to support more efficient review processes as well as streamlining the documentation of AAR's. As part of this , specific training sessions have been delivered during July and August for AAR trained staff to embed the new template. Additional AAR training for those not already trained will continue to be offered to managers in operations, PTS and EOC throughout the year. The aim to standardise the incident review process by incorporating AAR's is reliant on local teams within sector attending the patient safety team AAR & Datix training. The Resuscitation decision making PSII is in final draft form and will progress to Incident Review Panel for approval on Wednesday 21st September, positive feedback is evident so far. On approval this report will progress to the CEG in November and will then be published and shared with staff, patients, families and external stakeholders to share learning. The finalised report will be further shared with the Quality Governance Committee. Impact: There has been a total of 15 harm events declared this financial year to date. In comparison with the same time period of last year , the number of declared patient safety events was 21, showing a downward trend currently and not special cause for concern. 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 have led a review on incident data to further evidence the improvements made since the publication of the PSII and we can evidence a 75% reduction in harm events since publication of the report and a 50% reduction in those incidents meeting the RIDDOR reporting criteria. This report will be presented to CEG and QGC once it has been finalised.

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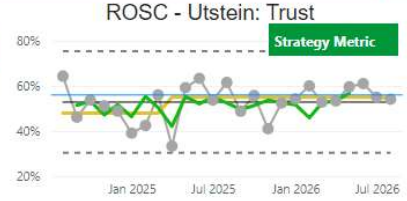
Patients - Clinical
Ambulance Quality Indicators - Clinical
Care Bundles - Cardiac Arrest Metrics

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:
September 2026

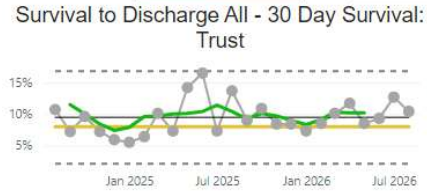
Data Owner / Responsible Exec
Simon Chase

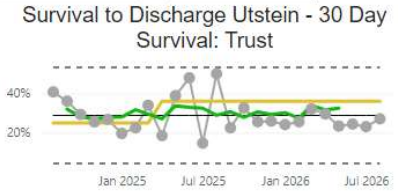


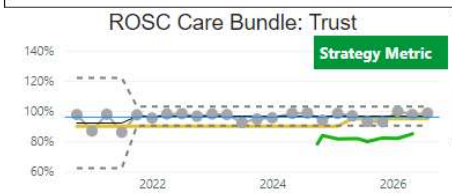


National Averages | Commissioner Set Target | Local Target

Metric	Month	Value	Mean	Assurance	Variation
ROSC - All	Aug 26	30.3%	30.08%		
ROSC - Utstein	Aug 26	54.1%	52.83%		
Survival to Discharge All - 30 Day Survival	Aug 26	10.4%	9.47%		
Survival to Discharge Utstein - 30 Day Survival	Aug 26	27%	28.79%		
ROSC Care Bundle	Aug 26	98.6%	96.63%		







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

Intelligence Narrative

ROSC - All metric shows special cause variation of an improving nature, but 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 - Cardiac arrest outcomes decreased slightly in August 2026 compared with July 2026, with EEAST continuing to perform strongly against national benchmarks. The Trust remains above the national average for ROSC outcomes and is ranked among the top-performing ambulance trusts for ROSC and Survival to Discharge measures. EEAST achieved 97.6% compliance for the Post-ROSC Care Bundle, outperforming the national average and ranking first nationally. One internal stretch target and three commissioner thresholds were achieved, with no special cause for concern identified.

Actions - Clinical leaders continue to work with the Clinical Audit Team to support frontline staff through audit feedback, learning, and targeted improvement activity. Monthly performance outcomes and recommendations are shared across services. The Cardiac Arrest Desk, launched in June 2026 and staffed by Advanced Paramedic Practitioners, provides support for early recognition of cardiac arrest, bystander CPR, and public access defibrillation, including video-assisted triage. The Critical Care Desk continues to provide 24/7 specialist support, while Essential Clinical Skills training and care bundle compliance remain key areas of workforce development and performance improvement.

Impact - Improved response performance is contributing to positive ROSC outcomes for both all-patient and Utstein cohorts. The Cardiac Arrest Desk and video support initiative have enhanced pre-arrival care by improving CPR quality and defibrillation interventions, with over 750 documented improvements identified across 400 video-assisted incidents. These initiatives are expected to further improve patient outcomes, although performance will continue to be monitored to assess long-term effectiveness. Survival to discharge remains influenced by both EEAST response performance and subsequent acute hospital care.

Assurance - Assurance remains reasonable, with no special cause for concern. Current performance is at or above national averages across key cardiac arrest indicators and demonstrates strong compliance with post-ROSC care standards. However, sustained improvements in ROSC and survival outcomes will be required to provide continued long-term assurance, particularly given the small post-ROSC patient cohort and the limitations of delayed national benchmarking data.

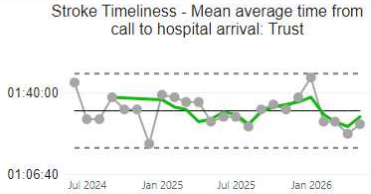
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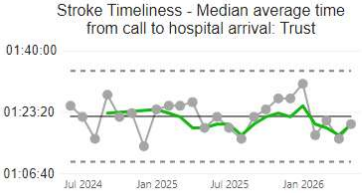
Patients - Clinical Ambulance Quality Indicators - Clinical Care Bundles - Stroke

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

Data up to: September 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	May 26	01:27:00	01:32:28		
Stroke Timeliness - Median average time from call to hospital arrival	May 26	01:20:00	01:22:08		
Stroke Timeliness - 90th centile time from call to hospital arrival	May 26	02:10:00	02:23:45		

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 - The graphs demonstrate that EEAST performed better by 6 minutes for the 90th Centile time from call to hospital arrival for May 26 and better than the national average for both the mean and median - 3 minutes and the same respectively.
Due to the significant time-lag in publication of the national and EEAST data for these outcomes (4-months), data should be used with caution.
It should be noted that the use of stroke video triage (SVT), where clinicians on scene have the availability to video-call consultants, can result in longer on scene times, however it ensures that patients receive the most appropriate care and conveyance to hospital where indicated.

Actions - Actions relating to improving category 2 response times and on scene times are identified within our strategic objectives.
Each LAM area has dedicated a Local Clinical Manager to monitor Time Spent On Scene working with staff as well as EOC monitoring to support staff with prompt clinical decision making.
SVT continues across the region.

Impact - It is difficult to determine whether the improvments in C2 performance will impact on this indicator due to the unavailability of recent national data.

Although SVT consultation can mean longer on scene times and overall call to hospital times, across the region, arrival-to-imaging times for confirmed stroke patients have fallen from 50 minutes to 15 minutes, with Luton and Dunstable Hospital reducing this to just three minutes. Faster access to specialist care is linked to lower mortality, reduced disability and shorter hospital stays. Up to 30 per cent of SVT patients are admitted directly from scanning to a Hyper Acute Stroke Unit (HASU), where they receive intensive care during the first 72 hours following a stroke.

Assurance offered remains reasonable - The Trust is currently performing in line or better than the national average for 3/3 indicators and patients are receiving optimal care and conveyance to the most appropriate care pathways via the SVT process. This was sregthened with a recent deep dive report to QGC around the effectiveness of SVT .

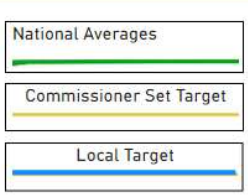
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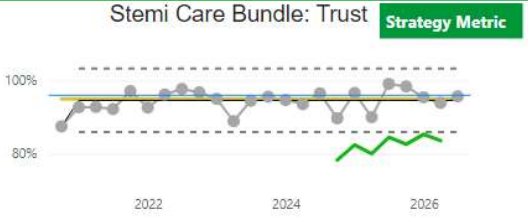
Patients - Clinical Ambulance Quality Indicators - Clinical Care Bundles - Stemi

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

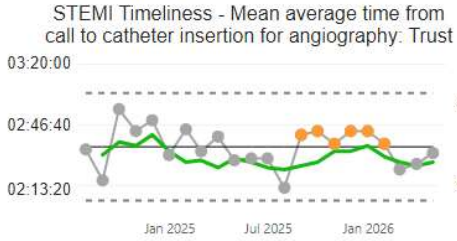
Data up to: September 2026

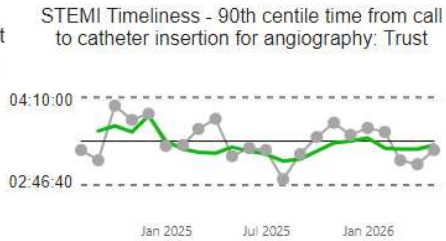
Data Owner / Responsible Exec: Simon Chase





Metric	Month	Value	Mean	Assurance	Variation
Stemi Care Bundle	Jul 26	95.7%	94.6%		
STEMI Timeliness - Mean average time from call to catheter insertion for angiography	May 26	02:31:00	02:34:25		
STEMI Timeliness - 90th centile time from call to catheter insertion for angiography	May 26	03:20:00	03:28:52		





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 – When compared to the latest published comparable data (May 2026), EEAST performed 5 minutes better than the national average for the 90th centile - 03:20 compared to 03:25, it performed better(by 5 minutes) when compared to the mean, and remains no special cause for concern.

STEMI Care Bundle –EEAST showed an increase in performance 95.7% (2%) in July 2026 for this quarterly outcome meeting both the commissioner local threshold and Trust targets
The Trust continues to perform well above the national average. The latest comparable month for the quarterly STEMI Care Bundle (April 26) demonstrates that EEAST, achieving 93.9% and being the second highest performing Trust for April, still performed well above the national average of 83.6% (April 26), demonstrating the consistent high level of care being delivered.

Actions - Actions relating to improving category 2 response times and on scene times are identified within our strategic objectives for the year.
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 – Continued focus on C2 response times and clinical audit outcome feedback for the STEMI care bundle continue to have an impact on both call to needle time and maintaining the high level of care bundle compliance seen in previous months.

Assurance – Reasonable – consistent further improvements in C2 response times along with the high level of clinical care may result in a higher level of assurance in the future, however due to the time-lag in publication of national data, this may fluctuate.

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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:

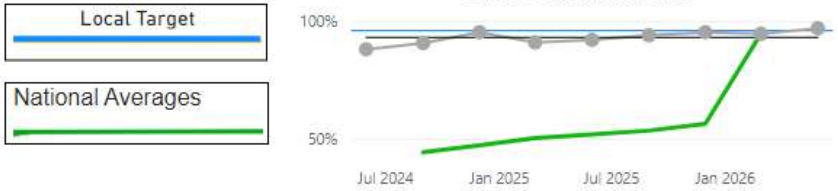
September 2026

Data Owner / Responsible Exec
Simon Chase

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

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

Strategy Metric



Metric	Month	Value	Mean	Assurance	Variation
Falls in Older People - Discharged At Scene Care Bundle	Jun 26	97%	93.1%		

Intelligence Narrative	Clinical Narrative
Due to the limited data currently available, it is difficult to assess, however the Trust's current position demonstrates this trending as a common cause of improvement which consistently performs well. Assurance is high EEAST = 94.7% compared to National Average = 57.9%. EEAST continues to be the Best Performing Trust since the introduction of this indicator.	Summary - Publication for the 7th national data period (March 2026) demonstrates that the Trust, achieving a compliance level of 94.%, was yet again the highest performing Trust achieving 36.8% above the national average (57.9%) with compliance rates for ambulance trusts ranging from 19%. Outcomes for the 8th reporting period (June 2026) demonstrate that EEAST achieved 97%. This will be compared against the national average for this month when the data is published in Jan 2027. No special cuase for concern identified. Actions - A number of actions have already been taken including; podcasts and guidance documents for staff, implementation of the care bundle within the ePCR software. Results have also been shared with the sectors. Other ambulance trusts also expressed an interest in learning how we prepared for the introduction of this ACQI to enable learning for their own organisations. There is no commissioner set threshold for this recently introduced ACQI, however the Trust has set a local target of 95% which has been met for June 26 (97%). 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.

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09/11/2026 09:03:41

Patients - Clinical

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

Data up to: September 2026

Data Owner / Responsible Exec
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NHS East of England Ambulance Service NHS Trust
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Metric	Month	Value	Mean
Number of Prevention of Future Death (PFDs)/Regulation 28 reports received in month	Sep 26	1	0.24

Clinical Narrative

EEAST received one new Regulation 28 Prevention of Future of Death report this month in respect of the training available to EEAST staff on spinal collars.

Currently, there is no trend of increasing PFDs apart from a number increase (both of which were submitted by the same Coroner) and work is underway to communicate with Coroners for them to understand the work being undertaken to improve service delivery, including the annual Coroner's Briefing Session. The Trust take every PFD as a prority to learn and respond to within the timeframes provided and will work with all Coroners to improve care. Currently there is no special cuase for concern.

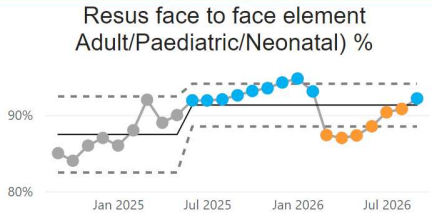
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Patients - Clinical
Clinical Education

Information as at: September 2026

Data Owner / Responsible Exec
Simon Chase







Metric	Month	Value	Mean	Assurance	Variation
Statutory/Mandatory Training (11 CSTF topics) %	Sep 26	95.33%	94.01%		
Resus face to face element (Adult/Paediatric/Neonatal) %	Sep 26	92.17%	91.3%		
IG Training Compliance %	Sep 26	92%	92.54%		

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

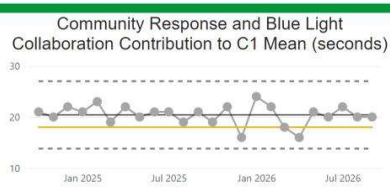
Intelligence Narrative	Clinical Education Narrative
Statutory/Mandatory Training (11 CSTF topics) % metric shows special cause variation of an improving nature and the metric will consistently pass its target Resus face to face element (Adult/Paediatric/Neonatal) % metric shows special cause variation of an improving nature IG Training Compliance % metric shows common cause variation and the metric will consistently hit its target	Statutory/Mandatory Training (11CSTF topics as a %) The trusts overall compliance has increased this month for the 11 CSTF topics to 95.33%. Reminders continue to be sent 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. Resus face to face element Adult/Paediatric/Neonatal) as a % Resus compliance has increased this month 92.17%, the Learning and Development Team continue working with the Locality Clinical Managers concerning planning of sessions and delegates to achieve and maintain resus compliance going forward. IG Training Compliance as a% Information Governance compliance this month is 92.00% the Learning and Development team have sent reminder emails to all staff that are currently out of date. Safeguarding Level 3 as a % Safeguarding Level 3 training compliance this month is 90.96% 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 and are planning to contact Sector Management teams advising of staff that are not enrolled to attend a virtual session. Overall, training remains strong and constant with no special cause for concern.

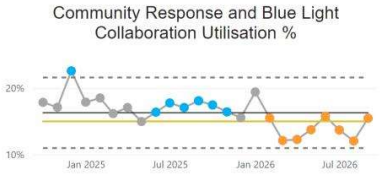
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Patients - Clinical
Volunteers

Information as at: September 2026

Data Owner / Responsible Exec
Simon Chase





Metric	Month	Value	Mean	Assurance	Variation
Community Response and Blue Light Collaboration Contribution to C1 mean (seconds)	Sep 26	00:00:20	00:00:20		
Community Response and Blue Light Collaboration Utilisation %	Sep 26	15.46%	16.29%		

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

Intelligence Narrative	Integration 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	The Community Response and Blue Light Collaboration Teams continue to make a strong contribution to patient care and operational performance across the Trust. During September, volunteer resources were assigned to 7.01% of all Trust-wide Category 1 (C1) incidents, maintaining performance above the agreed KPI. Performance during September also saw a reduction in first arrival percentage, but a maintenance of the C1 performance at 20 seconds. 7.01% of Trust-wide C1 incidents were attended by a volunteer resource, exceeding the agreed KPI. 67.7% of volunteer resources were first on scene, below the stretch target KPI. As per the above the recent introduction of C1 auto-dispatch is already showing positive early results, ongoing monitoring and support of the C1 auto deploy and the trialled C2 auto deploy continue to support importance of early identification of community based resources to impact patient care. Impact September's performance demonstrates that volunteer resources continue to deliver important value to both patients and Trust performance. While overall utilisation measures can fluctuate month to month, the new system is improving deployment efficiency, increasing responsiveness, and helping ensure that available volunteers are mobilised to suitable incidents more consistently. This is demonstrated through the continued strong output, despite a 12 % reduction in volunteer availability we saw a 10% increase in activity. This appears to be in line with the seasonal impact on volunteer availability and the increase in utilisation of technology to support Community response and Bluelight collaboration teams deployment. The value of the volunteer workforce extends beyond the metric of utilisation, with teams providing vital community-based resilience, particularly in areas where traditional ambulance resources may have longer travel times. The continued improvement in first-on-scene performance demonstrates how important these volunteers are in delivering timely care to patients across the Trust. What Next? The focus over the coming months will be on building upon the positive early impact of C1 auto-dispatch and ensuring that these improvements are sustained. The team is also preparing for the launch of the C2 auto-dispatch programme, which is expected to deliver further benefits by enabling a more proactive and consistent deployment of volunteer resources. Key priorities include: Ongoing monitoring of auto-dispatch performance to ensure volunteers continue to be deployed safely and effectively. A review of dispatch and escalation guidance Further evaluation of allocation times and first-on-scene rates to understand and maximise the benefits of the new deployment model. Continued collaboration between EOC colleagues and the Community Response Team to identify learning opportunities and optimise deployment practices. Exploration of extending automated deployment principles to additional incident categories where appropriate. Continued engagement with volunteers and local communities to maximise availability, maintain engagement, and support future growth. Overall, September has provided us with opportunity to explore deeper the impact on C1 auto-deploy with reduced hours and volunteer availability but an increased percentage of trustwide C1 deployment. Understanding the impact of the changes and narrating this with the volunteer workforce will support increased availability and local community impact moving to continue to develop sustainability in our KPI's.

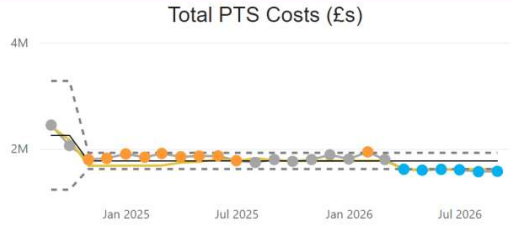
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09/11/2026 09:03:41

Patients - Clinical

PTS

Information as at: Sep 26

Data Owner / Responsible Exec
Simon Chase



Metric	Month	Assurance	Variation	Value	Mean
Total PTS Costs	Sep 26			£1,576K	£1,771K

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 may hit it or miss target	PTS has continued to perform strongly during the first six months of 2026/27, reporting a Month 6 contribution surplus of £46k. This brings the YTD contribution to £836k, which is £140k ahead of budget. Financial performance remains stable across both the HWE and BLMK contracts, with contribution levels continuing to be broadly balanced between the two contract areas. The favourable position against plan is largely attributable to pay expenditure remaining below budget as a result of vacancies across the service. In addition, strengthened financial governance arrangements and closer monitoring of taxi/PAS usage have helped ensure expenditure remains within agreed contractual limits. The fleet replacement programme is now underway, with the first replacement vehicles arriving in early September. Impact The Month 6 position demonstrates that the service continues to operate within its available contractual funding while maintaining delivery across both contract footprints. Achieving a YTD contribution that exceeds plan reflects effective budgetary control and careful management of both workforce related and non-pay expenditure. Regular review of contract budgets and taxi-related costs provides assurance that financial risks are being identified, monitored and addressed in a timely manner. While staff vacancies have contributed positively to the current financial position, this benefit is recognised as temporary, reinforcing the need to balance financial performance with workforce sustainability and long-term operational resilience. Robust governance arrangements remain in place to oversee financial, operational and contractual performance. These arrangements include monthly CQRM meetings, budget forecasting and review sessions, Performance Committee oversight, Accountability Review Meetings, KPI review meetings and regular Risk Register reviews. What Next? The service is currently forecast to deliver a positive contribution at year end, subject to recruitment progress, fleet replacement expenditure and operational demand remaining broadly consistent with current assumptions. Key priorities for the coming months include: • Continuing recruitment activity to fill vacant posts, strengthening workforce resilience while managing the associated financial impact. • Maintaining rigorous financial scrutiny and challenge to ensure expenditure remains within contractual budgets. • Monitoring vehicle lease expenditure and assessing the financial and operational benefits realised through the fleet replacement programme. • Reviewing contract level financial and performance information across both HWE and BLMK to ensure resources remain aligned to service delivery requirements. • Continuing established governance, forecasting and risk management processes to identify and mitigate emerging risks at the earliest opportunity. This approach will support delivery of the planned financial contribution while ensuring the service remains operationally resilient, responsive to contractual requirements and able to sustain its current positive trajectory.

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09/11/2026 09:03:41

Patients - Clinical
Care Bundle Metrics Definition

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

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

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

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

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

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

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09/11/2026 09:03:41

Meeting:	Trust Public Board	**Date:**	11.11.2026
Report Title:	Thirlwall Inquiry - Implications for EEAST and Assurance Review		
Agenda Item:	PUB26/11/2.3		
Author(s):	Daimon Wheddon, Sector Clinical Lead (Maternity)		
Lead Director:	Simon Chase, Chief Paramedic and Director of Quality		

Purpose:	Decision Approval		Discussion Review	**x**	Information Noting	
Assurance:	Limited		Reasonable	x	Substantial	

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

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

Equality Impact Assessment Undertaken: YES		**NO**	

Previously considered by:

ELT.

Executive Summary:

What?

The final report of the Thirlwall Inquiry, published following the investigation into events at the Countess of Chester Hospital NHS Foundation Trust, examined how organisational, governance and cultural failures contributed to repeated missed opportunities to identify, escalate and act on serious patient safety concerns. The Inquiry concluded that harm occurred not solely because of the actions of an individual, but because concerns raised by staff were not consistently recognised, connected or escalated through organisational systems.

Whilst the Inquiry focused on neonatal services, several recommendations have direct relevance across NHS providers, including ambulance trusts, particularly in the areas of:

- Patient safety governance
- Safeguarding
- Freedom to Speak Up
- Workforce governance
- Leadership accountability

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09/11/2026 09:03:41

- Organisational learning
- Management of concerns relating to healthcare professionals

An initial review has been undertaken across EEAST's existing safeguarding, patient safety and Freedom to Speak Up arrangements. This review indicates that many of the principles reinforced by the Inquiry are already embedded within Trust systems and governance structures. These include:

- Board oversight of patient safety.
- Established Safeguarding governance arrangements.
- Freedom to Speak Up Guardian processes.
- Datix-based patient safety reporting.
- Just Culture principles.
- Mandatory safeguarding training.
- Clinical Quality Review processes.

No immediate gaps have been identified that require escalation to NHS England; however, opportunities exist to strengthen integration and triangulation of safety intelligence drawn from patient safety, safeguarding, workforce and speaking up systems.

So What?

The key lesson from the Inquiry is that patient safety risks may emerge across multiple systems before becoming visible as a significant concern. Organisations must therefore ensure that intelligence from safeguarding, patient safety reporting, workforce concerns, complaints, clinical audit and Freedom to Speak Up arrangements is actively connected and reviewed collectively.

For EEAST, the principal implications relate to:

Patient Safety and Safeguarding

The Inquiry reinforces that safeguarding extends beyond traditional concerns relating to patients, families or carers. Healthcare organisations must also recognise circumstances where risks may arise from healthcare professionals themselves and ensure appropriate safeguarding responses are initiated.

Speaking Up Culture

The findings emphasise the importance of psychological safety, encouraging staff to raise concerns and ensuring concerns result in action, learning and feedback. Effective organisational assurance requires evidence not only that concerns can be raised, but that they are appropriately investigated and acted upon.

Leadership Accountability

The Inquiry strengthens expectations regarding leadership accountability, transparency of decision-making and documenting the rationale for actions taken when patient safety concerns are identified.

Workforce Governance

Several recommendations propose changes to national employment arrangements, including contractual duties relating to safeguarding and patient safety, alongside the development of a national protocol for managing suspicions of deliberate patient harm.

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Organisational Risk

Whilst current assurance indicates EEAST has mature governance arrangements in place, the Inquiry highlights the importance of continuously testing whether existing systems are sufficiently integrated to identify emerging patterns and weak signals before harm occurs.

Failure to identify and respond to emerging concerns could present significant risks to:

- Patient safety
- Public confidence
- Staff confidence and wellbeing
- Regulatory compliance
- Organisational reputation

Overall assurance is assessed as **reasonable**, with further work identified to strengthen system connectivity and organisational learning.

What Next?

A multi-disciplinary review of the Inquiry recommendations will be undertaken through existing governance arrangements to ensure continued alignment with emerging national requirements.

The following actions will be completed during 2026/27:

Action	Lead	Timescale
Review all Thirlwall recommendations against existing safeguarding arrangements	Head of Safeguarding	March 2027
Review patient safety governance and escalation processes against Inquiry findings	Patient Safety Team	March 2027
Review workforce governance implications and anticipated national contractual changes	People Services	Following national publication
Review Freedom to Speak Up processes against Inquiry recommendations	FTSU Guardian	March 2027
Assess opportunities to improve triangulation of safeguarding, FTSU, workforce and patient safety intelligence	Chief Paramedic / Director of Quality	June 2027
Review accessibility, retention and governance arrangements for ambulance CCTV systems	Information Governance and Clinical Quality Teams	June 2027
Review implementation requirements following publication of the NHS England Deliberate Harm Protocol	Safeguarding and Patient Safety Teams	Following national publication

Progress will be monitored through the Quality Governance Committee, with exception reporting provided to Board where material risks, gaps or resource implications are identified.

Action Required by the Board:

The Board is asked to:

1. Note the publication of the Thirlwall Inquiry.

2. Take assurance from the initial review undertaken.
3. Support the proposed programme of further review and monitoring.
4. Note that detailed analysis is provided within Appendix A.

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

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

This report directly supports EEAST's strategic commitment to delivering safe, high-quality patient care through strong clinical governance, effective safeguarding arrangements, compassionate leadership and a culture that encourages learning, transparency and speaking up.

The proposed actions support the Trust's Patient Mission, Partnership Mission and People Mission by strengthening organisational capability to identify, escalate and respond to concerns that may affect patient safety, whilst fostering an open and accountable culture focused on continuous improvement.

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09/11/2026 09:03:41

To: NHS trusts and integrated care boards:

- chief executives
- chief operating officers
- chief nursing officers
- chairs
- medical directors

cc. NHSE regional teams:

- regional directors
- chief nursing officers
- medical directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

21 September 2026

Thirlwall Inquiry report and recommendations

Dear colleagues,

Lady Justice Thirlwall's report is a sobering moment for all of us working in the NHS. From the devasting failure, both of individuals and the system, to act quickly enough to safeguard babies, to the questions it poses about the NHS culture that prevented this – the need for change goes beyond the walls of a single hospital ward. We must address these together now.

Our thoughts remain very much with the families affected who have experienced unimaginable loss and pain, and the NHS repeatedly failed them. The care, safety, and safeguarding of all patients is the principal duty of all of us, and this is why we must all act with the urgency, curiosity, and openness to ensure that the learning from this Inquiry is translated into clear action.

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09/11/2026 09:03:41

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This is not just a matter for Trusts with neonatal services. It is a matter for every single Trust and ICB Board to consider, and for every member of staff across the NHS.

Recommendations

On Tuesday, the Secretary of State delivered a statement in Parliament that committed to commencing a series of actions recommended in the final report, while the Government considers the Inquiry's recommendations in full.

Specifically:

- Urgently work to develop plans for all cots and incubators in all neonatal units to be fitted with baby monitors (in-cot cameras with livestreaming video), so that parents can observe their baby remotely at any time. Taking learning from places where this is already used, we will develop a national approach to support neonatal units to implement this;
- Go further on new guidance on the safe use and storage of insulin and strengthened guidance for medical examiners reviewing neonatal death;
- Undertake a review of the 'Working Together to Safeguard Children' (April 2026) and safeguarding training nationally;
- Work through plans to regulate NHS managers through a barring scheme for senior leaders who fail in their responsibilities;
- Continue rollout of the National Bereavement Care Pathway for families experiencing neonatal loss.

Actions needed now

Trusts should immediately progress the following actions in response to the Inquiry's findings:

- **Every Trust and ICB Board to review the Thirlwall report and to consider its findings at the next available public Board meeting:** Boards should reflect on whether it would have been possible for similar events to occur at their own organisation and seek assurance that sufficient measures are in place to keep the babies and children in their care safe, no matter what setting. Central to this is a culture of professional curiosity, where both Board members and staff feel empowered, supported, and confident to speak up, challenge concerns, and raise issues without fear. Any risks to this must be urgently discussed with the regional team.
- **Sudden and Unexpected Death In Children** (SUDIC): The Inquiry rightly made clear that no member of staff should ever assert that they did not know what to do in response to a sudden and unexplained death. The SUDIC protocol is applicable for every death (or collapse leading to death) of an infant or child under the age of 18 which would not have been reasonably

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09/11/2026 09:03:41

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expected to occur 24 hours previously and in whom no pre-existing medical cause of death is apparent, irrespective of the place of death**.** This includes sudden and unexpected deaths within neonatal units. **All Trusts with a neonatal unit must urgently communicate to all relevant staff and the Board that the SUDIC process applies as set out above. This must be completed by no later than Monday 28 September 2026.** It is important to note that SUDIC reporting runs alongside your own internal reporting processes.

- **National Bereavement Care Pathway for stillbirth and neonatal death:** ICBs and providers should take immediate action to improve care of the bereaved as has already been set out in the NHS Medium Term Planning Framework (October 2025).

- **Insulin**: By 31st March 2027, all neonatal units must meet requirements for access control and storage of insulin as set out in the GIRFT neonatology Guide to safe insulin use. Until access to insulin requires the provision of biometric data, each Trust should urgently install CCTV cameras in neonatal units focused on storage fridges, cupboards or units by 30 November 2026 at the latest. The cameras should store recordings for at least 28 days.

- **Safeguarding:** Trusts and ICBs should ensure that all staff and Board members are compliant with safeguarding training requirements at the appropriate level and confirm that staff know who to raise and escalate concerns to. Boards must assure themselves that the safeguarding of babies and children is given the level of prominence required.

In addition, Trusts are reminded that the Insightful Provider Board guide is intended to help Boards identify the information they need and the cultures, behaviours and governance required to ensure that information is used effectively.

Health and wellbeing

We are mindful that the findings of this Inquiry may impact the confidence of parents and families whose babies are currently receiving neonatal care. We would urge you to consider what steps can be taken locally to provide parents with assurance of the care being given and support that is required during the care of their baby.

We also recognise that caring for very sick babies can be psychologically difficult for staff and this is an opportunity to review the support mechanisms in place for staff working in these services.

Next steps

The report firmly underlines why the urgent work we are doing through the Maternity and Neonatal Care 10-Point Plan must be a top priority for the NHS. As the Secretary of State has clearly set out, the safety, safeguarding and wellbeing of mothers and babies must never be treated as a side issue and must be a central priority for NHS boards.

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The findings of this crucial report will be a key focus of our next CEO leadership event tomorrow**.** It is important that we challenge each other when we meet on whether we are all doing enough to ensure that babies and children are protected, no staff member is ignored when they raise concerns, and that we are consistently acting to the highest standards of governance and leadership.

Yours sincerely,





Duncan Burton

Chief Nursing Officer for England

Sarah-Jane Marsh

NHS England Chief Operating Officer

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Reporting To:	Trust Board	**Date:**	11.11.2026
Agenda Item:	PUB26/11/2.4		
Originating Meeting:	Quality Governance Committee	**Date:**	23.09.2026
Committee Chair:	Susan Wilkinson, Committee Chair		
Lead Director:	Simon Chase, Chief Paramedic and Director of Quality Simon Walsh, Medical Director		

Purpose:	Decision Approval		Discussion Review	x	Information Noting	

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

Link to Strategic Risk:

SR1 Demand & Capacity		SR3 Estates		SR5 Cyber Security		SR7 Workforce Sustainability		SR9 Organisational Development	
SR2 Quality Governance	x	SR4 Use of Resources		SR6 Partnership Working		SR8 Staff Retention		SR10 Digital	

Alert: Items requiring Board/ Committee Attention/ Action

What?	**So What?**	**What Next?**
Nil		

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09/11/2026 09:03:41

Advise: Areas requiring ongoing monitoring		
What?	**So What?**	**What Next?**
IPR – discussion and review • Patient experience data/ complaints and ongoing themes of attitude • Coroners cases increase • Safeguarding training compliance	If we do not monitor and measure our key performance indicators and identify areas of improving or declining processes we will not deliver our patient mission or plan. This will impact on patient and staff experience and safety.	Continue to monitor impacts on forthcoming changes in safeguarding level 3 training expectations. Review Martha's rule implications for ambulance providers. Review context of coroners cases and those specifically attributed to EEAST care. Deep dive into system pressures/ attitudes and learning from patient complaints.
Collaboration with external bodies	Failure to collaborate/ act on any external scrutiny could result in regulatory action, poor patient and staff experience/ care	Remain in active inspection phase with CQC, await final report and actions required.
Stroke timeliness deep dive	If we do not meet and report required standards for stroke timeliness, patients could come to harm and not receive appropriate treatment in a timely manner	Continue to use the video consultant review for potential stroke patients. Acknowledge this may increase "on scene" times but also recognise this supports use of correct clinical pathways. Acknowledge that SNAPP data entry is currently within 6 weeks, however note that due to time lags there are potential changes to diagnosis etc. Agreed to move target reporting timeframe to 3 months to enable full assessment and reduce need to update/alter data following clinical updates. Reasonable assurance
Annual reports received • Infection prevention and control • Safeguarding report	It is a statutory requirement to produce these annual reports. If we do not do this	All reports provided reasonable assurance.

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• Legal services	we are at risk of breaching this requirement	Legal services – to review how staff are supported through the coronial/ inquest processes and learning.
Transformation programme update	The programmes relating to Advanced practice, critical care and enhanced practice are in place to enhance clinical care and capabilities. If we do not ensure these programmes are delivering or progressing at the right pace we are at risk of poor patient / staff experience	Advance practice/ critical care programme progressing, need to review data and analyse impact of the 2 month trial and appropriate KPIs in place. Enhanced practice continues to progress, due to role out from April 2027. Acknowledged reported progress

Assure: Areas of positive improvement		
What?	**So What?**	**What Next?**
Nil		
Risks		
What?	**So What?**	**What Next?**
Board Assurance Framework – Deep dive SR2	If we do not have robust governance for effectively managing our corporate risks we cannot be assured that they are appropriate, and will support safe patient care and keep our staff safe and meet regulatory requirements	The report outlining steps taken to strengthen governance processes provided reasonable assurance. Agreed assurance regarding risk management is reasonable. Further discussion relating to increasing SR2 risk from 9-12 agreed due to forthcoming seasonal pressures.

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09/11/2026 09:03:41

Reporting To:	Trust Board	**Date:**	11/11/2026
Agenda Item:	PUB26/11/2.5		
Originating Meeting:	Performance Committee	**Date:**	30/09/2026
Committee Chair:	Julie Thallon, Interim Trust Chair and Committee Chair		
Lead Director:	Darren Meads, Chief Operating Officer Hein Scheffer, Director of Strategic Partnerships and Governance		

Purpose:	Decision Approval		Discussion Review	x	Information Noting	

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 Demand & Capacity	x	SR3 Estates		SR5 Cyber Security		SR7 Workforce Sustainability		SR9 Organisational Development	
SR2 Quality Governance		SR4 Use of Resources		SR6 Partnership Working	x	SR8 Staff Retention		SR10 Digital	

Alert: Items requiring Board/ Committee Attention/ Action		
What?	**So What?**	**What Next?**
There are no areas for escalation.		

Olatunji Obeola
09/11/2026 09:03:41

Advise: Areas requiring ongoing monitoring		
What?	**So What?**	**What Next?**
SR 1 Deep Dive	To ensure that the actions underpinning the mitigations for SR1 are the right ones and that they will derive the changes and improved performance we need. To highlight where the risk may not be being managed effectively and further actions are needed to provide assurance. Committee members agreed that the report provided very similar information to that in the BAF. Level of assurance - Reasonable	Consider how a deep dive paper in future could provide additional detail around the delivery of mitigations which underpin the BAF to provide better assurance.
SR 6 Deep Dive	To ensure that the actions underpinning the mitigations for SR1 are the right ones and that they will enable the robust and productive partnership relationships we need. To highlight where the risk may not be being managed effectively and further actions are needed to provide assurance. Level of assurance - Reasonable	Further develop the report to provide a clearer articulation of risk exposure, mitigations, actions and assurance.
Group Assurance Report – Private Ambulance Service	To ensure appropriate provision to meet core operational standards of performance. Quality standards are overseen by QGC.	Work with providers to ensure shift rates are at contractual levels particularly over winter when adequate cover will be critical. Work with provider to build resilience into

Olatunji Aroyia
09/11/2026 09:03:41

	Level of assurance - Reasonable	contracts through the business planning process.
Integrated Performance Report	To provide performance information to the Committee outlining areas of improvement or deterioration. The trust will either hit or miss targets which impact on the safety and quality of care. Level of assurance – Reasonable.	Additional actions to be taken in preparation for winter and continued implementation of productivity measures to ensure more effective operations. Continue work with partners to ensure system wide approach to management of patients.
Transformation Board Update – EOC move	If we do not ensure oversight of transformation projects, we will be unaware of progression and potential inability to deliver programmes. Level of assurance – Reasonable	Action plan in place to manage the delayed move to the new call centre in Chelmsford. Continue to manage the closure of the Bedford on time as planned.
Winter Plan Update	If we do not plan well for the winter pressures the trust will not be able to provide a safe, reliable and efficient service for our patients. Level of assurance - Reasonable	Continue with the planning and contingency developments to offset the risks. Work with regulators and other partners to manage system risks.
System Partnership Update	If we do not work constructively with partners, we will not be able to provide a system wide responsive service to patients appropriate to their levels of need. Level of assurance – Reasonable.	Continue with regular meetings with trusts, ICBs and regulators. Consider further ways to encourage achievement of hospital handover target times working with partners to find solutions. Engage with partners through the risk summit meetings being overseen by the NHSE regional team.

Olatunji,Adeola
09/11/2026 09:03:41

Non-Emergency Patient Transport Services	If we do not provide a safe, economic and high quality NEPTS there is a danger we will lose the contract. Level of assurance - Good	Good progress was noted and the team congratulated on their efforts and hard work. Continue with the improvement programme.

Assure: Areas of positive improvement		
What?	**So What?**	**What Next?**
Patient Transport Service	The PTS is now contributing to the trust financial position and is providing a more productive and efficient service.	Continue with the improvements.
Risks		
What?	**So What?**	**What Next?**
C2 performance impacted by both internal pressures and reliance on external organisations.	Poor delivery of performance standards results in a poor quality and potentially unsafe service for our patients and a poor experience for staff resulting in low morale and potentially an increase in short term sickness.	Continue to work with partners and utilise the support of the regional team to improve hospital handovers and alternative service provision. Understand the reasons for short term sickness and continue to provide welfare support to staff. Secure additional resource where possible including overtime, additional staff and private ambulance services.

Olatunji,Adeola
09/11/2026 09:03:41

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

People

Director: Marika Stephenson

September 2026

Olatunji,Adeola
09/11/2026 09:03:41

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)

Data Owner / Responsible Exec
Marika Stephenson

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

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

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09/11/2026 09:03:41

People

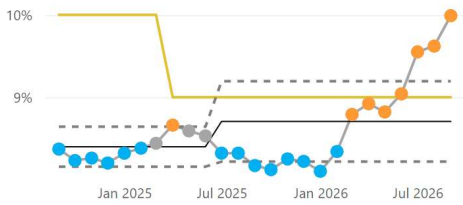
Our People

Information as at: September 2026

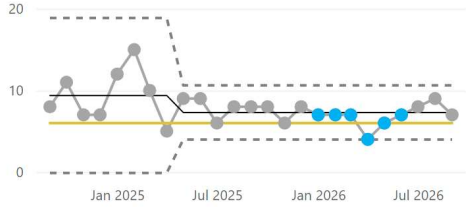
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Staff Turnover Rate %: Trust



Time to Hire (Average Weeks): Trust



Metric	Month	Value	Mean	Assurance	Variation
Staff Turnover Rate %	Sep 26	9.99%	8.7%		
Time to Hire (Average Weeks)	Sep 26	7	7.29		

Intelligence Narrative	People Services & Culture Narrative
Staff Turnover Rate % metric shows special cause variation of a concerning nature, but the metric may hit it or miss target Time to Hire (Average Weeks) metric shows common cause variation and the metric may hit it or miss target	Updates since previous month: •Staff turnover continued to increase slightly in September and is now sitting towards the higher end of the expected range, whilst remaining within the 10% target threshold. Turnover levels continue to be influenced by a combination of planned workforce changes, including the Bedford EOC closure and other organisational change activity, alongside normal employee attrition, and will continue to be monitored to inform targeted retention activity across the Trust. •Time to Hire improved from 9 weeks to 7 weeks in September, moving below the 12-month average of 7 weeks and supporting workforce supply. This reflects improved recruitment timeliness and supports workforce supply and vacancy management. Key dependencies: •Workforce stability remains dependent on effective delivery of organisational change programmes, targeted retention activity and continued leadership support for employees through change. •Delivery of Clinical and EOC Workforce Plan targets relies on maintaining recruitment activity and converting candidates into substantive starters within required timescales. Current issues: •Staff turnover remains above the 12-month average and is operating close to the organisational threshold of 10%, reflecting ongoing workforce movement across the Trust. •While Time to Hire has improved, maintaining recruitment momentum remains important to support workforce plan delivery and vacancy reduction. Future actions: •Continue monitoring turnover and recruitment performance through established workforce governance arrangements, with particular focus on turnover trends. •Work is underway to strengthen workforce analytics and leaver analysis to improve understanding of turnover patterns, drivers and retention hotspots across the Trust •Review recruitment processes and pipeline performance to support recruitment of workforce plan

Olatunji,Adeola
09/11/2026 09:03:41

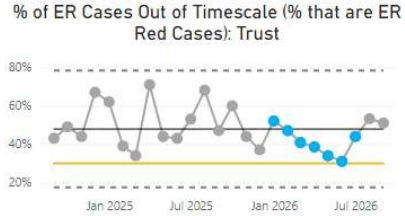
People

Employee Relations

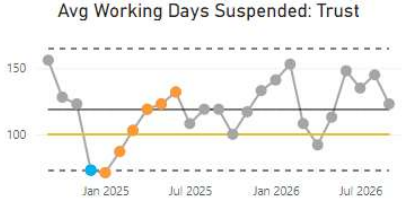
Information as at: September 2026

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Marika Stephenson









Metric	Month	Value	Mean	Assurance	Variation
Employee Relation Live Cases	Sep 26	179	174.26		
% of ER Cases Out of Timescale (% that are ER Red Cases)	Sep 26	51%	47.86%		
No of Staff on Suspension	Sep 26	21	32.58		
Avg Working Days Suspended	Sep 26	123	118.76		

Intelligence Narrative	People Services & Culture Narrative
Employee Relation Live Cases metric shows special cause variation of a concerning nature and the metric will consistently miss its target % of ER Cases Out of Timescale (% that are ER Red Cases) metric shows common cause variation and the metric may hit it or miss target No of Staff on Suspension metric shows special cause variation of an improving nature, but the metric may hit it or miss target Avg Working Days Suspended metric shows common cause variation and the metric may hit it or miss target	Updates since previous month: •ER caseload remains above target levels but was broadly stable in September, increasing slightly from 176 to 179 live cases. •Case closure activity continued to exceed new demand, with 28 cases closed compared to 23 new cases received during the month. •The proportion of live ER cases categorised as red reduced from 53% to 39%, indicating an improvement from the peak reported in August. •Timeliness improved, with 71% of cases completed within timescale compared to 55% in August. However, investigation completion within timescale reduced to 38%, reflecting the complexity of formal casework. •Suspension levels remained stable at 21 live cases, while the average duration of suspensions reduced from 145 to 123 days, continuing the positive trend seen in recent months. Delivery of the ER Transformation Programme continues. Current issues: •Suspension numbers have stabilised; however, the average duration of suspensions remains above target levels despite recent improvements. •ER case closure rates have been impacted by high levels of annual leave and sickness absence across the Trust, affecting capacity to progress and conclude cases in a timely manner. •Delays in recruitment to ER roles and ongoing workforce capacity challenges continue to impact productivity and the timely progression of cases. Key dependencies: •Successful delivery of the ER Transformation Programme, effective management accountability and robust governance arrangements. •Alignment with wider workforce initiatives, policy development and Employment Rights Bill implementation. Future actions: •Continue delivery of the ER Transformation Programme, embedding governance improvements and supporting timely case resolution. •Maintain focus on reducing suspension use and promoting alternatives where appropriate. •Monitor caseload, timeliness and suspension metrics through established governance arrangements and implement targeted interventions where required.

Olatunji,Adeola
09/11/2026 09:03:41

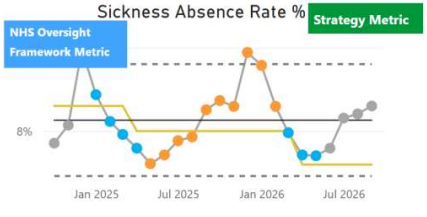
People
Wellbeing - Sickness

Information as at: September 2026

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Sickness Absence Rate %

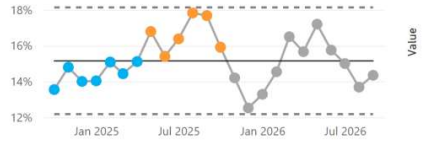


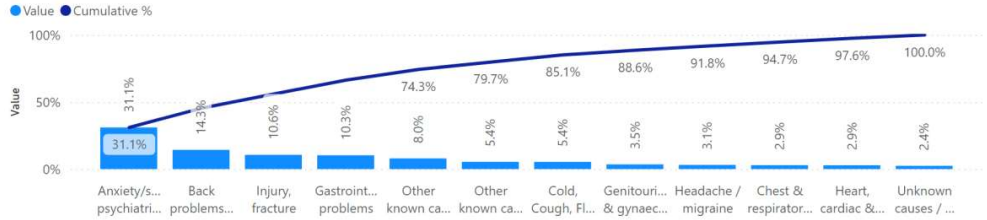
Sickness % - Anxiety/stress/depression/other psychiatric illnesses: Trust



Metric	Month	Value	Mean	Assurance	Variation
Sickness Absence Rate %	Sep 26	8.6%	8.26%		
Sickness % - Anxiety/stress/depression/other psychiatric illnesses	Sep 26	31.06%	28.23%		
Sickness % - Back problems & Other musculo-skeletal problems	Sep 26	14.34%	15.15%		

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





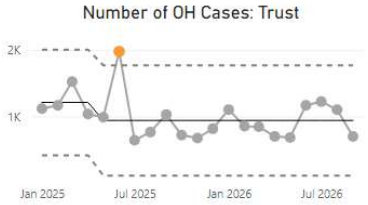
Intelligence Narrative	People Services & Culture Narrative
Sickness Absence Rate % metric shows common cause variation and the metric may hit it or miss target Sickness % - Anxiety/stress/depression/other psychiatric illnesses metric shows common cause variation	Updates since previous month: •Overall sickness absence increased to 8.6% in September, remaining above the year-to-date target o[MS2.1]f 7.2%. •Mental health-related absence remains the largest contributor to sickness absence,[MS3.1][MS4.1] accounting for 31.1% of all absence •Musculoskeletal absence accounted for 14.3% of sickness absence in September and remains below the 12 month average of 15.1%. •Delivery of the Healthy Workforce Programme continues, expansion of wellbeing support through Perkbox, enhanced Occupational Health interventions and strengthened attendance management arrangements. Current issues: •Overall sickness absence remains above target and continuing the upward trend observed since July •Anxiety, stress, depression and other psychiatric illnesses continue to be the most significant cause of sickness absence and remain a key area of focus. •Current sickness trends indicate a risk that the year-end target may not be achieved without sustained improvement, particularly as the organisation enters the winter period. •Further analysis is underway to better understand the drivers of absence, including mental health, musculoskeletal conditions and patterns associated with short-term sickness absence. Key dependencies: •Sustained leadership accountability and increased scrutiny of attendance performance through operational accountability and performance meetings. •Delivery of targeted Occupational Health, wellbeing and early intervention support, including improved access to diagnostics, counselling, physiotherapy and GP services. •Continued delivery of the Healthy Workforce Programme and associated actions to address the underlying causes of sickness absence. Future Actions: •Maintain targeted Occupational Health and wellbeing interventions, with particular focus on reducing mental health-related absence, which remains the largest contributor to sickness absence. •Continue delivery of the Healthy Workforce Programme, including manager capability development, early intervention support and enhanced staff wellbeing initiatives. •Monitor sickness trends, absence drivers and high-risk areas through established governance arrangements, implementing targeted actions where deterioration or emerging themes are identified. •Strengthen the management of long-term sickness absence through proactive case review, timely Occupational Health referrals and support for return-to-work planning. •Analysis is underway to better understand patterns of short-term sickness absence, including potential links between sickness episodes and refused annual leave requests. This has been identified as a specific area of focus within the Healthy Workforce Programme.

Olatunji,Adeola
09/11/2026 09:03:41

People
Wellbeing - Support

Information as at: September 2026

Data Owner / Responsible Exec
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Metric	Month	Value	Mean	Assurance	Variation
Number of OH Cases	Sep 26	700	941.88		
OH - Average number of days between referral submission and first offered appointment	Sep 26	8	10.4		

Please note the July 2026 figures for the Number of OH Cases metric do not include Counselling OH cases due to system issues.

Intelligence Narrative	People Services & Culture 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	Updates since previous month: •Occupational Health referral volumes remain stable and within expected levels, with demand continuing to fluctuate in line with organisational need. •Appointment waiting times have reduced significantly and remain well below target levels, demonstrating sustained improvements in service responsiveness. •Delivery of the Occupational Health and Wellbeing workplan remains on track, including THRIVE, TRiM, Mental Fitness training, Wellbeing Champion activity and the launch of the new Employee Assistance Programme, Perkbox. Current issues: •Demand for Occupational Health support continues to fluctuate, with mental health and musculoskeletal conditions remaining the primary drivers of wellbeing service activity. •Maintaining service responsiveness whilst managing changing referral volumes and supporting attendance improvement remains a key focus. Key dependencies: •Continued Occupational Health capacity, delivery of wellbeing programmes, progression of Workplace Adjustments activity and effective integration with attendance management and workforce wellbeing processes. •Engagement with wellbeing initiatives and support services, including Perkbox, to maximise employee wellbeing and early intervention opportunities. Future actions: •Continue targeted case review processes and promote engagement with Mental Fitness training, THRIVE, TRiM and Wellbeing Champion networks. •Embed and promote the new Perkbox Employee Assistance Programme alongside the Health & Wellbeing Passport and Workplace Adjustments programmes. •Monitor Occupational Health demand, service performance and emerging wellbeing risks through established governance arrangements to ensure current improvements in appointment responsiveness are sustained.

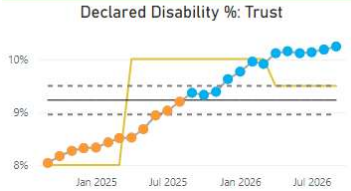
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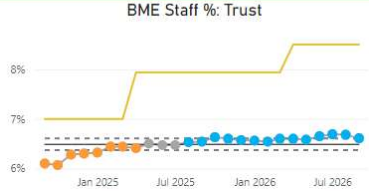
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EDI

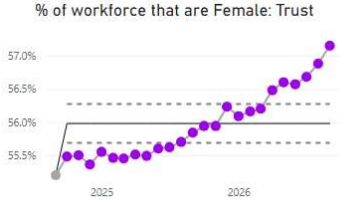
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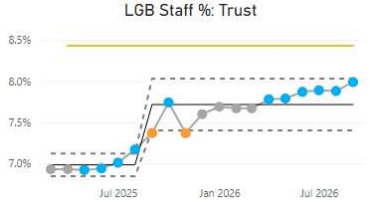
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Marika Stephenson





Local Target





Metric	Month	Value	Mean	Assurance	Variation
Declared Disability %	Sep 26	10.25%	9.23%		
BME Staff %	Sep 26	6.61%	6.49%		
% of workforce that are Female	Sep 26	57.15%	55.98%		
LGB Staff %	Sep 26	7.99%	7.72%		

Intelligence Narrative	People Services & Culture Narrative
Declared Disability % metric shows special cause variation of an improving nature, but the metric may hit it or miss 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 special cause variation of an improving nature but the metric will consistently miss its target	Updates since previous month: Workforce representation continues to show a positive direction of travel across all four protected characteristic measures. Declared Disability representation has increased to 10.25%, exceeding the local target and continuing its sustained upward trend. Female workforce representation has increased further to 57.15%, remaining above the local target and demonstrating continued improvement. LGB representation has risen to 7.99%, maintaining a positive trajectory, whilst BME representation has increased slightly to 6.61%. Whilst BME and LGB representation remain below their respective local targets, both measures continue to demonstrate gradual long-term improvement. Current Issues •Analysis of Employee Relations case data has identified disproportionate representation of ethnically diverse staff within disciplinary processes, particularly within EOC, OSE and Support Services. The findings suggest that inequalities are concentrated within a number of specific operational areas rather than being consistent across the Trust. •Employee Relations data has also identified disproportionate representation of employees who have declared a disability within disciplinary processes, particularly within A&E and EOC, highlighting the need for targeted interventions and improved support arrangements. •Workforce data quality continues to rely on improving ESR declaration rates to support more robust workforce analytics and evidence-based decision making. •Inequalities in access to development, progression and career opportunities remain a key focus, requiring continued action to improve equitable access to CPD, apprenticeships and leadership development pathways. Key Dependencies •Delivery of the WRES and WDES action plans, Cultural Transformation Programme, Workplace Adjustments programme and wider workforce retention, talent management and succession planning activity. Future Actions •Implement targeted management reviews, enhanced monitoring and local improvement plans within identified WRES hotspot areas to address disproportionality in disciplinary processes. •Undertake quarterly monitoring of Employee Relations activity, disciplinary outcomes and workforce representation, with progress reviewed through divisional governance arrangements. •Continue implementation planning and delivery of the EDI Progression, Sponsorship and Leadership Pathways Programme to strengthen equitable access to development and progression opportunities. •Complete targeted reviews of reasonable adjustment practices, management decision-making and employee support arrangements within WDES hotspot areas to improve equity of experience and outcomes. •Deliver the 6-12 month Neurodiversity Action Plan, including implementation of governance arrangements, enhanced workplace adjustment processes, strengthened manager capability and improved support for Neurodiversity Champions. •Continue promoting ESR declaration completion and embed learning from EDI engagement activities, including the "Let's Talk About Microaggressions" programme, into ongoing EDI improvement actions.

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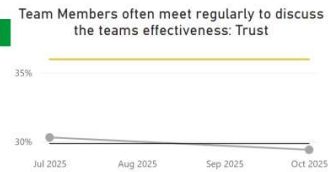
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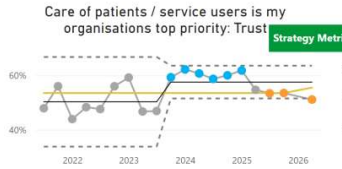
Staff Survey Questions

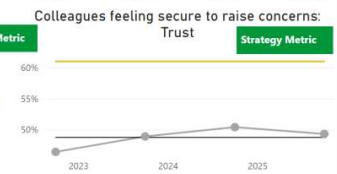
Information as at: September 2026

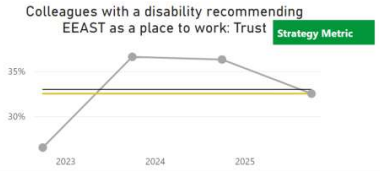
Data Owner / Responsible Exec
Marika Stephenson











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	Key information: • Staff engagement activity remains a key organisational priority, supported through established staff voice mechanisms including the NHS Staff Survey, Big Conversation, Staff Partnership Forum and Staff Networks. • The organisation is currently within the live NHS Staff Survey collection period, with activity focused on maximising participation and ensuring staff have the opportunity to share their experiences and views. • Insights from staff feedback continue to inform organisational development, cultural transformation and workforce improvement priorities, helping to shape actions at both organisational and local level. Current issues: • Whilst engagement indicators have remained positive, workload and capacity continue to be the most consistently reported factors affecting workforce experience and wellbeing. • Maintaining high levels of participation during the live NHS Staff Survey period remains a priority to ensure the survey provides a representative picture of workforce experience across all staff groups. • Previous staff feedback has highlighted continued opportunities to strengthen speaking up, team effectiveness, inclusion, leadership visibility and staff support, which remain areas of ongoing focus. Key dependencies: • Continued staff participation in the NHS Staff Survey and other staff voice mechanisms is essential to understanding workforce experience and identifying priorities for improvement. • Delivery of the Organisational Development Plan, Cultural Transformation Programme and leadership development activity remains critical to sustaining and improving staff engagement outcomes. • Effective partnership working with staff-side colleagues, staff networks, leaders and managers is required to support engagement activity and local action planning. Future actions: • Focus will remain on maximising participation during the NHS Staff Survey live period through targeted communications, leadership engagement and local promotional activity. • Following survey closure, results and themes will be analysed alongside insights from the Big Conversation, Staff Partnership Forum and other staff feedback channels to inform organisational priorities and improvement plans. • Particular attention will continue to be given to workload, wellbeing, leadership, inclusion, career development and psychological safety, with progress monitored through established workforce and organisational development governance arrangements. • Outcomes and learning from staff feedback will continue to be translated into tangible actions to support improvements in staff experience, engagement and organisational culture.

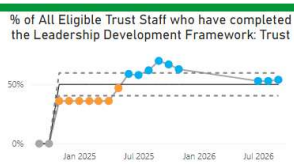
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People
Leadership Development

Information as at: September 2026

Data Owner / Responsible Exec
Marika Stephenson





Metric	Month	Value	Mean	Assurance	Variation
Appraisals %	Sep 26	87.6%	87.41%		
% of All Eligible Trust Staff who have completed the Leadership Development Framework	Sep 26	54%	50.13%		

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	Updates since previous month: • Appraisal compliance remains stable at around 90% and continues to perform above the historical baseline, demonstrating sustained management focus on performance and development conversations. • Leadership Development Framework (LDF) completion remains above 50% of eligible staff but has plateaued following earlier gains, highlighting the need for continued engagement activity. • Leadership Development Framework (LDF) engagement continues to strengthen, with 1,316 leaders now in scope and 64% either fully compliant or close to completion (54% completed). • Fully compliant leaders have increased to 681, with a further 140 leaders requiring completion of only one remaining SME module, creating a significant opportunity to improve compliance through targeted support. • Sexual Safety training continues to demonstrate strong organisational reach, with 1,280 attendances/completions recorded and an overall LDF satisfaction rate of 97%. Current issues: • Whilst engagement remains strong, 505 leaders are still progressing through the framework and 149 leaders have not yet engaged with the programme (excluding EOC beds). Of the non-engaged cohort, four participants are currently undertaking, or have completed, a recognised Master's level leadership programme. • People Essentials and Finance & Performance continue to represent the largest outstanding module requirements and remain the primary factor limiting further improvements in overall compliance. • The remaining non-engaged cohort includes a combination of new starters, recently appointed leaders and staff requiring targeted intervention to commence the framework. Key dependencies: • Delivery of the Organisational Development Plan, Leadership Development Framework and Cultural Transformation Programme. • Continued support from service leaders and managers to prioritise completion of outstanding modules. • Accurate ESR data and effective performance monitoring to identify and target areas of low engagement and incomplete compliance. Future actions: • Targeted engagement activity will focus on the 149 leaders who have not yet commenced the framework, with tailored support for specific services and cohorts where engagement remains lower. • A focused completion campaign will be undertaken for the 140 leaders who require only one remaining SME module, to accelerate overall compliance rates. • Additional emphasis will be placed on increasing completion of the People Essentials and Finance & Performance modules through targeted communications and follow-up activity. • LDF performance, appraisal compliance and participant feedback will continue to be monitored through established governance arrangements, supported by ongoing ESR data quality improvements and regular reporting.

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Meeting:	Trust Public Board	**Date:**	11.11.2026
Report title:	Perkbox, EAP and GP Services Update		
Agenda item:	PUB26/11/3.3		
Author(s):	Fiona Otoo, People Services Business Support Manager		
Lead director:	Marika Stephenson, Chief People Officer & Deputy CEO		

Purpose:	Decision approval		Discussion review		Information noting	✓
Assurance:	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 undertaken: YES		**NO**	✓

Previously considered by:

Not previously considered

Executive summary:

What?

This paper provides an update on the implementation and utilisation of the Trust's wellbeing support offer through Perkbox, including the Employee Assistance Programme (EAP) and online GP services. Since launch, colleague engagement has continued to grow, with 4,002 employees and volunteers activating their account, representing 48% of the eligible workforce.

The platform provides access to a range of wellbeing and financial support services, including 24/7 emotional and practical support, structured counselling, online GP consultations, physiotherapy, wellbeing resources and retail discounts. Since implementation, colleagues have achieved £36,899.27 in potential savings through discounts, cashback, rewards flexi points, gift cards, and discount vouchers.

Utilisation data demonstrates demand for healthcare and wellbeing support, with 64 GP consultations delivered since launch (56 telephone and 8 video consultations) and 26 counselling sessions completed. GP consultations resulted in 49 colleagues (77%) agreeing a care plan, while a further 13 were referred back to their registered GP. These early results indicate that the service is providing timely access to support and enabling earlier intervention for health and wellbeing concerns.

So what?

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Supporting the health, wellbeing and financial resilience of colleagues remains a key priority within the Trust's People Strategy. The introduction of Perkbox, EAP and GP services strengthens the Trust's employee value proposition by providing accessible support outside traditional healthcare pathways and reducing barriers to obtaining advice and treatment.

The utilisation data demonstrates that colleagues are engaging with both preventative and responsive wellbeing services. In addition to the financial benefits achieved through discounts and rewards, the health and wellbeing services have the potential to support improvements in employee experience, attendance, retention and overall workforce wellbeing. A reduction in Occupational Health counselling referrals has also been observed, suggesting that colleagues may be accessing support through the EAP at an earlier stage, which was an anticipated benefit of the service.

What next?

The Healthy Workforce Programme will continue to promote and monitor utilisation across all elements of the wellbeing offer, ensuring colleagues are aware of and able to access the support available to them. Further work will focus on increasing account activation rates, improving engagement across underrepresented staff groups and strengthening management information reporting to better understand service demand, themes and outcomes.

Future opportunities to enhance the employee benefits offer will also be explored, including initiatives such as Cycle to Work, annual leave purchase schemes, dental insurance, electric vehicle schemes and home and technology salary sacrifice options. Ongoing evaluation will be undertaken to ensure the service continues to provide value for money and delivers measurable benefits for both colleagues and the organisation.

Action required by the Board:

The Board is asked to note the update and take assurance from the progress being made in implementing and monitoring the Trust's enhanced wellbeing and employee benefits offer.

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

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

The wellbeing offer supports the Trust's People Mission by improving employee experience, wellbeing and access to support services. It also contributes to workforce sustainability and retention by providing benefits that support financial wellbeing, health and engagement, helping ensure colleagues feel valued, supported and able to deliver high-quality care for patients.

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NHS
East of England
Ambulance Service
NHS Trust

Perkbox, EAP & GP Services Update

Trust Public Board PUB26/11/3.4

11 November 2026



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What is Perkbox?

NHS
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NHS Trust

Perkbox was introduced in August 2026 as the Trust's employee benefits platform, bringing together wellbeing support, healthcare services and employee benefits in a single, easily accessible app. The platform is designed to support colleagues' physical, emotional and financial wellbeing, while enhancing the overall employee experience.

💙 **Employee Assistance Programme (EAP)**
24/7 confidential support
Counselling and wellbeing advice

☁️ **Structured counselling**
Access to counselling support, with up to six sessions available per concern

🩺 **Online GP Services**
Same-day or next-day appointments, with unlimited consultations available via phone or video.

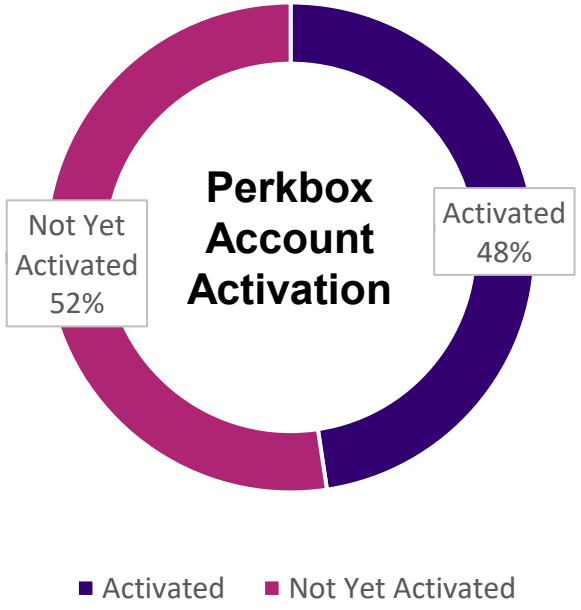
🤸 **Online Physiotherapy**
providing virtual assessment, rehabilitation, and guided exercise programmes for musculoskeletal conditions

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📚 **Wellbeing Resources**
access to digital tools, self-help guidance, and information on mental wellbeing, health, finances, relationships, and mindfulness.

⭐ **Discounts & Rewards**
savings across shopping, travel, utilities, health and fitness, and family leisure activities.

How has Perkbox performed since launch?



Metric	Current position
Eligible employees & volunteers	8,402
Activated accounts	4,002
Activation rate	48%
Potential Employee savings	£36,899.27

- Nearly half of eligible colleagues have activated their account within the first three months of launch, demonstrating strong early engagement with the platform.

- **This includes savings from flexi points, reward points, gift cards and potential savings from discount vouchers.**
- Early uptake indicates significant interest in both the wellbeing and financial benefits available through Perkbox.

What benefits are colleagues experiencing?

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Financial Benefits

- ✓ £36,899.27 savings generated
- ✓ £5,500 saved through MoneySuperMarket
- ✓ Discounts, cashback and vouchers
- ✓ Cost-of-living support

Health & Wellbeing Benefits

- ✓ 64 GP consultations delivered
- ✓ 49 care plans agreed
- ✓ Mental health, musculoskeletal and respiratory support
- ✓ Access to EAP and physiotherapy services

Staff Experience

- ✓ Convenient access through a single platform
- ✓ Faster access to support
- ✓ Support available outside traditional NHS pathways
- ✓ Access for eligible dependants through GP provision

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Perkbox is already providing colleagues with both financial and wellbeing benefits, with evidence of active engagement across the platform's healthcare and support services.

How is Perkbox supporting colleague wellbeing?

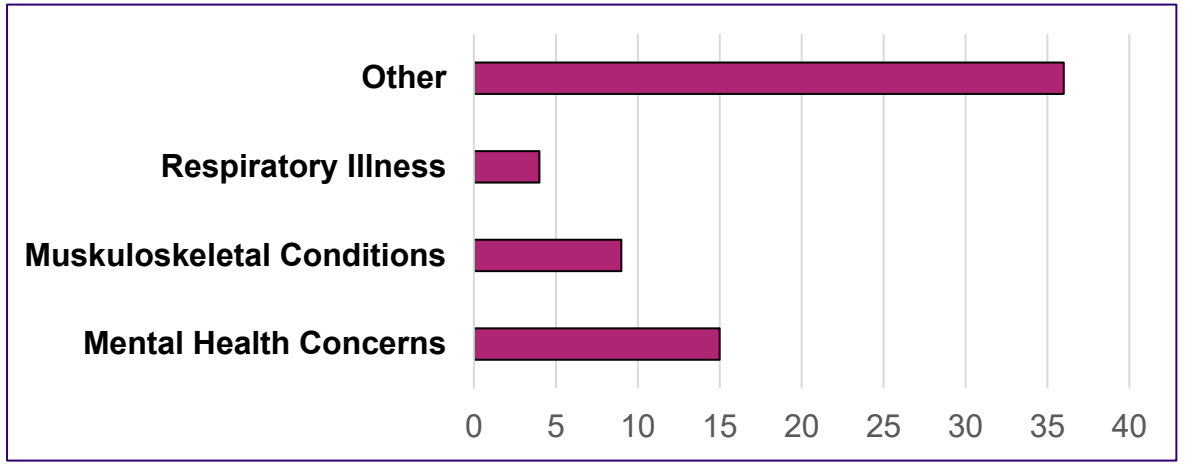
NHS East of England Ambulance Service NHS Trust

Colleagues are actively using the healthcare and wellbeing services available through Perkbox, with a range of physical and mental health needs being supported.

GP Service Activity

- **64** GP consultations delivered since launch
- **26** counselling sessions
- **56** telephone consultations
- **8** video consultations
- **49** consultations resulted in an agreed care plan (77%)
- **13** colleagues were referred back to their registered GP

Health Needs Supported



Staff Experience

"I was facing an 18-week wait for physiotherapy through my GP. Through Perkbox I was able to access support immediately and received advice and exercises which have already helped."

Future Opportunities & Strategic Contribution

NHS East of England Ambulance Service NHS Trust

Perkbox provides a platform for further development of the Trust's employee offer and supports delivery of wider workforce wellbeing objectives.

Future Opportunities

- 🚲 Cycle to Work Scheme
- 🏖️ Annual Leave Purchase
- 🦷 Dental Insurance
- 🚙 Electric Vehicle Scheme
- 🏠 Home & Electronics Scheme

These options are being explored through the Healthy Workforce Programme and may be introduced based on organisational priorities and colleague demand.

Strategic Contribution

Perkbox supports the Trust by:

- ✅ Enhancing the employee value proposition
- ✅ Supporting recruitment and retention ambitions
- ✅ Improving access to wellbeing and healthcare support
- ✅ Complementing the Healthy Workforce Programme
- ✅ Supporting a healthy, engaged and resilient workforce

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Early uptake and utilisation indicate that Perkbox is delivering value for colleagues while creating opportunities to further strengthen the Trust's wellbeing and benefits offer.

Meeting:	Public Board	**Date:**	11.11.2026
Report Title:	Freedom to Speak Up Report		
Agenda Item:	PUB26/11/3.4		
Author(s):	Liz Cunnell Chief of Staff Dani Marshall FTSU Guardian		
Lead Director:	Neill Moloney Chief Executive		

Purpose:	Decision Approval		Discussion Review	x	Information Noting	
Assurance:	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	
SR2		SR4		SR6		SR8		SR10	

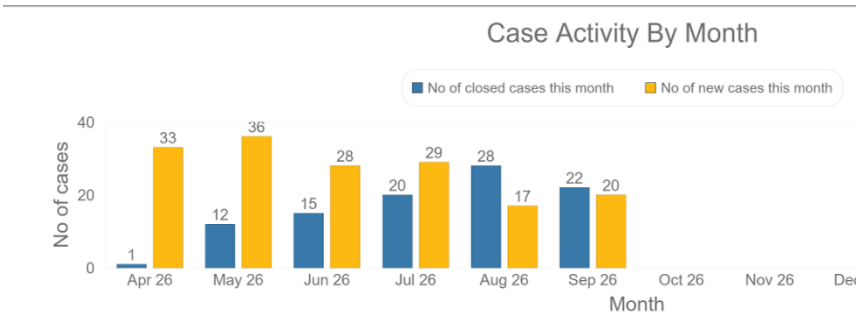
Equality Impact Assessment Undertaken: YES		**NO**	

Previously considered by:

Executive Summary:

What?

The number of cases reported to FTSU continues to increase compared to 2025.



Numbers have reduced during August and September which the Guardians report as normal for the time of year. Numbers are slightly lower than last year, but significantly more cases have been closed for 2026. It is expected case numbers will increase again in the coming months.

We have previously reported that engagement and visibility are key to achieving an increase in case numbers. The Guardians have continued to visit stations and speak to staff and over the last 6 months have completed a total of 149 station visits. These have been spread across the Trust with a focus on Luton given the low case numbers. The Guardians record the number of people they have

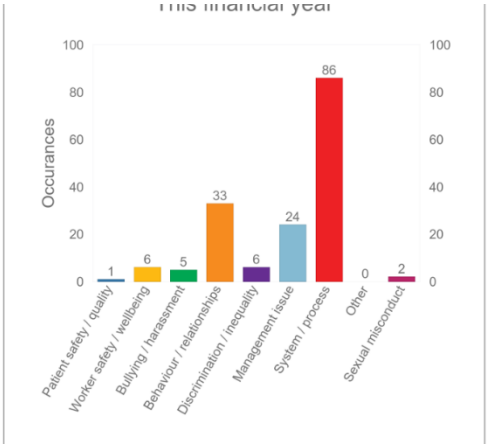
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contact with on these occasions. In recent months the Guardians have focused on Luton and Essex to encourage speaking up.

Case numbers are consistently low across all the sectors for August and September. The year-to-date numbers indicate low number of cases in Beds and Luton, and we are working with operational colleagues to address this. Case numbers in Essex are also lower compared to other areas. Engagement has been focused in these two areas for the last few months to try and improve this.

Directorate Source	This Month	Year to Date
Bedfordshire & Luton A&E Operations	2	6
Cambridge & Peterborough A&E Operations	2	28
Chief Paramedic & Medical Director	1	3
Corporate Affairs & Performance	1	2
Digital	1	3
Emergency Operations Centres	2	33
Emergency Preparedness & Special Operations	1	10
Estates	0	3
Hertfordshire & West Essex A&E Operations	2	18
Mid & South Essex A&E Operations	3	12
Norfolk & Waveney A&E Operations	2	16
Not Disclosed	1	6
People Services	0	2
Stratergy, Culture & Education	0	2
Suffolk & North East Essex A&E Operations	2	18
Tactical Operations Centre	0	1

The themes for case work remain consistent and are shown in the table to the right.



This month a deep dive has been completed with the Chief People Officer on the system and processes data, whilst maintaining confidentiality, to establish resolutions. Behavioural and relationship as a theme has also increased and is described as closely linked with systems and processes, as in the concern raised has multiple themes. There have been 8 cases in relation to Behaviour and relationships in August and 2 in September. These cases have been reviewed by the Chief of Staff: 2 of these cases relate to things leaders have said in front of staff in crew rooms and 1 relates to how a manager is dealing with alternative duties for a pregnant staff member. The remaining do not follow a pattern but are individual examples of poor behaviours. It is apparent that the system and process theme is not an issue with the policies or the HR support provided but how the policies are applied by leaders. In that it is inconsistent or not well communicated. The exception to this is the cases which relate to the ER process, in that staff report not having regular contact once in a process and the length of time a process takes.

Tim Widdowson, our Interim Head of Employee Relations, has reiterated the expectation that case holders maintain at least weekly contact with individuals engaged in a formal process, regardless of whether there is a substantive update. Compliance will form part of our management oversight arrangements going forward.

The Quarter 2 data, over all, remains positive, in particular that only 1 case was raised anonymously, bullying and harassment cases remain low at 3, and no staff reported experiencing detriment as a result of speaking up.

So What?

We previously reported that additional training was being prepared for staff in Beds and Luton. This has been paused to align with a proposal to provide values and behaviours training. The two

packages will be amalgamated to minimise the impact on abstractions and Patient Facing Staff Hours. This will also be aligned with any actions which are considered following review of the Independent Culture Review.

The increased number of closed cases demonstrates that feedback is being provided to individuals and is meaningful and allows for case closure.

The Chief People Officer and Chief Operating Officer meet with the Guardians biweekly to discuss themes and record actions. Recommendations are discussed and agreed and barriers to progress unpicked at Executive level. This increased awareness assists Directors with future planning and discussions with heads of department.

What Next?

The focused programme of engagement and training for Beds and Luton has been paused to align with the values and behaviours training package. The focus remains on encouraging the ethos of speaking up and working to ensure staff feel safe to speak up with their line managers.

Visits and appointment booking continue to be advertised on the cloud system to ensure the Guardian time is productive. The FTSU keyrings have now been delivered and have been shared with the Make Ready team to be distributed to all Trust vehicles.

The Guardians have started to record cases in which they have been able to support staff with an outcome and avoid a more formal process. This was part of their contractual commitment and will offer staff a much-improved experience. It also saves the Trust time and is more cost effective for resolution.

The recommendations followed up from the previous report are the review of the welfare officer role. A Standard Operating Procedure (SOP) is in place and is being developed for improvement based on the feedback from cases. Points, methods and timing of contacts are negotiated on initial introduction, and this is strengthened in the new SOP. Based on feedback a tracking and monitoring system of contacts has also been introduced. Welfare Officers log contact through an MS Form system, including failed contacts. This means that the wellbeing team can identify gaps and take action. The wellbeing team report that from their perspective it is more common that Welfare Officer contact is not answered or received a follow up response. This new monitoring system will help indicate where the gaps are and help protect and support staff.

Action Required by the Board:

The Board are asked to review the report.

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

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

This report links to our four missions as part of the Trust vision and our values.

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Freedom to Speak Up Annual / Six Month Freedom to Speak Up Report

1st April – 30th September 2026

East of England Ambulance Service Trust (EEAST)

Distribution: Public Board

Main Point of Contact:

Liz Cunnell

Executive Lead for FTSU

Prepared by:

Dani Marshall & Kym Barnett

Freedom to Speak Up Guardians

The Guardian Service Ltd.

Date:

27/10/2026

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Contents

1. Executive summary
2. Purpose of the paper
3. Background to Freedom to Speak Up
4. The Guardian Service
5. Access and Independence
6. Categorisation of Calls and Agreed Escalation Timescales
7. Number of concerns raised
8. Confidentiality
9. Themes
10. Trends in Cases
11. Assessment of Cases
12. Statistical Graphs
13. Why do staff use The Guardian Service?
14. Detriment
15. Action taken to improve the Freedom to Speak Up Culture
16. Learning and Improvements
17. Comments & Recommendations
18. Staff Feedback

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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 2026 and 30th September 2026, 163 concerns were raised by staff members.

The majority of staff who continue to choose to use the GSL 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 three most common themes for new cases were System & Process (86), Behaviour & Relationships (33) and Management Issues (24).

The top two job groups raising concerns were Allied Health Professionals (86) and Additional Clinical Services (35).

Over the past six months, 1 concern specifically relating to Patient Safety has been raised. This was escalated and responded to within the RAG protocol timeframe and formal proceedings were instigated.

Emergency Operations Centre's were the directorate with the highest number of concerns. The total number of concerns across the sites are 33 with 18 in Chelmsford, 1 from Bedford and 13 from Norwich.

There are several recommendations detailed at the end of this report that the Trust is asked to consider.

2. Purpose of the paper

The purpose of this paper is to give an overview of the cases raised at EEAST to the Freedom to Speak Up Guardian employed by The Guardian Service Limited (GSL) during the past 6 months of 2026. This reporting period begins on 1st April 2026 and ends on 30th September 2026

This paper does not include any data relating to cases raised internally and only those raised with the Guardian. This paper will not contain any identifiable information to ensure that confidentiality of those raising concerns is respected in line with national guidelines.

3. 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

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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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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.

4. 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 related concerns. We work closely with the NHSE and attend relevant FTSU workshops, regional network meetings and FTSU conferences. The Guardian Service is advertised throughout the Trust as an independent service. 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 Ltd (GSL) was implemented on 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.

5. 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 NHS employees and are external to the Trust.

6. 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	Relates to patient safety/quality, safeguarding and care, staff safety /wellbeing, issues of potential danger to any individual including self-harm. Fraud.	Response required within 12 hours
Amber	Includes bullying, harassment, discrimination, inequality staff safety. Patient safety/quality, staff safety /wellbeing, and fraud can be considered in this category if there is no immediate threat.	Response required within 48 hours
Green	All other themes e.g. change in work conditions etc.	Response required within 72 hours

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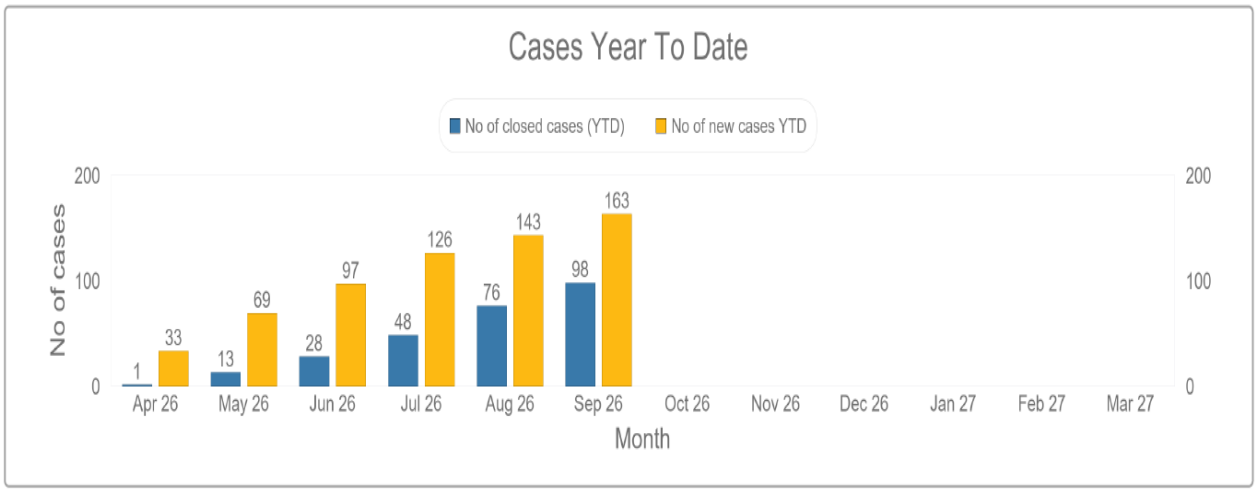
White	Matters with no discernible risk or cases that highlight opportunities for improvement.	No organisational response required

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.

7. Number of concerns raised

Between 1st April 2025 – 30TH September 2026, 163 concerns were raised to The Guardian Service.



Since the service went live within East of England Ambulance Trust, monthly calls received have steadily increase. Over the past 6 months, the average number of monthly concerns raised is 27.

By the 30th September 2026, 65 cases remained open and 163 have been closed.

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Between the 1st April 2026 - 30th September 2026, the average length of a case from open date to date of closure was 67 days The shortest case length to closure was 2 days , whilst the longest case length to closure 159 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.

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: 1177
- Telephone: 241
- Face to Face: 169

8. Confidentiality

Confidentiality	No. of concerns	Percentage
Keep it confidential within Guardian Service remit	86	52.76%
Permission to escalate with names	38	23.31%
Permission to escalate without name	35	21.47%
Permission to escalate anonymously	4	2.45%
Total	**163**	**100%**

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9. Themes

Each case is recorded under a primary theme, with any additional themes logged as multi-theme occurrences. Quarterly national reporting is based on multi-theme occurrences, which reflect cases involving elements of more than one theme.

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Concerns raised are broken down into the following categories;

Primary Theme	Total
Patient Safety / Quality of Care	1
Worker Safety / Wellbeing	6
Bullying and Harassment	5
Behavioural / Relationship	33
Discrimination / Inequality	6
Management Issue	24
Sexual Misconduct	2
System / Process	86
Other (Describe)	0
Grand Total	**163**

Multi Theme-Occurances	Total
Patient Safety / Quality of Care	2
Worker Safety / Wellbeing	21
Bullying and Harassment	8
Behavioural / Relationship	45
Discrimination / Inequality	9
Management Issue	41
Sexual Misconduct	7
System / Process	96
Other (Describe)	0

10. Trends in Cases

Multiple concerns have been raised regarding the behaviour and leadership approach of a senior leader within the trust. This concern has been escalated appropriately and actions have been taken.

There have also been 33 concerns raised within the EOC's between 1st April and 30th September 2026. Specific examples and a breakdown of these issues have been sent to the Deputy Director and strategic lead in the EOC. A monthly meeting is in place for these concerns to be discussed regular and actions to be taken.

Some key themes have emerged relating to the co design of the HALOM role where dissatisfaction was expressed to the Guardians. This has been escalated to the trust.

Ongoing challenges associated with systems and process concerns continue to remain the highest theme across the trust.

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11. Assessment of Cases

System & Process

The Trust has received 86 primary concerns relating to the systems and process theme, this data has been further analyses and outlined below. This is the theme with the highest number of concerns.

- Staff member feels that an instructor did not follow correct processes on a driving course and refused for them to re-sit.
- Reasonable adjustments not being adhered to or taken seriously.
- Various concerns that grievance policies are not correctly followed, and they have been given incorrect information.
- Unfair Recruitment/Talent pool and secondment processes.
- Staff members are dissatisfied with timelines and communication during formal processes.
- Concerns of feeling discriminated against for sickness
- Recent co-design had been possibly steered by managers above LOM level.
- Staff member feels there was an unfair panel decision following an event.
- Feelings of isolation with regards to changes with continued training

Behavioural / Relationship

33 concerns were reported in relation to this theme. Examples as described by staff:

- Confidentiality breaches between management and staff members
- Harassment and false allegations between colleagues.
- Staff members not adhering to trust values
- Lack of concern for staff members mental wellbeing
- Inappropriate content on staff members social media
- Rude and sexist comments made by colleagues
- Inappropriate use of personal mobile phones within Emergency Operation Centre's

Management Issue

24 concerns were raised in relation to this theme. Examples as described by staff:

- Lack of support from managers following maternity leave
- Managers treating staff differently following a concern being raised
- Managers displaying discriminatory behavior.
- Concerns that managers are disregarding Occupational health reports.
- Lack of support felt by staff member following what they feel is false allegations.
- Staff member feels a manager has been dishonest in a Datix report.
- Staff members feel senior leaders display discriminatory behaviour.
- Concerns that staff members are being discouraged from speaking to Freedom to speak up Guardians.

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- Managers sharing personal information with others without consent.
- Feeling of not being heard when airing concerns directly to management.
- Lack of support following critical incidents.
- Manager not behaving appropriately while patients present.

Bullying and Harassment

5 concerns were raised in relation to this theme. Examples as described by staff:

- Bullying behaviour experienced peer to peer.
- Managers displaying bullying behaviours.
- Deliberately exclusion of staff when communication important information.

Patient Safety / Quality

1 concern was raised in relation to this theme. Examples of concerns described by staff:

- Allegations made that a colleague should not be driving due to a medical concern.

Discrimination / Inequality

6 concerns were raised in relation to this theme. Example concerns described by staff:

- A number of racial discrimination concerns
- Discrimination due to gender.
- Alleged discriminatory comments made by managers directed to staff members.

Worker Safety / Wellbeing

6 concerns were raised in relation to this theme.
The cases recorded under this theme included the following examples of concerns described by staff:

- Group concern raised on staff member exhaustion due to working out of area.
- Concern of staff members feeling unsafe with a colleague returning to the workplace after a known complaint was made.
- Group concerns about a managers wellbeing and lack of communication during a process.
- Concern of historic misconduct.
- Concerns that the trust does not have adequate support for staff members who experience traumatic events.

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Sexual Misconduct

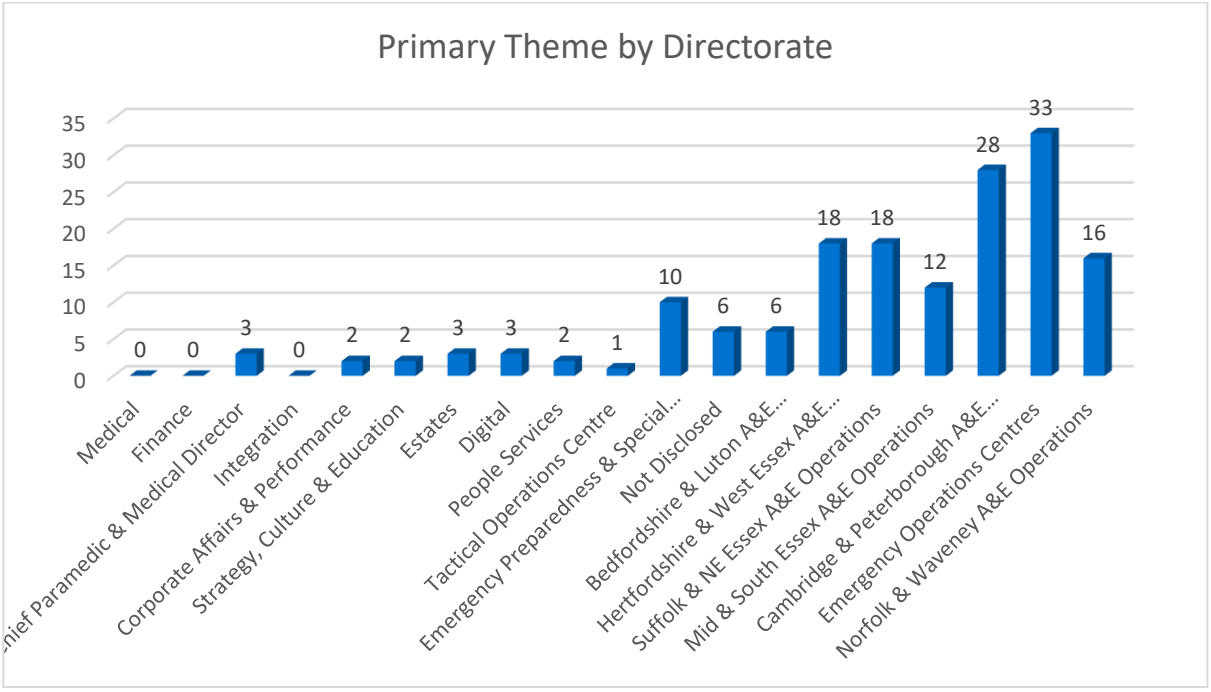
2 concerns were raised in relation to this theme

The cases recorded under this theme included the following examples of concerns described by staff:

- Concerns raised regarding a staff member sharing unwanted and inappropriate photographs.
- Concerns relate to a returning member of staff who was involved in an incident and the feeling of unease from another.

12. Statistical Graphs

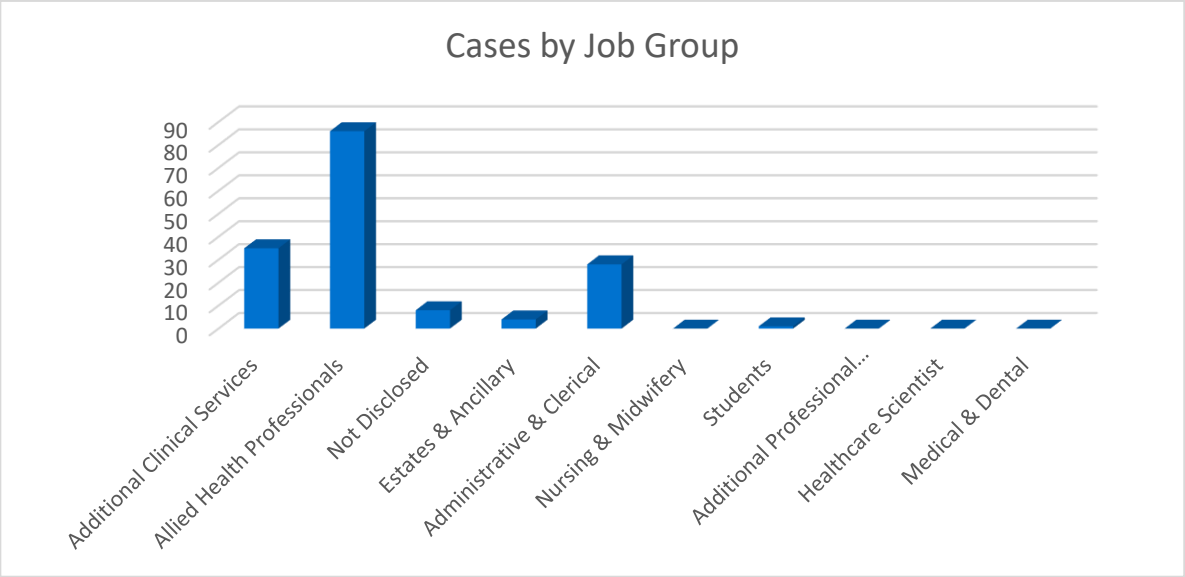
Concerns raised by Directorate



Concerns raised by Job Group

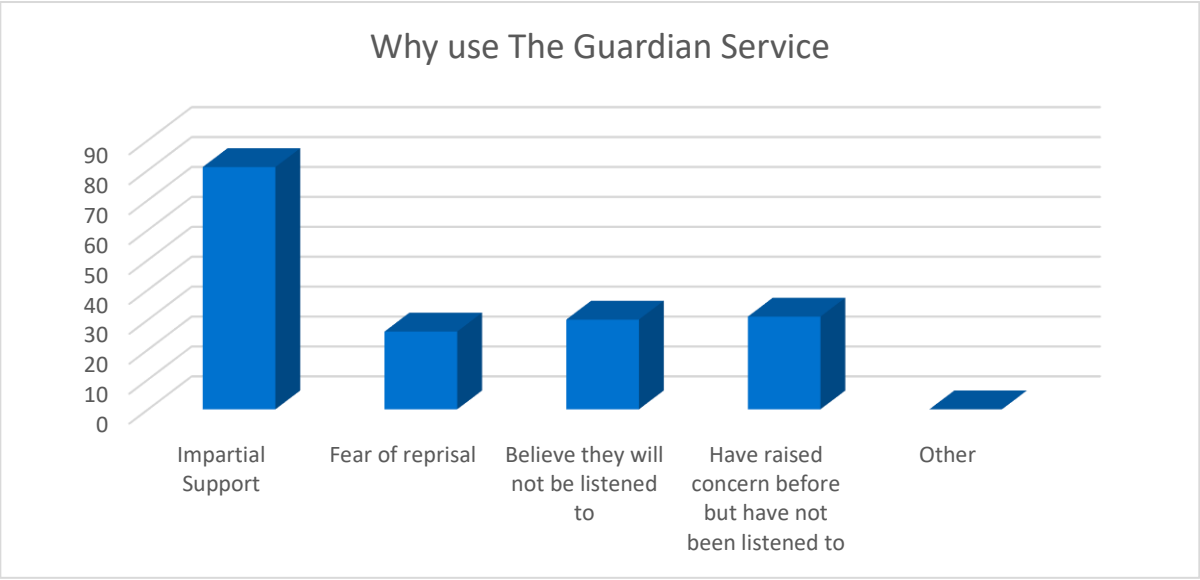
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13. Why do staff use The Guardian Service?

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;



14. 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

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case and following closure and any perceived detriments should be advised to the Guardians.

15. 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 encourage a culture of speaking up for all staff and managers. The Guardians have completed over 149 visits between the 1st April 2026 – 30th September 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. These are held virtually and in person where possible.
- The Guardians attend both the NGO Eastern regional meetings & NHS UK Ambulance Service meetings, workshops, events and conferences organised by the NHSE. This, in addition to the NHSE 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.

16. Learning and Improvements

- 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 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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- The Guardians role is complex, and the landscape is constantly evolving. To ensure best practice, the Guardians complete refresher training for a variety of support learning and development needs.

17. Comments & Recommendations

- With the rise in Behaviour and relationship and other concerns, the Guardians suggest the trust look to undertake Shwartz round or talking circles to promote an open culture and sharing of thoughts and knowledge with each other. This could be something promoted to tackle certain subjects and concerns that are raised for instance, if there seems to be a behaviour issues within an EOC it could be worth asking for network input and offer staff members the opportunity to join a session. This is also a good way to gain soft intelligence and improvement suggestions from your workforce directly.
- 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 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 have the correct skills in order to effectively manage these situations with empathy and understanding. We understand and acknowledge that the trust act in accordance with the policy and processes that are in place and that this recommendation is based upon staff experiences and perceptions. 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.

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- 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.

1. Staff Feedback

- This service was vital in my mental health and ensured a satisfactory outcome.
- I've never used the Guardians before but would definitely recommend that colleagues access the service for added protection when issues are encountered.
- Due to the Guardians support I have already guided colleagues to this service.
- It has been difficult to know who to trust within the service so having an independent voice is extremely beneficial.
- Already have recommended to several colleagues to use the service.
- If I had not contacted The Guardian whilst I was experiencing my issues, I don't know what I would have done. She listened to my concerns and escalated this to senior management without haste. A fantastic service has been provided by the Guardian and I can't thank them enough.
- Very supportive and understanding of the situation, with my consent the issue was promptly escalated to the appropriate individuals within the organisation. Regular check in's to monitor progress and ensure a satisfactory outcome.
- The Guardian was sound. Approachable. Limited feedback but it is the nature of the service.
- From start to finish the Guardian has been so supportive and kind.
- The Guardian was the only person to check up on me and escalate my concerns to management.
- The Guardian was always listening and giving solutions to my problems.
- Should have spoken up sooner as the Guardian escalated and dealt with it promptly.
- Brilliant, got things done quickly and very friendly and easy to talk to.
- No reason not to report - very understanding and at all times was in control of how far I wanted

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- to take things and kept up to date.

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Reporting To:	Trust Board	**Date:**	11.11.2026
Agenda Item:	PUB26/11/3.6		
Originating Meeting:	Remuneration Committee	**Date:**	02.09.2026 14.10.2026
Committee Chair:	Catherine Glickman, Committee Chair		
Lead Director:	Neill Moloney, Chief Executive Officer Marika Stephenson, Chief People Officer and Deputy CEO		

Purpose:	Decision Approval	x	Discussion Review	x	Information Noting	

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

Link to Strategic Risk:									
SR1 Demand & Capacity		SR3 Estates		SR5 Cyber Security		SR7 Workforce Sustainability		SR9 Organisational Development	**x**
SR2 Quality Governance		SR4 Use of Resources		SR6 Partnership Working		SR8 Staff Retention		SR10 Digital	

Alert: Items requiring Board/ Committee Attention/ Action		
What?	**So What?**	**What Next?**
There are no areas for escalation.		
Advise: Areas requiring ongoing monitoring		

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What?	So What?	What Next?
Emergency Operations Senior Leadership Team – approval sought for redundancy payment for senior staff as EEAST's organisational structure is aligned with 3 ICBs	Staff unable to be redeployed as a result of the restructure will be paid redundancy in line with their contracts.	Redundancy approved under tight criteria for this restructure; further requests to come to the Remuneration Committee.
Following feedback from the Committee, updated 26/27 Objectives for 2 Directors were presented and objectives for 1 Director.	Measurable and clear annual objectives ensure that Executive Directors are focussed on their part of delivery of EEAST's strategy and operation. Review across Executives' objectives ensures interdependencies are recognised and acknowledged.	The objectives were approved for the 3 directors. Review of performance against the objectives will be reported at the year end.
Employment Tribunal (ET) review for October 2025 to September 2026 covering themes and learnings. Request for 2 ET settlement approvals.	The review revealed no systemic issues but highlighted the importance of record keeping and audit trails, rigour in managing recruitment, strengthening the management of complex sickness absence and equality related issues.	Improved documentation retention, an Injury Allowance Panel and enhance sickness absence have been implemented amongst other actions, to be monitored by the Chief People Officer and HR team. An annual report will come to the Remuneration Committee. The 2 settlement requests were approved.

Assure: Areas of positive improvement		
What?	**So What?**	**What Next?**
Not applicable		
Risks		
What?	**So What?**	**What Next?**
Not applicable		

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Finance

Director: Steven Course

September 2026

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Finance
Income & Expenditure

Data up to: September 2026

Data Owner / Responsible Exec
Steven Course

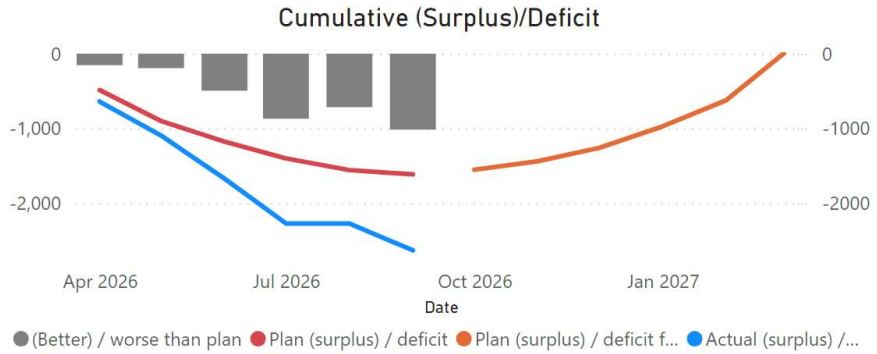
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Income and Expenditure £000's
September 2026

The metrics on this page are in £000's

	PLAN YTD	ACTUAL YTD	VARIANCE YTD	PLAN FULL YEAR
INCOME	(256,727)	(256,321)	406	(514,481)
PAY	193,825	192,986	(840)	390,158
NON-PAY	61,286	60,704	(582)	124,323
(SURPLUS)/DEFICIT	(1,615)	(2,631)	(1,016)	0

Local Target



Finance Narrative

At Month 06, September 2026, the YTD plan is for a surplus of £1,615k.

The actual YTD position is a surplus of £2,631k, favourable to plan by £1,016k.

Income lower than plan reflects low workshop income and reduced depreciation income, partly offset by strong interest income due to cash being ahead of plan.

Pay costs lower than plan is due to vacancies in many departments, partly offset by high levels of frontline overtime to support performance, with high incident growth levels being experienced.

Non-pay underspend includes Estates utilities, rates and maintenance, low expenditure to date on clinical and driver training, and PAS expenditure lower than plan.

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Finance
Efficiency Savings

Data up to: September 2026

Data Owner / Responsible Exec
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The metrics on this page are in £000's

Efficiency Savings £'000s
September 2026

	PLAN YTD	ACTUAL YTD	VARIANCE YTD	PLAN FULL YEAR
TOTAL	7,366	7,513	147	15,000

Strategy Metric

Finance Narrative

At Month 06, £7,513k has been saved against a target of £7,366k. 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 September 2026 (Month 06), £14,371k of budget across the year has been allocated towards it. Other schemes are continuing but have not yet progressed to the point where the budget can be moved.

There is a level of risk in delivery of the remaining balance, with some plans still being developed, and fuel costs - which continue to be impacted by the situation in the Middle East - forming part of the plan. However, the value is decreasing and there is time for further action to be taken if required, so the current risk profile is low.

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Finance

Cash, Capex & BPPC

Data up to: September 2026

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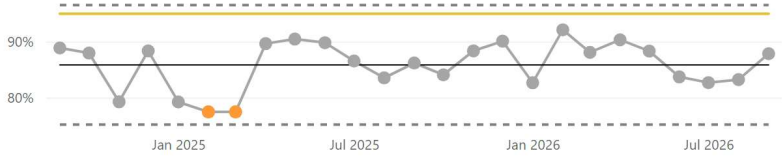
The metrics on this page are in £000's

Cash, Capex & BPPC Savings £000s
September 2026

	PLAN MONTH END	ACTUAL MONTH END	VARIANCE MONTH END	PLAN FULL YEAR
CASH	18,545	44,342	25,797	16,969
SALE AND LEASEBACK WORK IN PROGRESS	(0)	7,490	7,490	(0)
INVOICES PAID WITHIN 30 DAYS	95.00%	87.86%	-7.14%	95.00%

	PLAN YTD	ACTUAL YTD	VARIANCE YTD	PLAN FULL YEAR
OWNED CAPITAL	6,842	4,486	(2,356)	12,393
LEASED CAPITAL	20,163	16,978	(3,185)	29,028

Invoices paid within 30 days of receipt: Trust



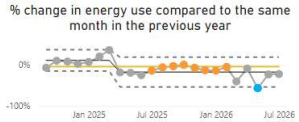
Intelligence Narrative	Finance Narrative
Invoices paid within 30 days of receipt metric shows common cause variation and the metric may hit it or miss target	The cash and cash equivalent balance at 30 September 2026 was £44,342k, compared with a planned position of £18,545k, with contributions to this 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 below plan at 30 September due to delays in the fleet replacement programme and the timing of leased ambulance additions. This is expected to recover during the year as ambulance conversions are completed and brought into operational use, reducing the associated sale and leaseback work in progress balance. Invoice payments within 30 days remains 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.

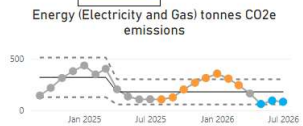
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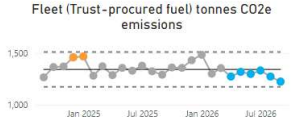
Finance
Green Plan - Energy Consumption and CO2e Emissions

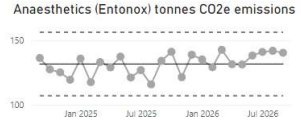
Data up to: September 2026

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	Jul 26	-23%	-18.16%		
Energy (Electricity and Gas) tonnes CO2e emissions	Jul 26	82	178.44		
Fleet (Trust-procured fuel) tonnes CO2e emissions	Sep 26	1223.1	1341.69		
Anaesthetics (Entonox) tonnes CO2e emissions	Sep 26	140.3	131.62		

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 special cause variation of an improving nature Fleet (Trust-procured fuel) tonnes CO2e emissions metric shows special cause variation of an improving nature	Summary Utilities: Over the past reporting year (Aug 2025 – Jul 2026), the Trust recorded the following changes in utility consumption: Electricity: 8% decrease, Gas: 22% decrease, Water: 14% decrease. The bill validation process means that past consumption data is subject to change, at time of publishing the gas bills for May 2026 were still undergoing bill validation. 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 2026/27 financial year. In July 2026, we saw a 23% reduction in energy consumption compared with July 2025. For 2026/27 to date (M04) energy consumption reduced by 51% versus the same period in FY2025/26. Up to M04, we have seen a 70% reduction in gas consumption, primarily due to the bill validation delay and the heating switch off in late spring 2026, and a 36% 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 year to date M06 (September) emissions were 3.1% lower than in 2025/26. Projected 2026/27 emissions show a 5.4% reduction over 2025/26, 26% reduction on baseline. • Energy (purchased electricity and natural gas): 2026/27 M04 (July) emissions were 23% lower than M04 in 2025/26. This is partly due to the gas bill validation, but as of April 2026 purchased electricity has lower emissions than natural gas due to the decarbonisation of the national grid. 2026/27 year to date emissions were 16% below 2025/26. • Entonox (nitrous oxide): 2026/27 year to date M06 (September) emissions are 3% higher than in 2025/26. 2026/27 emissions projected no real change to 2025/26 levels, 25% reduction on baseline emissions. Further work needed to reduce estimated 30% waste from Entonox consumption. Actions • The Sustainability Team has completed energy audits across all ambulance hubs and stations. Recommendations have been submitted to estate management for inclusion in future capital and revenue schemes. • The Sustainability Team has chased up with outstanding bills for sites including for the recently commissioned Ipswich Hub. • Bank holiday switch off campaigns to resume for December. • Completed 10 of 10 workshops to develop the Trust's 2027-32 Green Plan, consolidation of Green Plan Action Plan needed with delivery leads. • The Sustainability Team are working with energy consultant Zenergi to devise heat decarbonisation plans for 10 sites which have been deemed high energy consumers. These reports will be submitted to estate management for inclusion in future capital schemes. Infrastructure progress includes: • We are investigating further funding streams. • The Trust is rolling out AC electric vehicle chargers across its estate. We are still in negotiation with acute hospitals and related potential partners in the East of England to install DC chargers outside A&E Departments for EEAST use. 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. • To mitigate increased electrical demand, the Trust is investigating further expansion of our solar PV with battery storage portfolio. Assurance KPI monitoring from energy audits, review of existing energy service contracts, payment of outstanding bills, re-audit of selected sites and solar PV capital projects will continue, with regular updates submitted to the ELT Committee. Detailed reviews and follow up actions will be undertaken as required.

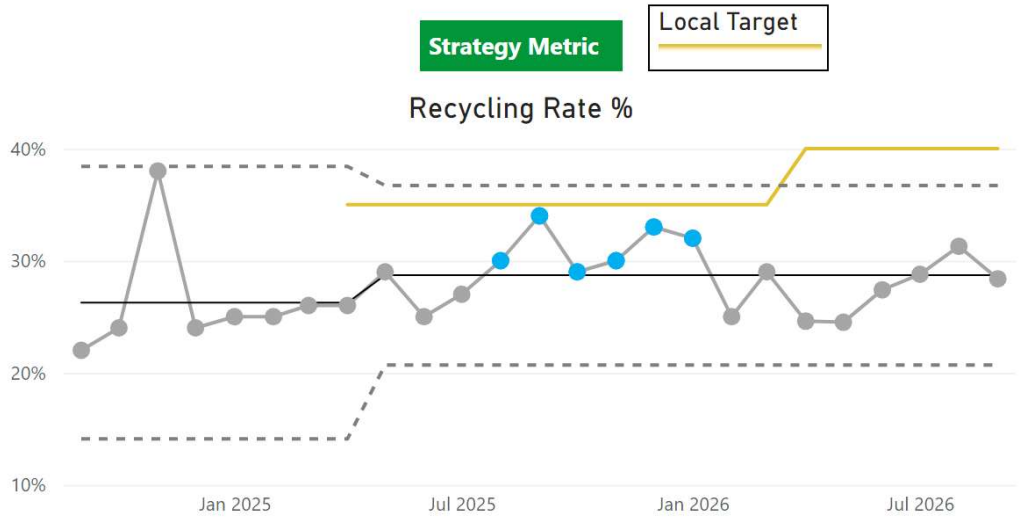
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Finance
Green Plan - Recycling Rate %

Data up to: September 2026

Data Owner / Responsible Exec
Steven Course

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Metric	Month	Value	Mean	Assurance	Variation
Recycling Rate %	Sep 26	28.38%	28.7%		

Intelligence Narrative	Sustainability Narrative
Recycling Rate % metric shows common cause variation and the metric will consistently miss its target	A benchmarking exercise with other Ambulance Trusts does indicate that EEAST is behind the curve on recycling rates, the others who provided data were all in the 40-60% range. Although nationally the ERIC return data does indicate that nationally there has been a decrease on recycling figures across all NHS Trusts - likely due to stricter segregation requirements leading to higher instances of contamination. We have used National Recycling Week to raise awareness via comms and highlight particular sites which are performing well, and those who have shown significant improvement over the last 12 months. Efforts will continue to be focused on the sites producing the highest volumes of waste, in order to have the greatest influence over the Trust overall performance. Our waste contractor, Veolia, are supporting EEAST with several site visits and engagement sessions planned through October.

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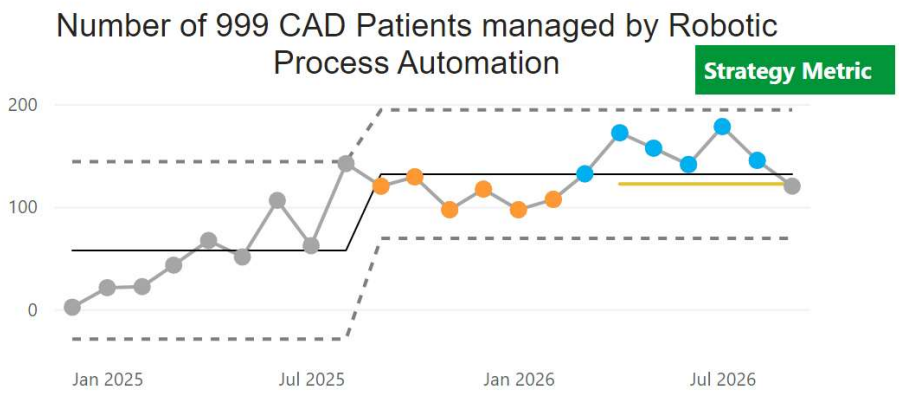
Finance

Number of 999 CAD Patients managed by Robotic Process Automation

Data up to: September 2026

Data Owner / Responsible Exec
Steven Course

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Metric	Month	Value	Mean	Assurance	Variation
Number of 999 CAD Patients Managed by Robotic Process Automation	Sep 26	120	131.69		

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	120 patients were moved to A2S via the robotoic process automation (RPA) in September 2026, which is a decrease on the previous month. This is below the the 122 a month. The reduction is due to increase cover in the trust UCCH. RPA is currently being evaluated by NHS Health Innovation Network to inform the next steps of use within the trust. This evaluation is expected in August 2026. RPA is currently being scoped for use in other processes such as the ITK. RPA supports consistency in the direction of patients to alternative providers releasing ambulance capacity.

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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.

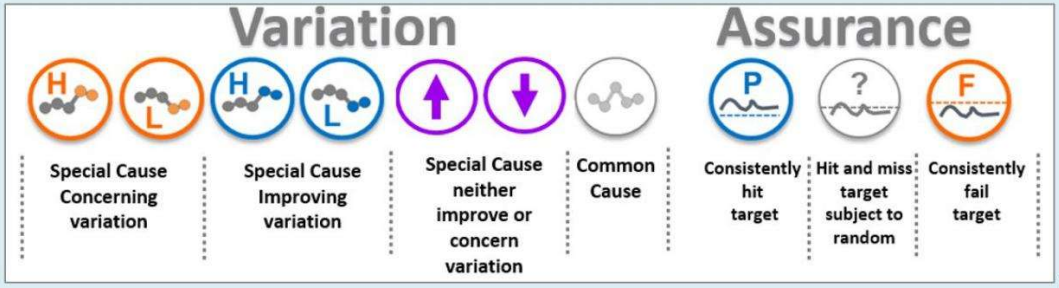
The rules

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



Olatunji,Adeola
09/11/2026 09:03:41

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).

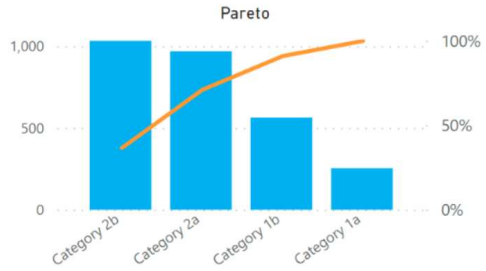
2. Where you don't have enough data points, a minimum of 14 are needed to be able to use an SPC Chart. Please note that this will always apply to any metric where you only want to show data within the current Financial Year.

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.

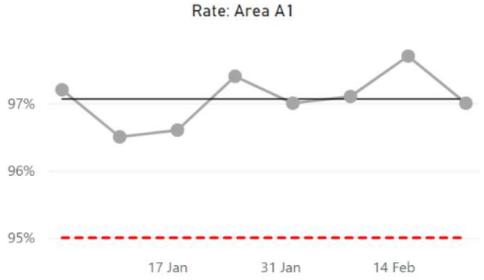
4. Where the metric is cumulative within the year i.e. Expenditure by Directorate

(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.



Olatunji,Adeola
09/11/2026 09:03:41

Reporting To:	Trust Board	**Date:**	11.11.2026
Agenda Item:	PUB26/11/4.3		
Originating Meeting:	Audit and Risk Committee	**Date:**	28.10.2026
Committee Chair:	Victoria Corbishley, Committee Chair		
Lead Director:	Steven Course, Chief Financial Officer		

Purpose:	Decision Approval		Discussion Review	**x**	Information Noting	

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

Link to Strategic Risk:

SR1 Demand & Capacity	**x**	SR3 Estates	**x**	SR5 Cyber Security	**x**	SR7 Workforce Sustainability	**x**	SR9 Organisational Development	**x**
SR2 Quality Governance	**x**	SR4 Use of Resources	x	SR6 Partnership Working	**x**	SR8 Staff Retention	**x**	SR10 Digital	x

Alert: Items requiring Board Attention/ Action		
What?	**So What?**	**What Next?**
There are no areas for escalation		

Olatunji,Adeola
09/11/2026 09:03:41

Advise: Areas requiring ongoing monitoring		
What?	**So What?**	**What Next?**
Board Assurance Framework and Corporate Risk Register The committee reviewed the highest scoring risks (SR1 (demand and capacity) and SR 2 (quality governance). An update was provided on the corporate risk register and the work underway to recruit to the vacancies in the risk management team. Themes from the corporate risks were broadly aligned to the strategic risks.	Effective risk identification and management help the Trust anticipate threats to patient care, prioritise resources and take timely action. They support informed decision-making and enable the Board to understand the risks that remain and whether controls are working effectively.	The committee approved the request for SR5 (cyber security) to be overseen by the audit and risk committee – moving from the Finance and Sustainability Committee.
Tenders and waivers Three waivers were approved in quarter two (nine YTD) which is broadly compliant with the annual target of no more than 24 waivers in the year. One of the waivers was retrospective, bring the total of retrospective waivers to four against the year-end target of six.	Waivers allow exceptions where competitive procurement is not practical, but they must be justified and monitored to maintain transparency, reduce financial risk and prevent inappropriate spending.	Regular monitoring continues
Declarations of Interest	Effective management of declarations of interest support transparency,	Regular monitoring continues with updates reported to the Audit and Risk Committee

Olatunji.Adeola
09/11/2026 09:03:41

As at 16 October 2026, 82% of staff needing to submit a declaration of interest had done so.	accountability and public trust in decision-making.	
Counter Fraud The Committee received the progress report from Counter Fraud showing 17 open cases, with 7 cases closed since the previous committee meeting.	Effective counter fraud arrangements help protect public funds intended for patient care and maintain public trust. They support the prevention, detection and investigation of suspected fraud, while identifying control weaknesses and reducing the risk of further losses.	Regular monitoring continues
Internal Audit These items were deferred to the next committee meeting.		

Assure: Areas of positive improvement		
What?	**So What?**	**What Next?**
Regulatory Compliance Monitoring The Committee received a demonstration of the digital compliance dashboard which brings together key information linked to regulatory compliance.	The report provides users with easy access to the latest data on compliance issues, making progress tracking clearer.	The dashboard will need to reflect any changes to CQC Key Lines of Enquiry before being rolled out further.
Risks		
What?	**So What?**	**What Next?**

Olatunji Adeola
09/11/2026 09:03:41

Data security and IG breaches Fourteen investigations are ongoing in this area.	Effective data security protects patient and staff confidentiality, supports safe care and maintains public trust. Investigating information governance breaches helps the Trust identify weaknesses, prevent recurrence and reduce the risk of harm, service disruption and regulatory action.	Additional access control measures are being considered with a further discussion scheduled at the Information Governance Group. Regular monitoring continues.
Freedom of Information (FOI) compliance There has been a period of non-compliance with freedom of information requests. Performance has improved to be 79% (up from 73% reported at previous Board). Average compliance for NHS Trusts was 82% in 2025. The FOI improvement action plan has been developed and approved by the Executive Team and has now moved to implementation.	Compliance with Freedom of Information requests demonstrates transparency and helps maintain public trust in the NHS. Failure to respond accurately and within statutory timescales can lead to regulatory action, reputational damage and increased scrutiny.	Ongoing implementation of action plan and monitoring of compliance levels. FoI compliance is also being monitored through the Information Governance Group.

Olatunji,Adeola
09/11/2026 09:03:41

Reporting To:	Public Board	**Date:**	11.11.2026
Agenda Item:	PUB26/11/4.4		
Originating Meeting:	Finance and Sustainability Committee	**Date:**	30.09.2026
Committee Chair:	Chris Brook, Committee Chair and Non-Executive Director		
Lead Director:	Steven Course, Chief Finance Officer		

Purpose:	Decision Approval		Discussion Review		Information Noting	**x**	

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

Link to Strategic Risk:

SR1 Demand & Capacity		SR3 Estates	**x**	SR5 Cyber Security		SR7 Workforce Sustainability		SR9 Organisational Development	
SR2 Quality Governance		SR4 Use of Resources	**x**	SR6 Partnership Working		SR8 Staff Retention		SR10 Digital	**x**

Alert: Items requiring Board/ Committee Attention/ Action		
What?	**So What?**	**What Next?**
The Estates Plan refresh remains incomplete. Its timeline has been revised following further organisational engagement. Strategic Risk 3 (Estates) remains above target.	Without an approved plan, the Trust cannot align the strategy between the Estate footprint and operational performance / alignment.	The Committee asks that completion of the Estates Plan is accelerated to support longer-term strategic decision-making.

Olatunji Aliyu
09/11/2026 09:03:21

	The opportunity cost of delay is not yet quantified. Assurance is partial: delivery continues, but strategic direction is unclear.	The CFO, with the Head of Estates, will progress this and report through Board Assurance Framework updates to this Committee.
An external review following Computer Aided Dispatch (CAD) outages identified resilience, governance and technical improvements. Two Priority 1 incidents affected ESO Siren data transfer, causing operational disruption with no patient safety concerns. Strategic Risk 10 (Digital) remains above target.	Digital resilience is an increasingly strategic issue requiring ongoing Board oversight because of its impact on operational delivery. Assurance is partial: immediate actions are in place, but longer-term improvements will take 12–18 months.	**ACTION: The Director of Digital Innovation will review whether emerging operational digital risks should be escalated within the Board Assurance Framework.** Longer-term improvements will be delivered through a phased programme over 12–18 months, monitored through Digital Improvement Group reports.

Advise: Areas requiring ongoing monitoring		
What?	**So What?**	**What Next?**
Fleet and Workshops show a £1.1m adverse variance, driven by higher maintenance and repair costs, reduced workshop income, workshop vacancies and continued reliance on ageing Fiat vehicles. Fuel costs are also increasing.	This is the main pressure within an otherwise strong financial position. Replacement vehicles should improve the position as the ageing fleet is removed, but recovery depends on forecast assumptions that are not yet proven.	The Committee requested ongoing monitoring of the fleet position and of the assumptions underpinning recovery forecasts. The CFO will report progress through the Integrated Performance Report.
The QCIP efficiency programme delivered £6.161m year to date against a £6.134m target, with £13.924m of the £15m annual target identified.	The new QCIP Delivery Group has strengthened governance of the programme to get the balance right between non recurrent and recurrent savings.	**ACTION: Future QCIP reports to set out benefits realisation, quality impacts and workforce implications more clearly. Lead: CFO.**

Olatunji Alabi
09/11/2026 09:03:41

Legal preparation for the HMRC tax case (how GPs were paid for out-of-hours cover) has progressed and the Trust has responded to HMRC correspondence. Tribunal dates are not expected before March 2027.	The matter is unlikely to be resolved this financial year. Work to date has significantly reduced the potential financial exposure (previously a £2.7m full settlement), but the final position depends on the tribunal outcome.	The CFO will continue to lead the Trust's challenge and update the Committee as the case progresses.

Assure: Areas of positive improvement		
What?	**So What?**	**What Next?**
Year-to-date surplus of £2.273m, £715k favourable to plan. Cash balance is £35.5m and agency spend is 0.4% of pay costs. The Strategic Risk 4 (Financial Sustainability) score has reduced from 9 to 6.	This gives strong confidence of year-end breakeven while retaining investment capacity. NHS England's mid-year review rated the Trust low financial risk with strong controls. Chelmsford Emergency Operations Centre delays are not expected to materially affect the financial position.	Continue to monitor through monthly finance reporting and the Integrated Performance Report (CFO). Medium-term financial planning is covered under Risks.
The Trust's final 2025/26 productivity score was 9.3%, against an NHS provider benchmark of 3.4%. The internal year-to-date estimate for 2026/27 is 5.4%.	The Trust is significantly outperforming the provider benchmark, demonstrating effective use of resources. Gains must be sustained alongside continued improvement in quality, patient experience and operational performance.	The Committee suggested drawing lessons from improvement programmes in other ambulance trusts to inform future opportunities. The CFO will continue to report productivity measures to the Committee.
Energy consumption fell 12% in 2025/26 and is around 19% lower year to date.	Sustainability is increasingly embedded in business cases, estates planning and investment decisions, linking	The draft Green Plan is expected in December 2026 (Environment and Sustainability Manager).

Olatunji,Adeola
09/11/2026 09:43:41

Fleet emissions are down 2.7% and recycling has risen to 31.28%. Five engagement workshops have been held for the new Green Plan.	environmental goals to financial stewardship and resilience. Gaps remain: Entonox-related emissions need further work and solar and battery funding bids were unsuccessful.	Alternative funding routes for solar and battery schemes will be explored.
The first Digital Improvement Group report showed 13 new requests assessed, 11 projects in delivery and 17 lower-priority initiatives deferred. A five-year Digital Roadmap is in development and NHS England cyber funding has been secured.	Prioritisation and oversight of digital activity have improved, focusing resources on organisational priorities. The Roadmap will clarify future investment needs; cyber funding supports Microsoft Sentinel event monitoring and wider cyber maturity.	The Director of Digital Innovation will complete the Digital Roadmap, with the Digital Improvement Group reporting to this Committee. Digital resilience is covered under Alert.
Risks		
What?	**So What?**	**What Next?**
Response performance remains under pressure despite investment in Patient Ambulance Service support, overtime and additional resources. Vacancies are a leading reason for the current underspend.	There is a tension between financial discipline and having enough operational capacity to meet demand and cover sickness absence. A vacancy factor was considered but cannot be justified for a stretched frontline workforce.	Continued joint oversight with the Performance Committee, including governance of Patient Ambulance Service spend. The CFO will continue to direct investment to performance where required.
Financial sustainability beyond 2026/27 is uncertain, reflecting future funding models, rising fuel costs and reliance on non-recurrent savings.	The current-year position is strong, but medium-term plans do not yet give the same confidence. Assurance for future years is therefore partial.	The CFO will strengthen medium-term financial planning beyond 2026/27, supported by recurrent QCIP schemes, the Estates Plan and the Digital Roadmap.

Olatunji Adeola 09/11/2026 09:03:41

Strategic Risks 3 (Estates), 4 (Financial Sustainability) and 10 (Digital) all remain above target.		Progress will be monitored through Board Assurance Framework updates to this Committee.

Olatunji,Adeola
09/11/2026 09:03:41