



# Annual Report and Accounts

2023-2024

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# Our Strategy, Our People, Our Trust

## Vision, Goals and Values

Vision	Goals	Values	
<p>Outstanding care, exceptional people, every hour of every day</p>	<p>Be an exceptional place to work, volunteer and learn</p>	<p><b>Respect</b> We value individuals, including our patients, our staff and our partners in every interaction</p>	
	<p>Provide outstanding quality of care and performance</p>	<p><b>Teamwork</b> Together as one, we work with pride and commitment to achieve our vision</p>	
	<p>Be excellent collaborators and innovators as system partners</p>	<p><b>Honesty</b> We value a culture that has trust, integrity and transparency at the centre of everything we do</p>	
	<p>Be an environmentally and financially sustainable organisation</p>	<p><b>Quality</b> We strive to consistently achieve high standards through continuous improvement</p>	
			<p><b>Care</b> We value warmth, empathy and compassion in all our relationships</p>

### About this report

Our annual report is produced so that we can present information about our services and report on our performance. We do this in line with our commitment to openness and transparency and the published guidance set out by the Department for Health and Social Care.

## Chair's welcome to the Annual Report

I became chair of EEAST in June last year, after three years as a Non-Executive Director. The one thing I have learnt in my four years here is that this organisation never stands still. The last year has been filled with challenges but also remarkable progress that I think everyone at EEAST should be very proud of.

As a board, we have set a clear direction for the organisation with three overarching priorities:

- To drive culture change and improve staff wellbeing
- To reduce Category 2 ambulance response times
- To improve navigation of 999 calls to improve patient outcomes

To do this we have strategies that have outline on what we will do, within EEAST, and how we will continue to work with our partners outside the organisation, across the wider health and social care system.

Internally, we have made significant progress including the recruitment of over 700 front line staff, a reduction in staff turnover and improved wellbeing in the workplace, evidenced through lower sickness rates and continued improvements in our staff survey results.

Externally, we have done a lot of work to share our plans and priorities with our partners across our six integrated care systems. We have taken shared responsibility for ambulance response times as hospitals have increased their focus on handover delays. Also, we have worked with our partners to set up new Unscheduled Care Hubs, which provide community-based support for those 999 calls that are not best served by an ambulance response.

Through all this work, we have made significant improvements to the service we provide for the public of the east of England for ambulance response times compared to last year with many more being handled by our community-based partners. This progress was recognised by our regulators when we came out of special measures which was a testament to the hard work of all our staff and volunteers. Thank you for this.

However, we are under no illusion, there remains much work to be done. For example, we need to get better at how we manage and maintain our fleet, we need to do further work on improving the culture at EEAST

making our organisation one where everyone feels they belong, our ambulance response times are still too long and variable.

This is why we are building on the progress we have made so far with energy and a determination to further improve outcomes for our patients and the experience of our people. We have set clear deliverables for the coming year to further improve performance against our priorities. We have also started work on a 2030 strategy for EEAST that is grounded in what the public of the east of England needs from its ambulance service and listening to our people about what they think the service should look like. We will keep you updated on this work.

Over the last year, I have made it a priority to meet as many staff, volunteers and patients as I can. Our people have hosted me at stations, control centres, hospitals, training centres, in ambulances, team meetings, conferences and awards ceremonies. It has been my pleasure to spend this time with you and I fully intend to continue to listen to you. Thank you to everyone I have met.

And finally, I would like to take a moment to say thank you to Nicola Scrivings, my predecessor as chair. She guided the organisation through an incredibly difficult period during the covid pandemic and was the one that first recruited me to the board. Without her, I would not have the pleasure of being here and being your chair.



**Mrunal Sisodia, Trust Chair**

A handwritten signature in blue ink, appearing to read 'M. Sisodia'.

**19 June 2024**

## Overview from our Chief Executive

As we look back on the year 2023/24, the East of England Ambulance Service NHS Trust has navigated another period of remarkable challenges and significant achievements. Our commitment to providing exceptional care and improving our service has led to good progress against those areas where we know we need to improve.

This year, we have secured a 10% increase in ambulance hours on the road, now totalling approximately 12,300 hours per day. Our staffing has seen a significant boost, with over 200 more frontline clinicians now working on the frontline. These numbers not only represent our growth but also our relentless dedication to meeting the ever-increasing demands of our community.

We have also worked hard to change our service, seen through a doubling of our referrals to alternative pathways, which increased by 120% over the course of the past year. This leap forward in patient care efficiency exemplifies our commitment to adopting more effective and responsive care delivery models.

Our collaboration with fire services and the establishment of Community Wellbeing Officer teams have expanded our reach and enhanced our co-response capabilities. With 13 Fire Stations now actively responding to Category 1 calls, and our community-first responders providing invaluable support, we have strengthened our collective ability to respond more effectively to emergencies.

This work has helped us deliver faster responses to our patients, with improvements across all call categories, of note we have responded 34% faster to Category 2 incidents and seen a significant reduction in patient safety incidents related to delayed responses to our patients.

Culturally, we have made great strides. Our staff survey data shows us as the most improved ambulance service for the second consecutive year. This, coupled with the removal of our Trust from the National Recovery Support Programme by NHS England and the lifting of conditions by the CQC, marks a pivotal regulatory accomplishment and a step forward in our improvement journey.

Looking ahead to 2024/25, we aim to further increase our ambulance hours on the road by over 5%, while continuing our focus on efficiency, productivity, and engagement. Our plans to expand the use of alternative



pathways and to develop targeted strategies for improving clinical outcomes in emergencies like cardiac arrests and falls, highlight our ongoing commitment to improving patient care.

Infrastructure-wise, we are on track to see the opening of our first new ambulance station for many years during 2024/25 and the beginning of work on at least two further new stations, this, alongside the planned replacement of over 150 ambulance vehicles demonstrate our commitment to make sure our people have the resources they need to deliver top-tier care and service to our communities.

We will also continue to drive the transformation of our service, be that through further integrating our service, our continued work to improve our culture and regulatory position so we can continue to build an ambulance service that our people and our communities are proud of.

In closing, I extend my deepest gratitude to every member of our team for their exceptional dedication and hard work. Your contributions are the foundation of our successes and together, we continue to rise to the challenges we face, guided by our shared purpose of saving lives and serving our community.



**Tom Abell, Chief Executive**



**19 June 2024**

## About the East of England Ambulance Service (EEAST)

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

The east of England is made up of both urban and rural areas with a diverse population.

As well as a resident population of about 6.3 million people, several thousand more tourists enjoy visiting our area in peak seasons each year.

Our area also contains several airports including London-Luton and London-Stansted as well as major transport routes which increase the number of people in our region daily.

During 2023/24 we provided non-emergency patient transport services for patients needing non-emergency transport to and from hospital, treatment centres and other similar facilities within Cambridgeshire, parts of Essex, Bedfordshire and Hertfordshire.

We work with six Integrated Care Systems (ICS) covering an area of approximately 7,500 square miles.

We employ more than 5,000 colleagues operating from over 120 sites and are supported by more than 1,000 dedicated volunteers working in a variety of roles including: Community First Responders; volunteer car drivers; BASICS doctors; chaplains and our community engagement group.

EEAST's Headquarters is based in Melbourn, Cambridgeshire and there are ambulance emergency operations centres (EOC) at each of the three locality offices in Bedford, Chelmsford and Norwich which receive over 1.3 million emergency calls from across the region each year as well as calls for patients booking non-emergency transport.



## **Response to 999 calls as an emergency and urgent care service**

In 2023/24, our emergency operations centre (EOC) received 1,384,547 emergency contacts from the public.

On average, over 2,750 emergency 999 calls came into the ambulance service every day.

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

## **Scheduled Care Service – Patient Transport Service**

We deliver a Non-Emergency Patient Transport Service (NEPTS), working in collaboration with hospitals and treatment centres, transporting and caring for a variety of patients, including elderly and vulnerable people, and those with mental ill health, to and from outpatient clinics, day-care centres, and other treatment facilities.

Colleagues are trained to lift and manoeuvre patients in and out of vehicles, ensuring patients are safe and comfortable during the journey and arrive on time for appointments. Colleagues are trained to administer first aid or life saving techniques should this be necessary. Other duties include making sure vehicles are clean and tidy, in line with strict infection and prevention guidelines and keeping accurate records of journeys.

During 2023/24 we undertook 437, 647 patient journeys and 41,728 escort journeys – a total of 479, 375 NEPTS journeys.

## **Resilience and Special operations**

EEAST operates two hazardous area response teams (HART) and has a resilience and specialist operations team which oversees the Trust's preparation for responding to a major incident along with business continuity incidents. The team works very closely with partner agencies and local resilience forums.

## **Commercial services**

We operate several Commercial services that generate income for the Trust, as well as providing organisational resilience.

**CallEEAST**, our non-emergency and commercial contact centre, offers an array of contact centre solutions to commercial organisations and other NHS Trusts. The team supports 80 separate contracts handling more than 850,000 calls every year.

The **National Performance Advisory Group (NPAG)** brings people together nationally to share best practice and showcase industry developments across the NHS enabling innovation and efficiency.

**TrainEEAST**, EEAST's commercial training department offers a wide range of first aid and emergency care training courses for businesses, organisations, individuals and our own colleagues.

## Our People – Our Year in pictures

Two EEAST clinicians were chosen to be part of just 22 representatives of the nation's ambulance service that formed part of the honour guard for the King's Coronation.



Paul Leech, a Leading Operations Manager based in Suffolk and Jason Buxton, a senior paramedic and instructor from Cromer joined other representatives of the uniformed services to line the route of the coronation in full dress uniform when the King and Queen passed through to and from the ceremony.

Thomas Pont, Duty Manager at EEAST's Norwich Emergency Operations Centre, won an award from the Association of Ambulance Chief Executives (AACE) in recognition for outstanding service.



Thomas said: "Being nominated for this award was such a shock, and it is such an honour to be nominated let alone win this award! I love my job and far from being exceptional, I just always try to do my best for my colleagues and our patients".

Staff at EEAST picked up two awards at the prestigious Control Room Awards 2023. For a second time in the last three years, Ben Hawkins, a dispatch team leader, won a Control Room award when picking up the Community Champion Award.



Francesca Kusel-Baum, a regional clinical coordinator at EEAST, received the Young Achiever Award.

Staff at EEAST joined colleagues from across the NHS at a service at Westminster Abbey to mark the NHS's 75th Birthday.

Terry Hicks, head of operations for Cambridgeshire and Peterborough, Zoe Martindale, Philip Bygrave, and Chaplain Tony Mills all made the

journey to London to join colleagues from across the NHS at the service.



A senior paramedic who has worked for EEAST for 34 years was among the finalists for the Sun newspaper's, Who Cares Win Awards.

Mark Giddens, who works out of Stevenage Ambulance Station, was one of three finalists for the 999 Hero category at the annual awards broadcast on Channel 4.



The Sun shortlisted Mark for the award after hearing of his tireless dedication to the ambulance service and patients – both inside and outside of working hours.

Paul Henry, who worked as deputy director of operations support, retired after more than 40 years of service.

Paul joined the NHS in 1983 and started his career with the Norfolk Ambulance Service before going on to become one of the county's first paramedics in 1987. He then

took responsibility for the training and development of all ambulance staff in Norfolk four years later. Since then, Paul has held a variety of senior operational and management roles within EEAST, as well as taking responsibility for a range of major projects





The industry-leading work EEAST has put into assessing and managing patients with skin tears over the course of the last 3 years has been recognised by the Journal of Wound Care, after being shortlisted for an award at its annual ceremony in London.



Tim Hickey, EEAST Clinical Lead for Primary and Urgent Care said, 'We're absolutely thrilled to have been nominated for this award which reflects the huge efforts by the EEAST project team and frontline staff of all clinical grades to make the introduction of the Trust-wide skin tear management pathway and Biatain Silicone dressings a success'.

Gino Anzivino retires after 43 years of service. Retirement was well deserved after so many years of dedicated service.



Gino started work with the Cambridgeshire Ambulance Service in 1980 and has been based in Peterborough, North

Cambridgeshire, throughout his long career. Over the 43 years of service, he has seen enormous changes in the development of our service. Most recently Gino has worked as an RRV Paramedic in the Peterborough area.

EEAST's medical devices team was awarded an international ISO quality standard following an extensive audit process.



The first ambulance service in the UK to receive the global ISO 13485:2016 accreditation for medical devices.

## Overview of Performance

This section provides information on how EEAST performed during 2023-2024

### Section 1: Be an exceptional place to work, volunteer and learn

EEAST launched its recruitment campaign - #CareerForLife.

There are hundreds of people at EEAST who have been with the Trust for many years, many with careers spanning decades. We wanted potential recruits to know that a career within the ambulance service can be a career for life. Everyone has a different journey and story to tell.

The campaign focused on our own people stories and their career journeys to inspire others to start their own journey at EEAST.

These case studies showed some unique career journeys and the diverse range of career options available within EEAST – whether that’s moving from one department to another, progressing in their role, or staying in their role long term if that’s the journey that works best for them.





## Our People

Central to our vision is the steadfast belief that EEAST should not only be a place to work, but also a community where individuals feel valued, supported and inspired. We recognise that our success depends on the wellbeing, engagement and professional development of all our people.

As EEAST progressed on our cultural improvement journey, our focus remained on fostering an environment where learning was celebrated, growth was encouraged, and collaboration thrived. Throughout 2023/24, we worked to develop our leaders, embed improved processes and deliver year one of our People Strategy. This ensured the right mechanisms were in place to empower and support our people to deliver the right care to our patients and communities.

EEAST focused on creating an inclusive, engaging and progressive environment where the safety and wellbeing of our people, is at the heart of everything we do, to enable us to deliver the right care, to the right patient at the right time.

Our colleagues on the front-line, those in control rooms and those providing non-emergency services are the 'face' of EEAST. Supporting these colleagues are hundreds of others within our support services functions. These include our Make Ready Services, Finance, HR, Estates, Communications and many others.

**Each member of our EEAST team, regardless of their role, play a crucial part in guaranteeing that we offer our patients the highest standard of care possible.**

## Turnover and Retention

Turnover and retention remained key issues generally within the NHS. EEAST's turnover rate decreased steadily from 11.9% in April 2023 to 9.1% by March 2024, because of EEAST's long-term interventions.

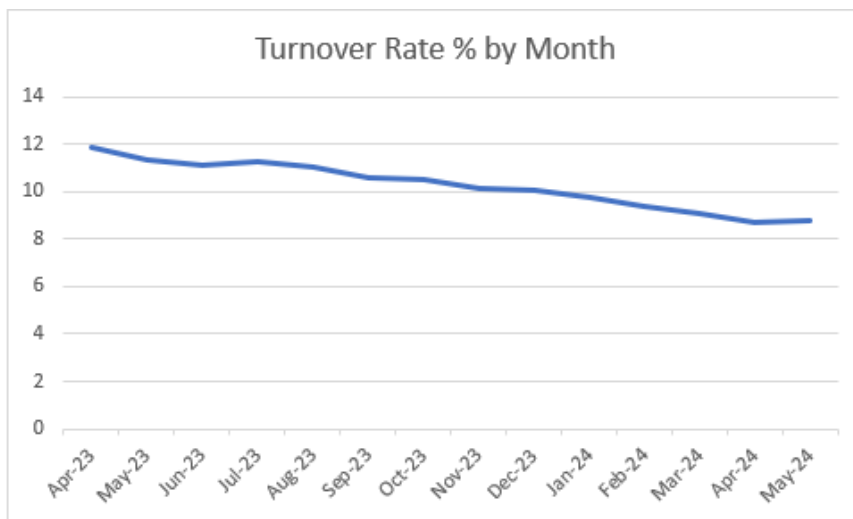
We worked closely with national and regional partners, aligning efforts with initiatives like the Regional Retention Improvement Plan, and implemented internal strategies outlined in the EEAST Retention Improvement Plan, all in line with our People Strategy and Wellbeing Plan.

Our workforce led local initiatives that made a real difference, included:

- Improving recruitment and onboarding processes.
- Developing clear career pathways for staff.
- Supporting leaders with exit processes through the HR Business Partner Team.
- Using data to refine our organisational strategies.
- Enhancing our redeployment process, resulting in 49 successful redeployments since August 2022.

Together, these efforts improved the overall experience for our people, ensuring a positive journey throughout their time at EEAST.

EEAST successfully reduced staff turnover through a well-planned strategy, keeping a strong workforce with valuable experience and skills, while saving money on recruitment and external staffing.

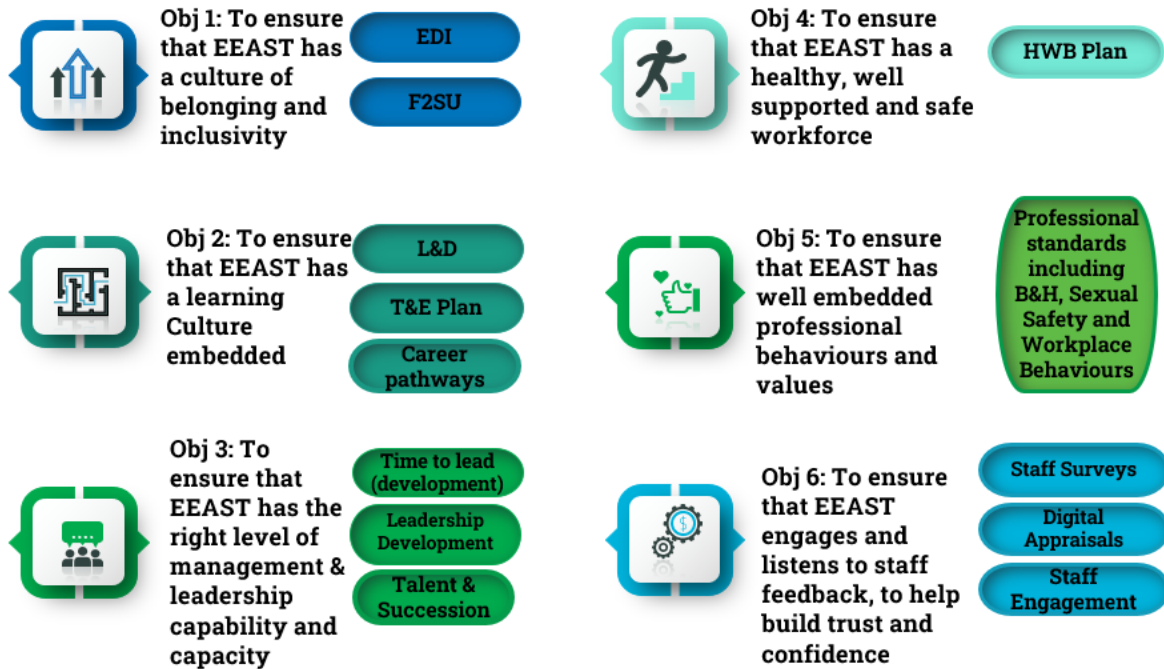


We knew change wouldn't happen overnight, so we focused on making lasting improvements that were both impactful and financially responsible. Retaining the skills and experience of our people remained a top priority for EEAST.

## Colleague Experience

During last year, EEAST continued to enhance its cultural journey by taking account of previous national staff survey, local pulse survey results and direct feedback, as a result EEAST expanded the number of programmes supporting colleague experience development, from 5 to 14, which encompassed a wider range of initiatives to be introduced.

EEAST was always clear on the improvements required to enhance colleague experience and worked during the year on six objectives, outlined in the graphic below.



All activity was tracked to programme plan and delivery outputs, measured via our culture dashboard, which showed month on month improvement during 2023/24

## Highlights

EEAST became the first ambulance service to be awarded the prestigious bronze level Dyslexia Friendly Quality Mark by the British Dyslexia Association.

The award is only issued to schools or organisations which demonstrate they provide high quality education and/or practice for dyslexic individuals.



To mark Dyslexia Awareness Week our CEO Tom Abell and Director of Strategy and Culture Hein Scheffer met with Justin Honey-Jones, specialist lecturer practitioner to sign the British Dyslexia Association Workplace Pledge, reaffirming our commitment to learning more about dyslexia and challenging stigma, discrimination, and prejudice.

EEAST welcomed its first students with autism for work experience trials.

Two students from the Wherry School in Norwich – a specialist school for students with autism - joined the team at the Longwater ambulance base to try out working in the Make Ready service. They were mentored by Make Ready lead Steve Hill, who said: “I’m really excited to play a part in supporting the students in gaining an understanding of working, whilst being in a working environment. I hope they enjoy the moment and take away the experience to fulfil whatever career they choose.”



## Vision

A refreshed approach to describing a great place to work:



## Colleague Feedback

The NHS 2023 staff survey report obtained a strong completion rate of 52%. Whilst lower than the previous year, EEAST's response remained comparable with other ambulance trusts across the UK.

EEAST continued to take a positive step forward with regards to colleague experience; 93% of questions scored more positively than in 2022, which retained EEAST the accolade for most improved survey results, for the second year in a row. EEAST saw a 10% improvement in staff recommending the organisation as a great place to work, compared to 2022.

### Survey headlines



**93%** Of questions scored **more positively** compared to 2022 (up from 46%)

**#1** Of 7 comparable Ambulance trusts in terms of **year on year improvement for the second year in a row**

**50%** Overall satisfaction score placed EEAST **7<sup>th</sup> out of the 7 comparable** Ambulance Trusts, up from 45% last year.

**2 out of 5** Recommend EEAST as a great place to work (up 10% since 2022)

**55%** Would be happy with the standard of care for family and friends (up from 47% in 2022)

**59** Percent of **all staff** believed patient care was EEAST's top priority (up from 57% in 2022)

**52%** Completion rate

[www.eeastamb.nhs.uk](http://www.eeastamb.nhs.uk)

#WeAreEEAST

The graphic below shows a comparison over the past two years of the most improved areas and areas showing a reduction.

These results demonstrated EEAST continued to improve colleague perception and experience, particularly in areas around colleague development and support which held the largest satisfaction increases in the 2023 survey. This trend was also reflected in the pulse surveys conducted over the last year, which further highlighted an upward improvement of positive responses in all EEAST's nine engagement measures.



# Two years in review

## Where did we improve most in 2023?

Most improved scores	Org 2023	Org 2022
q24e. Able to access the right learning and development opportunities when I need to	46%	34%
q24c. Have opportunities to improve my knowledge and skills	60%	48%
q3i. Enough staff at organisation to do my job properly	25%	14%
q25c. Would recommend organisation as place to work	41%	31%
q24d. Feel supported to develop my potential	40%	30%

## Where did we see a reduction?

Most declined scores	Org 2023	Org 2022
q13d. Last experience of physical violence reported	71%	73%
q14c. Not experienced harassment, bullying or abuse from other colleagues	74%	77%
q14a. Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	55%	57%
q7e. Enjoy working with colleagues in team	77%	77%
q20b. Would feel confident that organisation would address concerns about unsafe clinical practice	41%	41%

## Where did we improve most in 2022?

Most improved scores	Org 2022	Org 2021
q21a. Received appraisal in the past 12 months	53%	47%
q20. Feel organisation respects individual differences	52%	46%
q11a. Organisation takes positive action on health and well-being	38%	32%
q6d. Can approach immediate manager to talk openly about flexible working	52%	47%
q14b. Not experienced harassment, bullying or abuse from managers	81%	76%

## Where did we see a reduction?

Most declined scores	Org 2022	Org 2021
q23d. If friend/relative needed treatment would be happy with standard of care provided by organisation	47%	56%
q4c. Satisfied with level of pay	16%	20%
q19a. Would feel secure raising concerns about unsafe clinical practice	61%	64%
q2c. Time often/always passes quickly when I am working	44%	47%
q23b. Organisation acts on concerns raised by patients/service users	52%	54%

During 2023/24 all directorates developed action plans in response to their staff survey results to ensure continued focus and effort. We also introduced 'Listening into action' events during 2024, to allow our colleagues to learn, co-create and inform the action plan for their directorate.

Overall, we have had a strong year for staff survey results, with over 93% of questions showing year on year improvements.

These improvements demonstrate that our continued focus on improving culture, staff and patient experience is making a difference.

We must be mindful however that we are still on that same improvement journey. Our results should be viewed as encouraging rather than the final step.

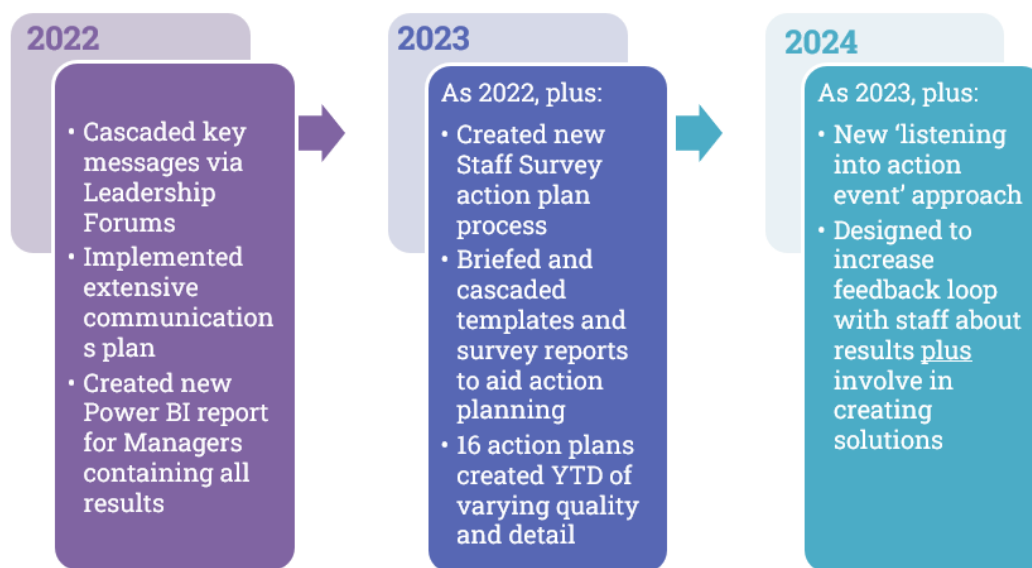
We are still lagging behind the comparable Ambulance average – however, we are also closing the gap. We are now 1% behind the next Ambulance service; last year, we were 3% behind.

In summary, we see this survey as a great step and reminder that we're heading in the right direction and in many instances, are well on the way to becoming a great place to work.

EEAST's board believed this survey demonstrated a great step forward and reminder that we are heading in the right direction and are well on the way to becoming a great place to work.

The staff survey data continued to be triangulated with other staff data, such as employee relation cases, patient safety cases and Freedom to Speak up information, to identify trends across EEAST and put suitable action plans in place where required. Cross directorate sharing forums are in place between multi-disciplinary teams to review this data on an ongoing basis and provide support where required.

Our approach was to continually build momentum and impact following the annual staff survey. EEAST continued to implement 'additions' each year so we can increase the level of engagement with our people – not only about the results, but also how we co-create solutions. The graphic on the left demonstrates EEAST's ambition for next year compared to previous years.



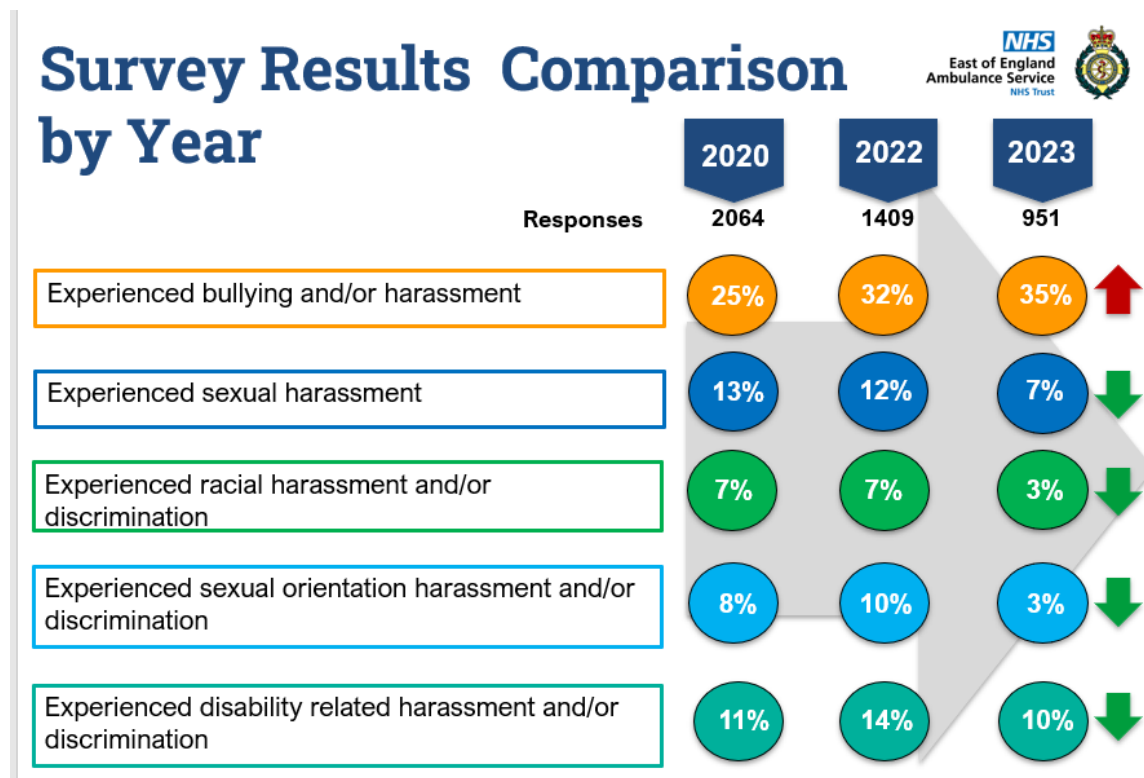
## EEAST Surveys

EEAST continued to conduct annual colleague surveys for minority groups as part of a three-year inclusivity plan, to understand what our baseline of colleague lived experience was supporting us to form valid and relevant targeted action plans.

The three surveys were carried out between January and April 2024 for colleagues who are Black and Minority Ethnic (BME), LGBT+, or have a disability or neurodiverse condition.

Our surveys are supported by the different equality, diversity and inclusion networks within EEAST.

The graphic below shows the results compared to previous years.



### Raising Concerns

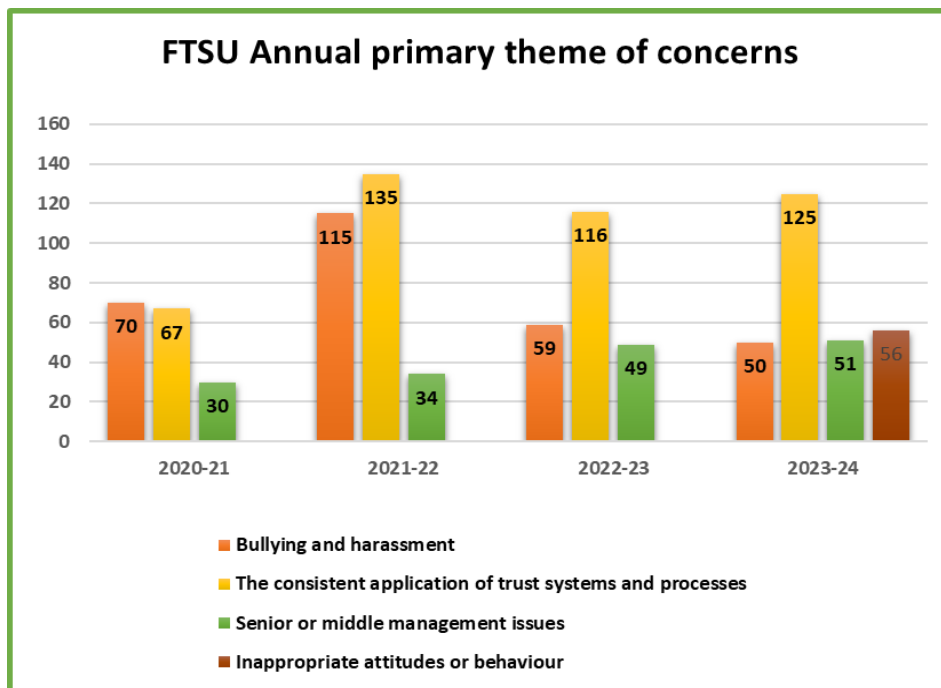
Over the past year, Freedom to Speak Up benefitted from an increased resource of two additional Guardians and 15 Ambassadors which led to an increase in colleague and organisational understanding of what speaking up is about. Also, improved visibility, availability, capacity and resilience of the Freedom to Speak Up team, inevitably led to an increase in the number of new cases raised.

The continued engagement from the Chief Executive Office developed a bi-weekly executive message which provided updates on service developments, plans and appreciation shown for the work colleagues undertake via the ‘Thank you Thursday’ message.

The executive Question & Answer sessions continued on alternate weeks to provide a confidential and anonymous route for colleagues to ask questions or raise concerns directly with the executive team and senior leaders. This



along with regular messaging on the various routes for colleagues to speak up, some which focused on specific themes such as bullying and harassment, provided evidence to colleagues that speaking up was being driven and welcomed by the leadership.



The top three themes of concerns reported correlate with previous years, with 8% more colleagues reporting a lack of consistency in the application of some of EEAST's systems and processes.

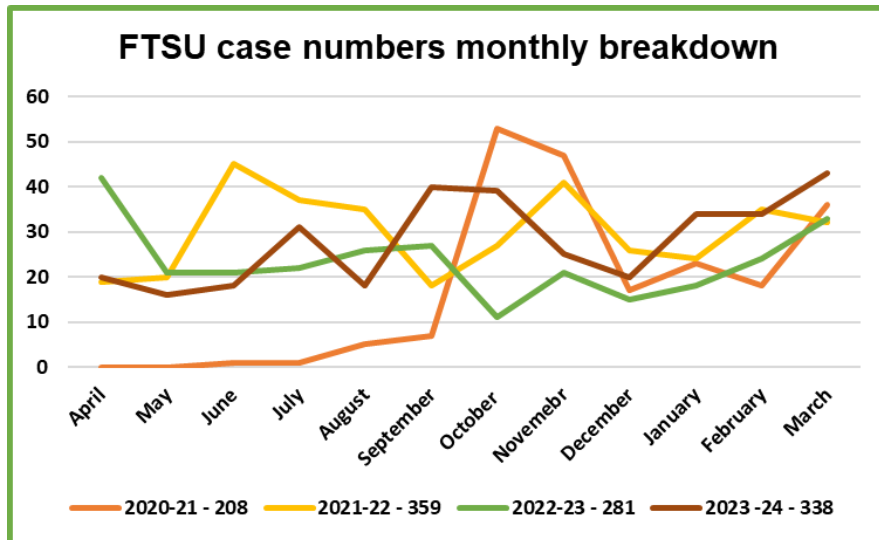
There has been a slight reduction in the number of colleagues reporting bullying and harassment and a significant increase in reports of inappropriate attitudes or behaviours. EEAST's work on culture, professional standards and civility is in its infancy and these numbers are expected to reduce over the next year.

Issues regarding senior and middle managers remained the third highest reported theme.

### **Last year 338 colleagues raised a new concern.**

There have been several successes within FTSU including the National Guardians Office requesting an EEAST FTSU case study which was included in its national annual report.

In June 2023, it also published an analysis of the speaking up questions from the 2022 NHS Staff Survey, which replaced the preceding FTSU index. The survey identified EEAST as third in the top ten most improved FTSU score for trusts.



Question 23e of the national staff survey, “I feel safe to speak up about anything that concerns me in this organisation” exceeded our target and increased to 49%, an increase of 3%. It provided EEAST with the assurance that the challenging work currently being undertaken around cultural change was making a difference to the culture of speaking up.

		2018	2019	2020	2021	2022	2023	Average	EEAST
q25e	Feel safe to speak up about anything that concerns me in this organisation	-	-	43%	43%	46%	49%	55%	49%



Theme	Actions
Staff perceptions about work	<ul style="list-style-type: none"> <li>Inclusivity Plan</li> <li>Let's Talk campaign</li> </ul>
Team Working	<ul style="list-style-type: none"> <li>Civility e-learning module</li> <li>Time to Lead</li> </ul>
Line Management	<ul style="list-style-type: none"> <li>Leadership Development Programme</li> </ul>
Health and Wellbeing	<ul style="list-style-type: none"> <li>Refreshed Health and Wellbeing programme</li> <li>New wellbeing app</li> </ul>
Bullying and Harassment	<ul style="list-style-type: none"> <li>Workplace Behaviour Survey</li> <li>New task and finish group</li> <li>New training module</li> </ul>
Appraisals	<ul style="list-style-type: none"> <li>New digital appraisal tool planned for implementation</li> <li>Appraisal training</li> </ul>
Advocacy and Trust	<ul style="list-style-type: none"> <li>A year in review communication and booklet</li> <li>EDI network engagement</li> </ul>

The graphic above shows the themes and related actions to support improvement.

Through our Raising Concerns Forum, EEAST conducted a data triangulation exercise during June 2023. This exercise combined multiple sets of data to identify trends and 'hot spots' in the organisation. Seven key themes that needed further review and action were identified:

- Staff perceptions of work
- Team working
- Line Management
- Health and Wellbeing
- Bullying and Harassment
- Appraisals
- Advocacy and trust.

## Highlights



The '**Let's Talk**' campaign aimed to raise awareness about subject matters that may impact on the culture and working life within EEAST. To improve our awareness and understanding of the many different cultures around us, we

must open the conversation and equip ourselves with the skills and tools to learn.

The '**Let's Talk**' campaign brought together a range of actions that were either already taking place, or due to begin development soon.



**Leadership Learning Circle** session on "Understanding Reasonable Adjustments and Process for Our People."

As EEAST is working towards becoming a disability confident employer, it is crucial for our leaders to have a deep understanding of reasonable adjustments, and the process

involved in supporting our people.

This Leadership Learning Circle session aimed to address this challenging topic and provided valuable insights and knowledge to deal with practical issues at work.



**National Inclusion Week** was the perfect time for us all to reflect on how we can do our bit to make sure all our colleagues feel valued and appreciated in the workplace.

We want to be a Trust that celebrates, and learns from, each other's differences which is why our EEAST Inclusivity Plan is going to

play such an important part in how we develop over the next three years.

The plan lays out the importance of making all our people feel safe, comfortable and supported. It has four clear aims which cover making EEAST a safe place for all, developing community partnerships, developing a recruitment campaign, and developing clear pathways for all our people.

## Equality, Diversity and Inclusion

As EEAST continued its journey towards inclusivity, key initiatives that commenced during 2023/24 included:

- Achieving Disability Confident Level 2 Employer status
- Collaborating with Jobcentre Plus on a Positive Action project for long-term unemployed BME individuals and people with disabilities
- Finalising the implementation of Cultural Inclusion Agents, with six new members to be in place by Autumn 2024.

The graphic below shows the themes being supported across EEAST



During 2023/24, EEAST made significant strides toward realising its vision of fostering an intentionally inclusive environment for both our colleagues and patients. This progress was guided by key objectives, comprising:

- Being Inclusive by Design
- An Employer of Choice
- Building an Inclusive, Respectful Culture for All
- Dedicated Inclusive Leadership

Last year, several noteworthy milestones were achieved aligned with these objectives.

The achievements of 2023/24 reflect EEAST's resolute commitment and aim of fostering an inclusive environment where it is intentionally

inclusive, improve diversity and promote equality. As EEAST looks to the future, it remains dedicated to building on this progress and creating a workplace where everyone feels valued and empowered.

## Inclusivity plan

The **Inclusivity Plan** is crucial for creating a workplace that celebrates diversity, fosters inclusivity, and attracts and retains talent. **Inclusivity** is an integral part of building a stronger, reliant and sustainable Trust in today's culturally diverse society.

The graphic below shows the four themes of our Inclusivity Plan.

The EEAST Inclusivity Action Plan includes 4 Key Themes:



## Enhanced cultural awareness

Cultural masterclasses were delivered for operational leaders, providing them with invaluable insights and tools to navigate diverse environments. We commenced our "Let's Talk About..." campaign fostering open dialogue among colleagues, creating a psychologically safe space to discuss and explore pertinent topics such as racism, men's health, allyship, bullying, identity and menopause.

## Equality staff network engagement

The staff networks prioritised cultural awareness and engagement by hosting events and initiatives aimed at fostering understanding and involvement within our diverse communities. Highlights included events addressing prostate cancer, men's wellbeing, PRIDE celebrations, and a joint Black History month event honouring the achievements of Black women.

## Equitable and accessible systems

EEAST integrated an equality assurance audit system into the recruitment and HR processes, ensuring fairness and accessibility. Additionally, equality



reviews had been conducted on several significant projects including Time to Lead, and St Alban Hub, over 20 separate equality impact assessments have been undertaken. An Associate Reasonable Adjustment Advisor was appointed to oversee a standardised system for EEAST.

## **Community engagement and social impact**

In realising our aim to improve engagement and involvement with our BME communities led to starting several flagship projects including monthly attendance of job clubs and a reverse job fair for autistic people and people with learning disabilities.

EEAST was focused on establishing a culturally competent workforce and reviewed its recruitment and progression mechanisms particularly the “Expression of Interest” model, to explore areas for potential bias. Work continued with external stakeholders to improve EEAST’s attraction rate for both BME people and people with disabilities.

## **Leadership development programmes**

The introduction of the Calibre programme, designed specifically for colleagues with disabilities, marked a significant step in our commitment to leadership development. The programme culminated in a successful graduation ceremony, with three graduates achieving promotions.



## **Colleague Training and Education**

During 2023/4, EEAST continued to be education partners with Anglia Ruskin University, University of Bedfordshire, University of East Anglia, University of Hertfordshire, and the University of Suffolk.

Our Practice Educators for our BSc (Hons) Paramedic Science programmes supported 500 placement learners and over 200,000 hours. We trained over 700 new Practice Educators to support our learners in practice.

We continued to work with the University of Cumbria to support the upskilling of current Emergency Medical Technicians to Paramedics

through the Paramedic Degree Apprenticeship and so far, 81 have graduated from the 24-month programme.

Over the year EEAST increased degree apprenticeship spaces from 90 to 150 per year to allow more colleagues to progress their clinical careers. 327 learners have graduated from their Associate Ambulance Practitioner apprenticeship with our education partners at MediPro.

To allow EEAST to become more multidisciplinary in its skill mix, we launched an education programme for Pre-Hospital Nurse Practitioners.

We have trained 685 new clinical colleagues in the year and upskilled another 300 to a higher skill grade to better support our deployment model and clinical response priorities.

Across the region we delivered a programme of mandatory training including in resuscitation skills, moving and handling, and safeguarding training.

EEAST's CPD catalogue delivered 358 courses during 2023/4 which 5,648 colleagues attended face to face training.

We supported over 600 colleagues to become trained in driving skills, including gaining a C1 driving license as well as emergency response driving capabilities.

We partnered with the University of East Anglia:

- for our new Advanced Clinical Practitioner Apprenticeship in Urgent Care which had 25 new Advanced Clinical Practitioners in training, supporting community management of patients, and a further 18 specialist paramedics upskilling their qualifications.





- for a new Advanced Clinical Practitioner Apprenticeship in Critical Care and enrolled 10 colleagues, which was run in partnership with East Anglian Air Ambulance and the University of East Anglia.

And with the University of Nottingham to upskill 20 advanced paramedics on prescribing programmes to upskill their capabilities further across both urgent and critical care teams.

## Highlights

EEAST delivered the first in-house qualification that allow our volunteer trainers to assist with the induction training for Community First Responders.

By completing this course, they received the full Level 3 Award in Assessing Vocationally Related Achievement which allowed them to acutely assess students for the CFR's regulated medical qualification completed at induction, the Level 3 Award for First Responders on Scene: Ambulance Service Community Responder. This allowed them to work alongside our Community Response Training Officers supporting training more CFRs across the region and helping to support patients and frontline crews.

The first cohort of EEAST colleagues to qualify as paramedics through a new apprenticeship degree programme with the University of Cumbria were celebrated at a special ceremony after achieving 'phenomenal' results.



The group of 20, who graduated, were presented with a certificate to mark their achievements on completing the Level 6 Degree Apprenticeship Paramedic Programme at a ceremony at The Athenaeum in Bury St Edmunds. Over 80% on the programme achieved an upper-class honours degree

with five of the group achieving a first and 11 achieving a 2:1

## Health and Wellbeing



Over the past few years, colleagues within EEAST and the rest of the NHS, have been faced with immense demands and emotional exhaustion caused initially by the pandemic.

As a result, it became more apparent that developing wellbeing capabilities at individual, manager, and leader levels, was an urgent and high priority, along with providing better support for colleagues dealing with mental health challenges.

It is essential for all EEAST colleagues to be able to manage their own wellbeing to function effectively, with mental health awareness essential for managers, supporting them to feel comfortable discussing mental health issues with their teams. To maximise wellbeing enhancing policies, procedures, and processes within EEAST's cultural delivery, it was important that the leadership appreciated the business benefits of wellbeing.

We confirmed a non-executive board member who serves as a "Wellbeing Guardian" for EEAST to effectively address the wellbeing agenda across the organisation.

Key achievements included:

- Continuing to build our health and wellbeing team with an increased ability to concentrate on strategic, transformative wellbeing activities with a stronger emphasis on prevention. Occupational health management responsibilities were removed from the wellbeing team's portfolio.
- Launching our wellbeing network and monthly newsletter which was very well received.
- Agreeing to the blue light commitment for mental health at work.

Our activity during 2023/24 included:

- Following the purchase of welfare wagons, EEAST arranged for them to be kitted out with fridges and water units.

- Welfare wagon project meetings were arranged fortnightly with all stakeholders.
- A feedback form and interaction log for welfare wagons created (monitoring for KPI reporting). Stock check form created to monitor snacks and consumables. Planned servicing and MOTs for welfare wagons with fleet team ensured they were not off the road all at the same time.
- Arranged and held official launch of the welfare wagons early 2024.
- Mental health awareness courses, delivered by MIND, for both managers and wellbeing champions exceeded the target set and will continue to deliver into 2024/25.
- A suicide and prevention working group established with a refreshed new focus on mental health and suicide prevention which meets bi-monthly.
- A suicide prevention and postvention resource pack produced and added to East24. Support with postventions continued and increased during the year.
- On site crisis support arranged and delivered to stations for crews which are struggling with their mental health via The Ambulance Service Charity. (TASC).
- A mental health video was created in association with Magneto and colleagues from EEAST and a new mental health risk assessment was launched. A soft launch of the video was held at the People Services away day, in March with a full launch at the welfare wagon launch.
- Time for Me App, powered by Hapstar - the creation of a new app and platform that will assist all our people with keeping their mental health in check, with support and resources immediately available. Soft launch currently underway with our champions and looking to launch to the whole trust mid-May 2024.
- We tendered for a mental health first aid provider and successfully appointed Big Dog, Little Dog (BDLD) which received superb feedback.
- Expanded our Trauma Risk Management (TRiM) teams, including advanced TRiM practitioners with training procured and provided by March on Stress.
- Launched our refreshed wellbeing champions programme and integrated it across EEAST.

- All staff champion monthly check-ins established to support all staff champions.
- A new health and wellbeing service group created and continued to be held monthly.
- A process map was created for major incidents in relation to Wellbeing.
- A task and finish group which included the chair of the multi faith network and our Chaplain, was set up to develop a broad support group which recognised all faiths and beliefs to deliver in terms of an inclusive community and holistic approach.
- Menopause awareness sessions started, followed up by training for menopause mentors across EEAST.
- Electronic feedback forms created for all training that was delivered to ensure EEAST learns from feedback.

Our activity for the early part of 2024/25 includes:

- Self-harm/Suicidal ideation or intent Prevention Guidance for Managers has been drafted and will be published shortly.
- Aligning health and wellbeing with Time to Lead - mental health toolkit underway, including a wellbeing passport and a directory of service.
- A review of the TRiM form is underway with TRiM Practitioners and the communications team.
- A review of health and wellbeing by our Internal Auditors
- Recruitment process for welfare wagon volunteers commences.

## Volunteers

We are exceptionally proud of the commitment and professionalism shown by all our volunteers every year.

We have around **1000 active volunteers** who supported our communities and patients last year. EEAST started to develop dedicated volunteer support for all volunteer roles within EEAST through the establishment of the volunteer hub, which included recruitment to new roles and increased our volunteer membership in all roles. During the year we continued to maintain the safety of our volunteers while responding to patients and engaging with the public in local communities.



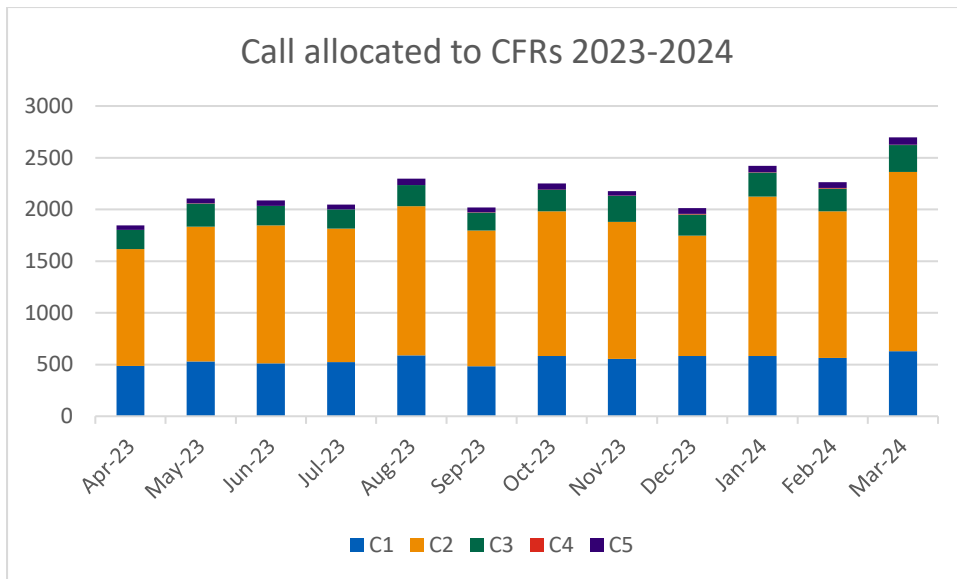
Our volunteer workforce is extremely varied, and includes our community first responders, co-responders which are military and other blue light personnel, car drivers within our patient transport services,

community engagement volunteers, chaplains and other faith representatives, general supporters, EEAST Heart volunteers for community education and wellbeing volunteers. We were supported by British Association for Immediate Care (BASIC) doctors and paramedics.

## Community First Responders

Community first responder volunteers within our local communities attended a wide variety of calls on behalf of our ambulance services. Calls range from being the first ambulance service resource at a prehospital cardiac arrest to assisting with a care line call activation.

The graphic below shows the number of 999 calls allocated to community first responders for the year 2023-2024.



C1: immediate response to life threatening condition, such as cardiac or respiratory arrest

C2: serious condition, such as stroke or chest pain, which may require rapid assessment and/or transport

C3: urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting

C4: non-urgent problem such as stable clinical cases, which requires transportation to a hospital ward or clinic

C5: conditions identified as suitable for clinical triage which can be resolved, or sign posted to self-care or another agency

This commitment to their local community went beyond that of a community first responder, many volunteers supported local communities through community awareness sessions, and ongoing social support for the vulnerable within their local communities.

## EEAST Heart

EEAST Heart in partnership with the East of England Ambulance Service Charity delivered training sessions to the local communities in Basic life support and AED awareness. Over 4000 members of the public received training and new partnerships with community resilience teams will enable more communities to be reached.



## **Falls Community First Responders**

EEAST continued to support and expand our falls community first responders enabling them through enhanced training, to attend non injured patients who required assistance in getting up from the floor. Teams were able to discharge the patient from scene with the support of the clinical advice line.

This enabled us to attend patients who had fallen, quicker, and made a difference to many patients experience and care over the course of the year.

## **Community First Responder Cars**

Through charity funding in partnership with NHS Charities together we mobilised CFR cars around the Trust, these cars enabled volunteers to travel further distances to life threatening emergencies and patients who have fallen providing volunteer care to more communities, irrespective of socio-economic demographics.

## **Volunteer Car Drivers**

Volunteer car drivers supported the Non-Emergency Patient Transport Services (NEPTS) operated within our PTS contracts. Their role is to support EEAST by taking patients to and from routine hospital appointments. In the coming year there are plans to increase recruitment for this opportunity and develop further volunteering roles within the NEPTS teams.

## **Welfare Volunteers**

Welfare volunteers are currently being recruited; these will offer refreshments at hospitals to help improve staff morale.

The Trust is currently reviewing how we can support both integration through our staff networks and developing volunteer roles that can support colleague wellbeing.



## **Volunteer Emergency Responder Scheme**

Police officers and fire fighters joined a new volunteer emergency responder scheme in Bedfordshire and Hertfordshire, a partnership between EEAST and the Beds and Herts Emergency Critical Care Scheme (BHECCS).

The scheme was launched in February, with volunteers out on their first shift in March. Over the first weekend in operation,



emergency responders volunteered a total of 99.5 hours. The emergency responders will be based at Hemel Hempstead ambulance station.

## **Volunteer training**

EEAST undertook ongoing refresher training during the year to maintain volunteer skills and competence.

Our volunteer trainers had the opportunity to undertake the Award in Education and Training (AET) and the Certificate in Assessing Vocational Achievement (CAVA), to assist them with a recognised training and assessment qualification, along with offering invigilator training for them to assist with the assessments for the induction course.

These training courses not only value our volunteers in providing them with transferable skills, but also supports the capacity within the training team to deliver training and provides a standard for local training.

The volunteers are always very appreciative of the charitable donations we receive as an organisation from patients and the public to support care in the community, through the provision of community response, community education, and public access defibrillation.

## **Community Engagement Group**

The restructure of EEAST's Community Engagement Group (CEG) was completed last year and the process was co-produced with CEG members. This led to a clearer structure and work plan for the group around both community engagement and strategic involvement within EEAST. The

group's action plan was entirely coproduced with its members, reflecting both EEAST priorities for public engagement and members interests and areas of expertise.

Following this restructure, the CEG recruited some new members.

## Highlights

### *Volunteer to Career*

A new programme run by EEAST provided a direct route for volunteers to start a career with the ambulance service.

The 'Volunteer to Career' programme provided training for people to get the skills needed to begin full time roles at EEAST.

The course had its first success stories, with graduates Grant Harvey and Matt Sharp taking up new roles as emergency care assistants in Ipswich and Hellesdon respectively.



### *Voices of our volunteers*

#### **Indra, Community Engagement Group Volunteer.**

I am proud to be a volunteer at EEAST and have immensely enjoyed my role for the past six years. As a volunteer, I have felt respected, included, and fully supported to be creative and flexible in helping others when and where I can.

As a bonus, I am given many opportunities to use my clinical knowledge and academic skills to support both learners and staff in their own developments which I see as a gateway to improving patient care. For me, volunteering at EEAST has been a highly rewarding and I have never looked back.



#### **Ben, Community Engagement Group Volunteer.**

As a volunteer, I really enjoy working with other volunteers across the region, in partnership with the Trust, to continuously improve the services for our patients, whilst also ensuring staff and volunteer wellbeing is prioritised.



For anyone looking to work or volunteer within the EEAST team, I would very much recommend it. In my case, I know if I need support in my role, I have many people to ask for this. I am proud to be a part of the EEAST team because every contribution from our volunteers makes a huge difference to the work the EEAST does.

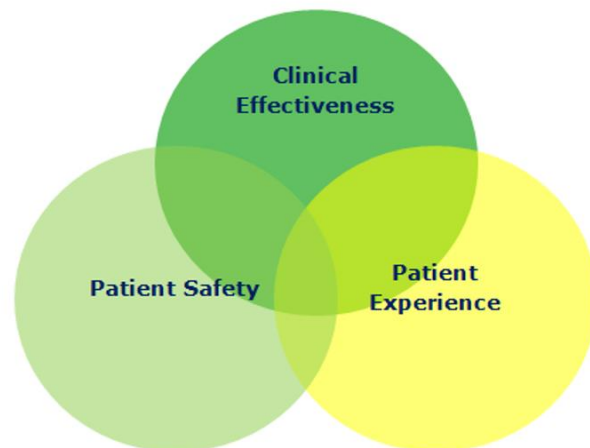
## Section 2: Provide outstanding quality of care and performance to our patients.

### Quality Account

Every NHS trust produces a quality account which reflects on the progress made during the previous year and identifies priorities for the coming year, around three themes, patient safety, clinical effectiveness and patient experience. Our priorities for 2023-24 continued to focus on the core priorities which match the mandatory indicators for ambulance trusts set by the Department of Health.

Our full version of the quality account can be found on our website:  
<https://www.eeastamb.nhs.uk/>

EEAST's quality account is set against the framework of three overlapping key themes, patient safety, clinical effectiveness and patient experience, which define quality of care.



#### Patient Safety

- Continue to produce quality shared judgement reviews under the Learning from Deaths programme.
- Continue with embedding the Patient Safety Incident Response Framework into the organisation.
- To train all band 7 clinical managers in the organisation in the After-Action Review process.

#### Clinical Effectiveness

- Reduction of on scene times for STEMI and stroke patients.
- Safe discharge of patients left on scene.
- To implement a new mandatory quality indicator and to establish a benchmark on which to build around falls in older people.

#### Patient Experience

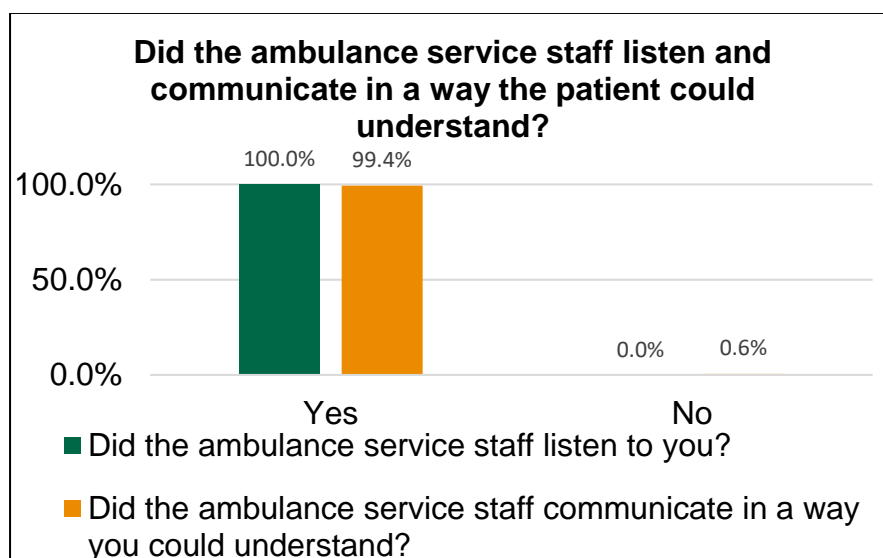
- Continue to undertake an extensive patient survey programme to ensure that views are obtained from patients who have used different aspects of the service or are from seldom heard groups.
- Ensure patient engagement and feedback is part of EEAST's ongoing strategy.
- Increase the representation dynamics within the Community Engagement Group.

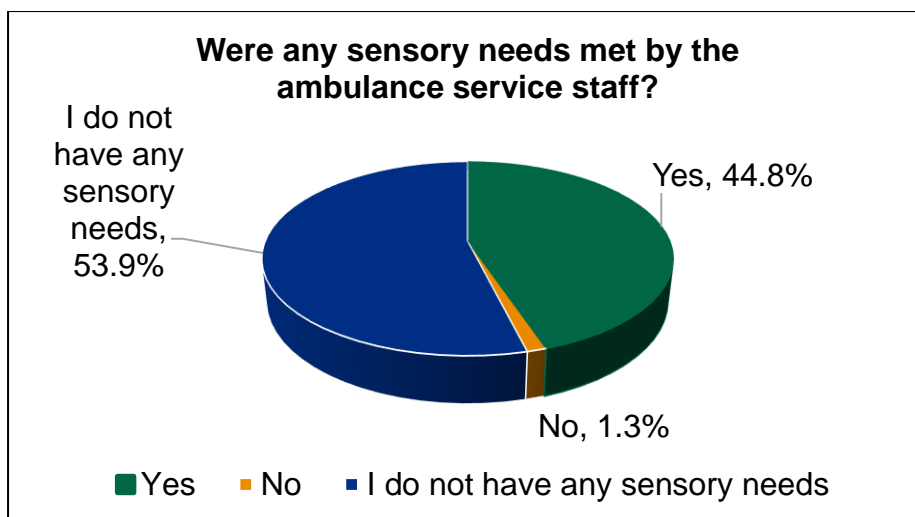
## Patient and Public Involvement

### Co-production

During the last year, EEAST built on its co-production efforts around patient surveys by co-producing a short video to sit alongside the easy read survey. This was codesigned with the Norfolk and Norwich Send Association Disability Real Action Group of Norfolk (NANSA Dragons) and a young person provided the voice-over for the video, as part of this work. The video was available following the launch of the new EEAST website. This survey project highlighted the importance of co-production and working with 'experts by experience' as equal partners.

Throughout the year the Easy Read Survey was completed by patients who have used our service, and the results show that most patients with communication and sensory needs are satisfied with the way that these needs have been met.





### **Finding new ways to gain and use feedback**

EEAST made efforts to reach more of its patients by launching an SMS pilot for surveys for the Patient Transport Service. The launch for this resulted in significantly higher volumes of feedback received and an increase in compliments for all areas in the pilot.

EEAST continued to offer the young people's mental health survey via Instagram, which was a popular way for young patients to provide us with feedback.

As a result of last year's young people's mental health survey, training around mental health was provided to call handlers. Following this, training patient satisfaction has increased with respondents describing colleague attitude as 7/10 on average.

It was notable that a higher percentage of respondents appeared to receive an emergency response, with 60% receiving an emergency response this year compared to 49% the previous year.

### **Links with Healthwatch and patient representative groups**

Our patient and public involvement team and our Community Engagement Group members regularly attend a variety of meetings of patient representative groups including mental health groups, diabetes groups, young carers and Healthwatch.

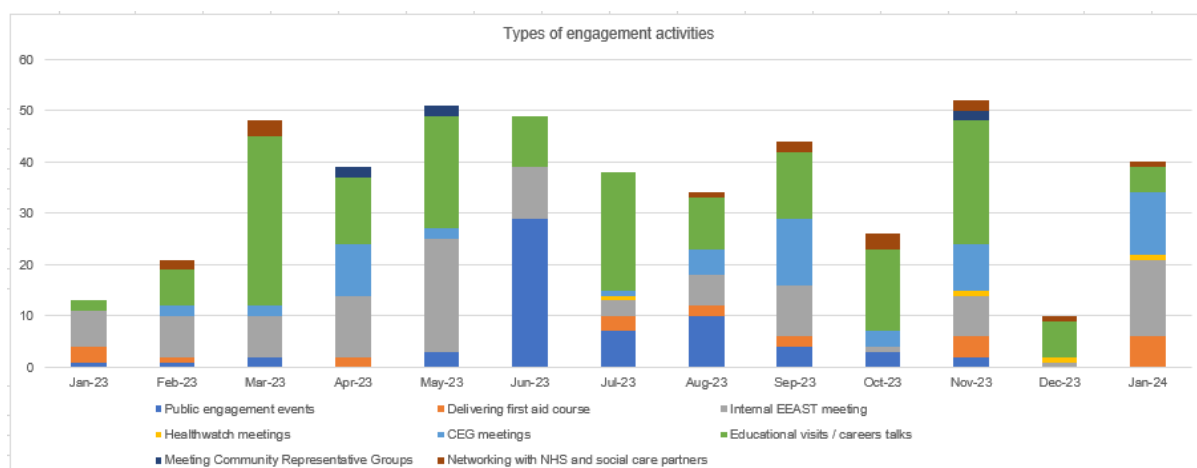
EEAST continued to expand its representation with other organisations and specialist groups across the region. The Deputy CEO maintained regular contact with the Healthwatch groups across the region.



## Engagement Activities

Face-to-Face engagement events provided an opportunity to meet with the public and gain feedback from people who may not usually have contacted EEAST. It gave an opportunity to provide education around first aid and CPR training, health promotion and what to expect when you call an ambulance.

This work included attendance at events, school visits and work with community groups and has been undertaken by the PPI team, frontline staff, and volunteers. The team received great feedback from these events, including a young person who put their first aid training into action whilst out shopping, just weeks after receiving the training.



## Patient and Family Stories

EEAST's discovery interviews with patients or their families supplemented our other feedback received by giving people the opportunity to share their story, in their own words. These are filmed and are shown at public board meetings and discussed by the board. We have used them this year to support learning from complaints and serious incidents and find that hearing directly from the patient was a powerful learning tool. This year we have completed discovery interviews on areas such as end of life, non-conveyance to hospital, a patient's experience of being treated whilst under the influence of alcohol, and home birth.

## The annual patient survey programme

The Trust has a comprehensive annual patient survey programme which included continuous surveys for the emergency service and patient transport service.



During 2023/24, planned survey projects related to: patient assessment and treatment within the home setting, no-sends, maternity care, safeguarding and mental health.

Feedback received was shared internally and externally, working with partner organisations and 'experts by experience' to improve the service experienced by patients, like the need for improved mental health provision, signposting, and support.

Feedback received generally remained positive, demonstrating the kindness, care, and professionalism of colleagues. Areas of dissatisfaction raised through survey feedback generally related to delays/non-attendance, attitude, clinical treatment and assessment.

<b>Overall, how was your experience of our service?</b>	<b>Percentage of 'good' and 'very good' responses</b>
<b>Emergency Services/Clinical Assessment Service</b>	<b>88.8%</b>
<b>Patient Transport Service</b>	<b>84.2%</b>
<b>All services</b>	<b>86.0%</b>

Since April 2023, 2,078 patients responded to the overall satisfaction question included within the continuous emergency service and patient transport service surveys. Overall, 86.3% of these patients rated their experience as 'good' or 'very good'.

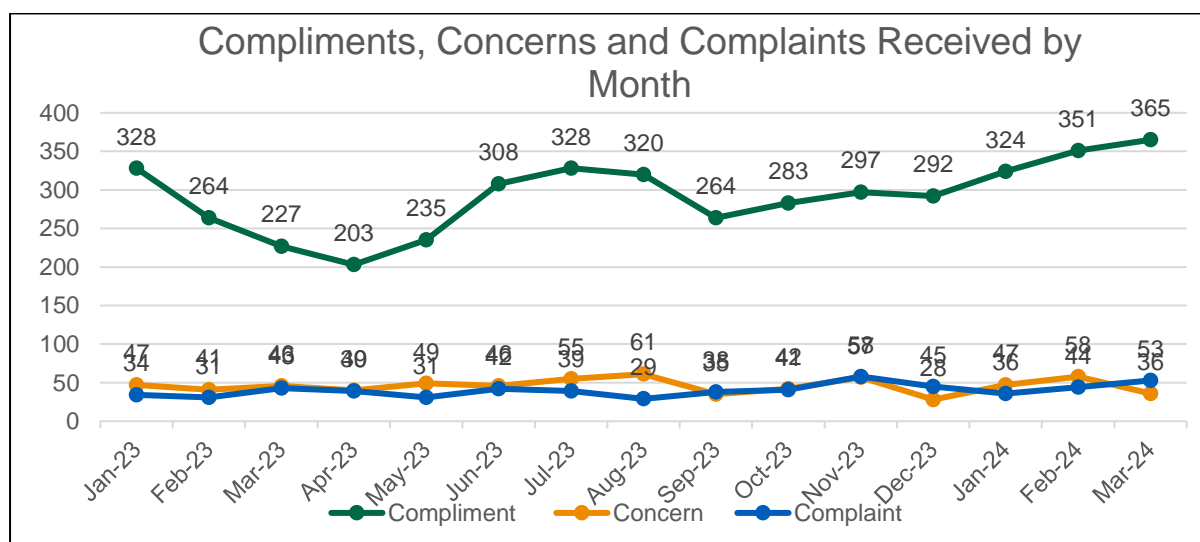
## Compliments, concerns and complaints

### Compliments

During 2023/24, 3634 compliments were reported to EEAST, which equated to an average of 302 per month, a significant increase on the previous year's average of 225 per month.

Compliments are reported to the trust board and the individual colleague and recorded on their personnel files.

EEAST started looking at themes arising from compliments to help learning. The common themes included kindness and compassion, calmness and reassurance, professionalism, good clinical assessment and treatment, which many compliments described as lifesaving.



### Feedback from our patients

“I just want to say a huge thank you to the crew who attended. Thanks to their excellent care, professionalism, and compassion I survived a major heart attack.”

“We would like to thank the dispatcher who spoke to my wife during my emergency. The dispatcher with whom she spoke was entirely professional and reassuring. Many thanks to all for an excellent service.”

“I would like to say a big thank you to the crew who attended one of the residents at the care home that I manage. They were so kind and caring and really put the patient at ease.”

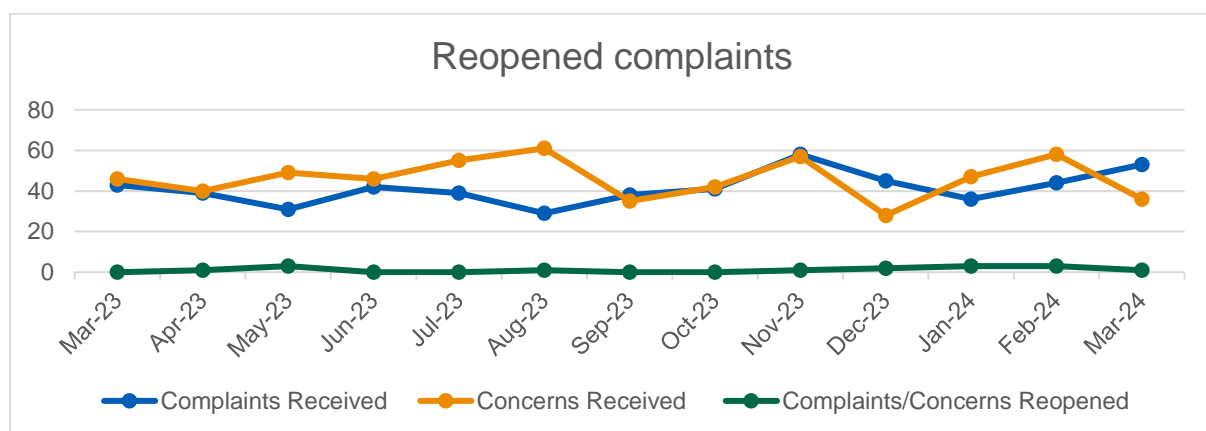
## Complaints and concerns

EEAST closely monitored the number and themes of complaints received and used this learning to support service improvement.

During 2023/24, 0.06% of our interactions with patients resulted in complaints and concerns. This was a reduction on 2022/2023, when 0.07% of our patient interactions resulted in complaints and concerns, and suggests an improvement in patient experience.

All complaints and concerns which cannot be resolved under our early resolution approach, received a local investigation and depending on the nature of the complaint or concern, was reviewed by the patient safety team. Complainants were supported through the process of raising a complaint and investigation by our patient experience coordinators, and upon receiving a written response, face-to-face meetings were arranged where complainants required further support.

The number of re-opened complaints remained low, meaning complainants were usually satisfied that our responses addressed their questions and concerns and where able resolved.



The main themes from complaints and concerns last year were:

- Delay - these mostly related to delays in the Patient Transport Service, with only 22% of delay complaints relating to Emergency Operations Centres and Emergency Services
- Transport and Driving - which mostly related to the Patient Transport Service, which accounted for 93% of these
- Clinical Assessment and Treatment - of which 89.5% were for Emergency Operations Centres and Emergency Services.

These themes reflected the improvements in emergency ambulance attendance times achieved via EEAST's delay action plan. A significant

number of the clinical assessment and treatment complaints related to either 'no sends' or 'treatment at home' under the same plan, suggesting that some patients did not feel confident that the alternative care pathways offered, were right for them. These complaint themes also reflected a challenging year for the patient transport service, with some of our services delivering journey volumes more than the contracted levels.

## **Patient Safety**

Patient safety is more than measuring how many incidents are reported, it included engaging with patients, carers, family members and professional colleagues to use their lived experience as an opportunity to learn and improve services. It was about encouraging colleagues to be honest and open, by providing a supportive environment where a just culture can thrive. Incident reporting remained high last year and continued to increase month on month, suggesting that EEAST had a good culture of reporting incidents. Reassuringly, most patient safety incidents reported resulted in no harm to the patient.

In October 2023 EEAST transitioned to the new Patient Safety Incident Response Framework (PSIRF) and no longer operated under the Serious Incident Framework.

Since adopting the new framework, EEAST refreshed its approach, emphasising a proactive approach to improving safety at a system level by completing in-depth reviews of incidents according to identified themes.

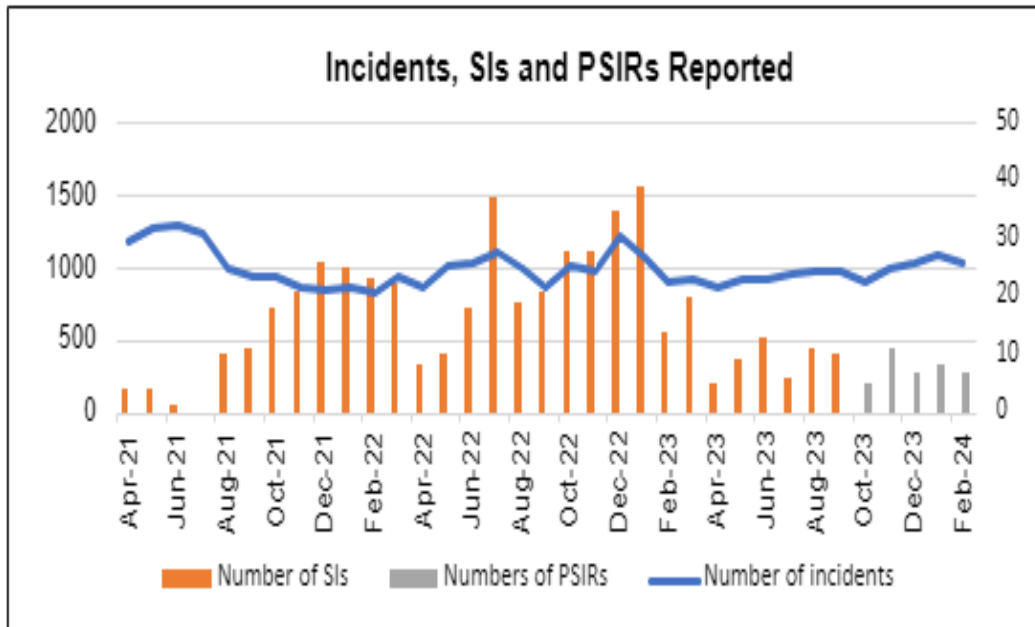
EEAST continued to review serious incidents (SI) declared until the end of September 2023 and identified learning from every review undertaken. Work towards delivering the national patient safety strategy continued, patients should expect a continually improved and safer service in future years.

## **Patient Safety Events**

There was a significant decrease in patient safety events during 2023/24 compared with the previous year; the number of incidents reported remained within the normal range as seen for recent years.

This can be partly attributed to an improvement in system delays throughout the year following the implementation of EEAST's delay action plan, as well as the proactive work undertaken between EEAST system partners across the organisation.

The Head of Patient Safety and the Patient Safety Specialists meet with our system partners at the urgent and emergency care forum monthly to extract system learning to further improve system delays. EEAST’s delay action plan was updated to incorporate the improvement workstreams ongoing in EEAST throughout 2024/25 period.



The key themes of serious incidents or those incidents that are noted as causing harm, rated as moderate or higher are as shown in the table below, with a comparison to the previous two years.

	Moderate or higher harm PSIRF under	Apr 2023 – Sep 23 (SI's)	2022/23	2021/22
Delay	<b>24</b>	<b>36</b>	214	114
ECAT/EOC	<b>4</b>	<b>2</b>	12	8
Patient Injury	<b>1</b>	<b>7</b>	3	8
Clinical Treatment	<b>7</b>	<b>1</b>	18	11
Non-conveyance	<b>13</b>	<b>4</b>	21	17
Other	<b>0</b>	<b>4</b>	10	3
Missed Stemi	<b>1</b>			
Patient injury PTS	<b>9</b>			
Patient injury A&E ops	<b>1</b>			

### Patient safety incident review actions

An action setting group was established in early 2023. This group enabled operational teams to meet with the central Patient Safety Team to develop and agree actions from patient safety events following the SMART process they are achievable and realistic. This enabled the team to more easily:

- follow up actions,
- confirm completion,
- review the impact.

The NHS set key priorities for delivery within the national patient safety strategy.

### **Patient Safety Specialists**

EEAST has six Patient Safety Specialists (PSS), each of which is allocated to an Integrated Care Board area. The Patient Safety Specialists provides expertise and links with other providers within local systems supported by the Head of Patient Safety

### **Patient Safety Syllabus**

All EEAST colleagues were encouraged to complete level 1 and 2 training. All Patient Safety Specialists at EEAST were enrolled onto the mandated level 3 and 4 training.

### **Patient Safety Incident Response Framework (PSIRF)**

PSIRF was fully implemented from September 2023.

### **Duty of Candour (DOC)**

All NHS trusts have a statutory duty to inform and involve patients and their families in investigations where there has been severe harm under Regulation 20 of the Health and Social Care Act. EEAST continued to perform well against this statutory requirement.

The decreased number of Duty of Candour cases last year, correlated with the decreased number of serious incidents and PSIR's reported.

	<b>2023/24</b>	<b>2022/23</b>	<b>2021/22</b>	<b>2020/21</b>	<b>2019/20</b>
Number of cases initially requiring Duty of Candour (DoC)	111	272	161	40	55
Duty of Candour discharged	109	272	161	35	50
Average timeframe for DOC to occur (working days)	6	4.0	4.5	2.0	4.4
Average timeframe for letter follow-up (working days)	1.0	1.0	1.7	2.6	1.2

## **World Patient Safety Day**

The theme from the World Healthcare Organisation for World Patient safety day was to 'elevate the voice of patients.' The great news is that we have two of our own patients helping us do just that, in newly created volunteer roles as patient safety partners.

It was important that we listened to what our patients and families share with us about their experience of the care they receive as it allows us to learn and continue to improve our services.

The new roles were introduced as part of the new national Patient Safety Incident Response Framework (PSIRF), the NHSE initiative launched across the country in September 2023. PSIRF provides a framework for us to investigate and learn from serious incidents through open conversation with patients and their families, whilst offering support to our own colleagues who are involved, replacing the previous serious incident investigations.

Both of our new Patient Safety Partners have had experience as patients who were cared for by EEAST colleagues. They work with us and are the voice of patients and families in their communities. They help us to shape our services and be a 'critical friend' bringing patient and family experiences to us to understand the best ways to improve what we do.



## **Health and Safety**

During the past year, the Health Safety and Security Team undertook a series of engagement events across the region meeting with many of our frontline and patient transport colleagues to listen to concerns as well as provide assurance.

The team's programme of assurance visits to all sites across EEAST continued. The visits combined an inspection of the sites, in line the Health and Safety at Work Act 1974, and all sites were inspected within the year with feedback and support to local managers as well as liaison with estates teams.

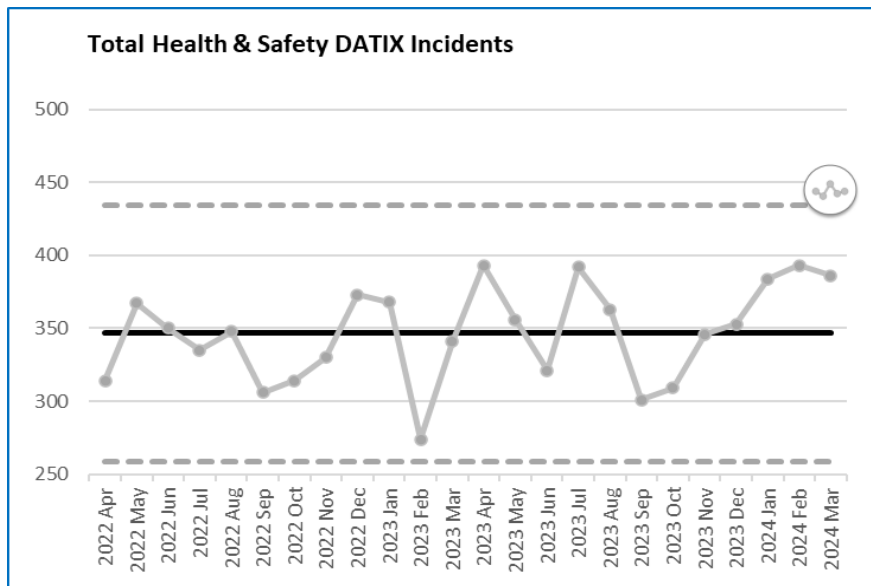
The Team worked hard to ensure EEAST risk assessments were suitable and sufficient meaning all are being reviewed, rewritten, and published on the EEAST Trust Intranet (East24).

At year end we had 44 published visible for all colleagues, as well as several templates available for use.

### **During 2023/2024, There was 4,297 incidents reported as Health & Safety related.**

Each of these incidents were closely monitored to identify themes and root causes and working alongside other departments to ensure a proactive and integrated approach to Health, Safety & Security Management of incidents was embedded into EEAST.

124 of these incidents were reported to the Health & Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations. This was a reduction in the previous five years of data.



The number of incidents related to verbal and physical assaults nationally and as reported by EEAST colleagues in recent years had increased.

The utilisation of body worn cameras daily increased as well as the number of evidential activations saved for Police prosecutions.

We are aware one of the police forces in the east of England, put forward a recent attempted assault on an ambulance crew to the Crown Prosecution Service based on body worn camera footage. The footage “provided overwhelming evidence”, the investigating police force commented.

## Safeguarding

During 2023/24, EEAST remodelled the way of working and enhanced its multi-disciplinary focus by ensuring that the safeguarding team had representation from paramedic, social work and criminal justice backgrounds. This enabled a robust multi-dimensional approach when producing and delivering our training materials, considering learning to be taken from case reviews and enquiries, provision of guidance and support to colleagues alongside reviews of policies and procedures.

This multi-disciplinary approach allowed further alignment to our sector based working model enhancing the visibility of the team, attendance at operational delivery groups and closer interactions with sector colleagues and management. Our Facilitators are well skilled to provide comprehensive feedback to our colleagues when it is received from external parties like local authorities.

## Learning and Development

EEAST achieved or exceeded our training target compliance for safeguarding level 1, level 2 and basic prevention awareness training (BPAT). The Workshop to Raise Awareness of Prevent (WRAP) was at 89%.

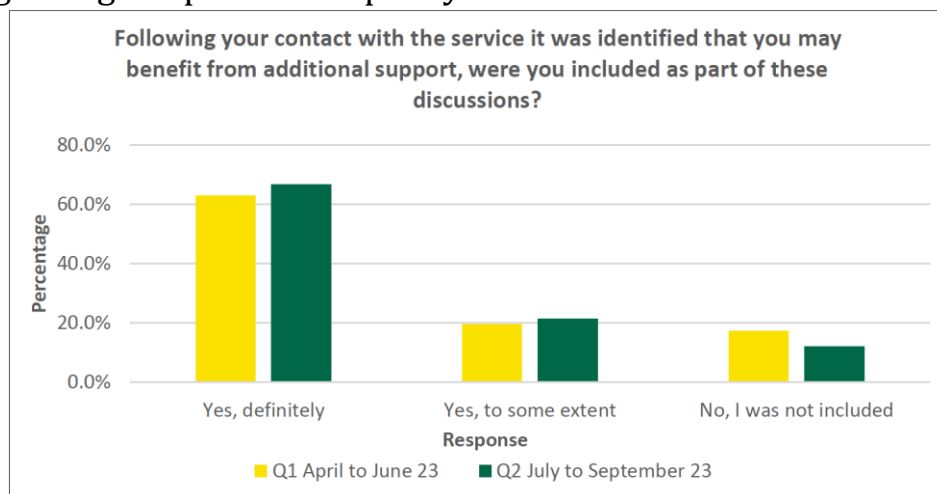
During 2023/24 we delivered weekly virtual level 3 training sessions for registrants. The target timeframe for achieving 90% compliance has been extended until July 2024. Level 3 compliance had increased to 66%, this was an increase from 34% during 2022-2023.

## Quality Improvement

The safeguarding team was proactive in embracing quality improvement methodologies within its day-to-day business. The workplan included an audit cycle for initial and follow-up audits to ensure that our training reflects identified learning and findings supporting further enhancements and a continuous review cycle.

Audits undertaken throughout the year included:

1. A random sample of 300 Mental Capacity Assessments identifying that there was high compliance with Yes/No questions but more limited compliance in relation to supplementary comments documenting the process undertaken to inform the decision regarding the patient's capacity to consent.



2. A fourth Patient Experience Safeguarding Survey focused on those where a safeguarding referral had been initiated by EEAST. The survey demonstrated a continued high level of satisfaction with the service 95.9%.

3. Safeguarding Referral Audit reviewing random sample of social care and safeguarding referrals for children and adults resulting in four recommendations:
  - a. The audit should be completed annually to ensure that EEAST can continue to receive assurance about the quality of the external referrals that it produces.
  - b. Alternative referral making models should be explored including the possibility of crews making referrals electronically through ePCR
  - c. The safeguarding team will continue to seek local authority feedback in relation to the 64 cases so that analysis can be completed, and any additional learning and recommendations can be identified.
  - d. The learning from the review should be incorporated into future training delivered to EEAST staff, including utilising information from EPCR's within their safeguarding referrals.

### **Highlights**

To celebrate National Safeguarding Awareness Week, the EEAST safeguarding team was out on the road, explaining more about the work they do and why we all have a part to play, utilising EEAST welfare wagons to raise its profile. This included 15 hospital visits across the region, EOC visits and the production of five Need to Know articles with a different safeguarding focus each day.

# X (Twitter) Posts

15 posts

7390 views

142 Likes

65 Retweets



[www.eeastamb.nhs.uk](http://www.eeastamb.nhs.uk)

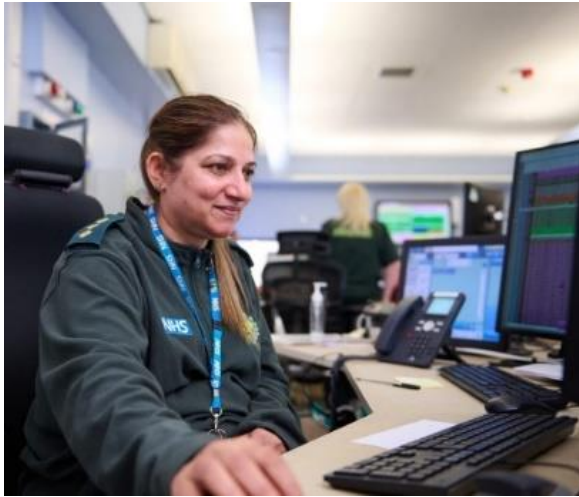
#WeAreEEAST 

## Section 3: Delivering outstanding care, with exceptional people, every hour of every day

### Urgent and Emergency Services

EEAST provided urgent and emergency care (UEC) ambulance services 24 hours a day, every day of the year for patients with illnesses and conditions that are immediately life threatening through to minor injuries.

Our Emergency Operations Centres (EOC) based in Bedford, Chelmsford, and Norwich are the first point of contact for all 999 calls and requests for



emergency and urgent care. Our teams work across the three core areas of call handling, dispatch and clinical assessment to provide the best possible care to our patients.

Emergency calls are connected to our team of dedicated and highly skilled call handlers by the BT Operator. Call handlers are the first point of contact and often a first link in the chain of

survival. They are responsible for carrying out initial triage, assessment and recording all appropriate information onto our computerised systems. Dispatch teams are responsible for overseeing a specific geographical area and co-ordinating all available emergency resources which includes community first responders, ambulance, rapid response vehicles, critical care teams and helicopters to ensure they are deployed to emergency calls in a timely manner.

To ensure that our sickest patients get the fastest response 999 calls are triaged into one of four responding priorities:

- **Category 1** – Immediately Life Threatening
- **Category 2** – Emergency
- **Category 3** – Urgent
- **Category 4** – Less Urgent

Not every call requires an emergency ambulance response, to ensure we are able to respond to our sickest patients as quickly as possible, we have a team of clinicians based within the EOC. Our telephone clinical assessment service supports patients who do not need an ambulance, and our team of clinicians undertake our 'hear and treat' process organising alternative care, or referrals to a GP, pharmacist, or walk-in centre. Our clinicians ensure patients can access the most appropriate healthcare for their needs and ensures patient safety is maintained within the Emergency Operations Centre.

These functions relate to three of the organisation's five critical functions.

EEAST works closely with local system partners, NHS services and colleagues across Fire, Police, Coastguard and British Transport Police

under the Civil Contingencies Act to keep our communities safe and respond to civil emergencies as required.

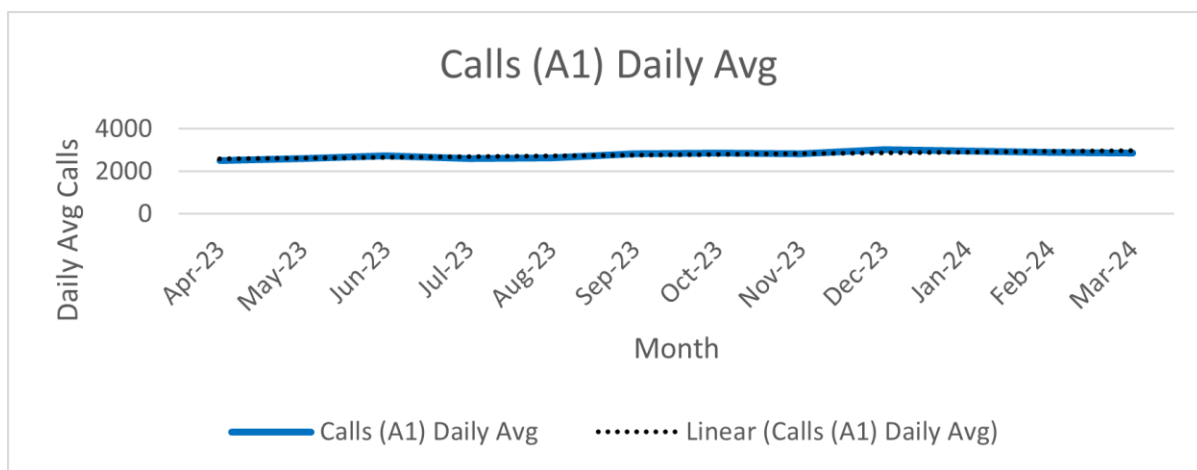
Within the EOC we use enhanced and sophisticated telephony technology which ensures 999 emergency calls are presented to the next available call handler across our EOC. We have built in resilience and flexibility which ensures that if the call handlers in one centre are already on 999 calls, the next incoming call will automatically divert to the next available call handler in another one of our centres. This level of automation is then expanded nationally to allow alternative ambulance services to answer our calls and vice versa when there are extreme amounts of calls to ambulance services across England.

This practice ensures a robust approach to 999 call management and helps to reduce patient safety incidents, risk, and delays.

Demand on the ambulance service grows year-on-year which means the volume of 999 calls handled by our EOC teams increases. Across the year we have seen periods of challenge and pressure which is further impacted by seasonal variations, time of year, weekends, and bank holidays when access to NHS primary care services is often limited. Significant events across the region like music concerts, a football match, or an outbreak of a healthcare condition such as Flu can also increase call demand.







The graphic above shows the demand and call volume changes across the year.

Ambulance services across England are measured and report against 11 Ambulance Quality Indicators (AQIs), which allow our performance to be compared with that of other services across the country. The indicators are split into ambulance systems and clinical outcomes.

Ambulance system indicators consider the way in which we answer and manage responses to all emergency calls coming into EEAST, whilst clinical outcome indicators consider the care that we deliver to some of the most seriously unwell patients that we attend.

Whilst response times are still an important part of the AQIs and the current target of responding to Category 1 life threatening calls within a mean average time of 7 minutes and at least nine out of 10 times within 15 minutes, EEAST welcomes a focus on clinical outcomes for our patients.

The table below provides further detail on each of the main responding categories along with the national standard and our performance over the year 2023-24.

Category	Response	Target Average Response Time	EEAST Response Time 2023-24
1 Life Threatening	An immediate response to life threatening condition, such as cardiac or respiratory arrest	7 minutes	9 minutes 3 seconds
2	A serious condition, such as stroke or chest pain, which	18 minutes	43 minutes 51 seconds

Emergency	may require rapid assessment and/or transport		
3 Urgent	An urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting	2 hours	5 hours 3 minutes
4 Less Urgent	A non-urgent problem such as stable clinical cases, which requires transportation to a hospital ward or clinic	3 hours	8 hours 49 minutes

AQI data shows that we responded to our sickest patients (Category 1) in an average of 9 minutes and 3 seconds, and to 9 out of 10 in 17 minutes and 4 seconds. This is outside of the national standard, but it should be noted this is an improvement on the same reporting period in the previous year.

EEAST provide urgent and emergency care services for a population of more than 6.3 million people across an area of around 7,500 square miles. The East of England has some of the most rural areas in England mixed in with highly populated urban areas and beautiful coastline holiday destinations which increases the population by many thousands with tourists and holiday makers visiting our region not just during the summer months but across the whole year. As a result of the increased visitors, the road network can become challenged at some points throughout the year. EEAST must utilise its resources wisely and it is not always possible to reach some destinations as quickly as we would like. That is why the EOC have experienced clinicians to thoroughly assess patients, to ensure the right level of care to patients by the right service. Sometimes, this means that patients will be passed onto the local unscheduled care services which have access to a wider choice of services to meet patient needs. Sometimes it means that one of the dedicated Community First Responders living locally will attend to the patient first and sometimes it may be a paramedic on a bicycle or in rapid response vehicle. The EOC play a fundamental part in ensuring the safety of patients through numerous processes to ensure the right care is delivered. All life-threatening emergency calls are responded to immediately, even whilst the call is still in progress our

dedicated team will be organising help for the patient to maximise the chain of survival and enhance outcomes.

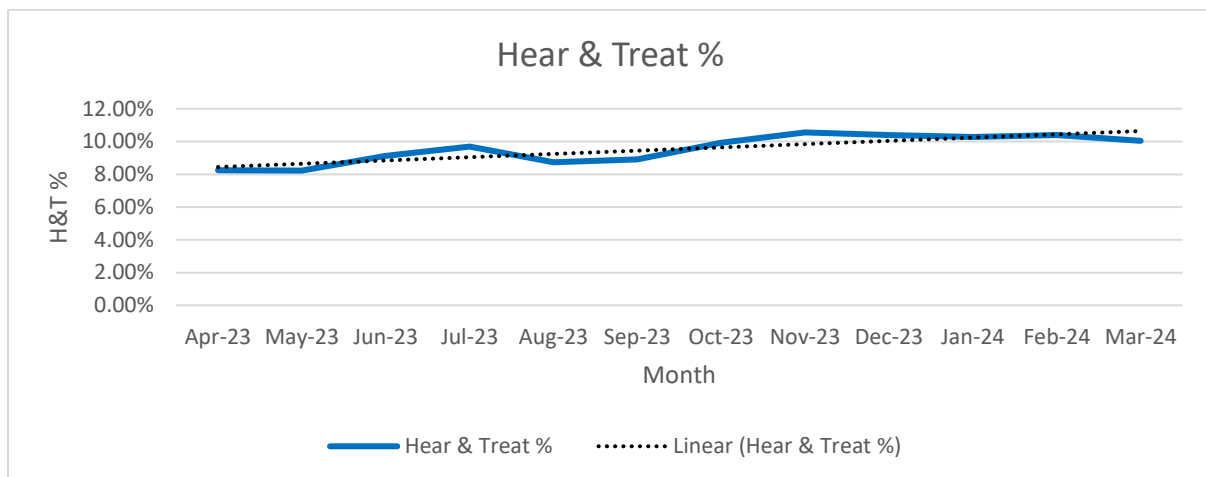
## Clinical Assessment Service

Our telephone Clinical Assessment Service supports patients who do not need an ambulance response following their call. Our team of EOC clinicians undertake the 'hear and treat' process providing support and advice, organising alternative care, or referrals to a GP, pharmacist, or walk-in centre.



Our Clinicians ensure patients can access the most appropriate healthcare for their needs. This also ensures that our resources remain available to respond to our sickest patients and those in need who may be experiencing a life-threatening emergency. On average around 10% of emergency calls can be safely managed by our 'hear and treat' EOC clinicians.

During 2023-24 our EOC Clinicians supported around 9.6% (83,038) of patients through the hear and treat process ensuring an appropriate and alternative care pathway.



The graph above shows Hear and Treat rate across 2023-24 period.

Due to the continuing success with partnership collaboration with unscheduled care services our EOC clinicians do not always close calls after

their clinical assessment has been completed. A number of our calls are assessed by the local unscheduled care provider which can deliver care closer to home and has access to a higher level of patient information. Calls passed to unscheduled care providers include calls where an emergency ambulance response is not required.

Whilst this ongoing collaboration enhances patient care and outcomes and ensures our resources are kept available for our sickest patients it has created a downward trend for patients being clinically assessed within EEAST. This is because these patients are clinically assessed outside of our hear and treat process by their local service.

We are seeing an increase in access to local services regularly going live and it is anticipated that hours of operation will also improve over time.

### **999 Call Answering**

Ambulance services across England are measured on 999 emergency call answer time. The national standard is to answer 999 emergency calls within 5 seconds, with 9 out of 10 calls being answered within this time frame.

This standard ensures that calls for our most unwell patients, such as those in cardiac arrest or with a life-threatening emergency, are answered as quickly as possible and that help is organised as soon as possible. We recognise that in a time critical life-threatening emergency every second makes a difference, and our team are often the first link in the chain of survival.

The table below shows the increased pressures our EOC teams were under across the year with high call demand making the call answer standard challenging at times.

However, we can also see great improvements in call answering over the last year. This has been due to modernising the telephony systems, resilience and infrastructure, processes, recruiting to additional levels of call handling staff and sharing call handling best practice with our teams.

<b>Month</b>	<b>Mean Call Pickup (seconds) average</b>	<b>Call Pickup 90<sup>th</sup> percentile (seconds) 9 out of 10 times</b>
<b>April 2023</b>	2	0
<b>May 2023</b>	4	0

<b>June 2023</b>	8	20
<b>July 2023</b>	5	0
<b>August 2023</b>	7	18
<b>September 2023</b>	10	37
<b>October 2023</b>	11	38
<b>November 2023</b>	9	28
<b>December 2023</b>	9	27
<b>January 2024</b>	6	16
<b>February 2024</b>	10	38
<b>March 2024</b>	7	18

The above graphic shows mean call answer times across 2023-24 period.

### Single Point of Contact (SPOC)

The SPOC was established to ensure our operational colleagues are able to provide the best possible support to patients to access the right care to meet their needs by making referrals to alternative care pathways.

Referral pathways include safeguarding concerns, social care, GP support and notifications, falls and diabetic hypo education referrals, safe and well referrals, admission avoidance across West Hertfordshire, as well as supporting colleagues with incident reporting such as Datix.

The SPOC is staffed 24/7 by dedicated specialist call handlers who provide advice, support, and guidance to colleagues across EEAST. There is a dedicated telephone number for the SPOC team which ensures our operational colleagues can contact the service whenever they need to.

The table below shows the types of referrals made and the number of each within each type.

<b>Type of Referral</b>	<b>Total number of patients referred</b>	<b>Percentage of patients referred</b>
Social Care	32,275	24.9%
Falls Service	20,930	16.1%
GP	67,015	51.7%
Hertfordshire Admission Avoidance Response Car	2,133	1.6%
Diabetic Hypo	1,135	0.9%
Safe and well	2,459	1.9%
Datix (Telephone)	3,618	2.8%

## Hospital Handover

An important part of planning aims to reduce the time it takes for an ambulance crew to hand over the patient to the care of the hospital. Any delay in this process can have an impact on the patient and increases the time before the crew can respond to another emergency. This can also impact on the demands on our 999 call handling capacity, as patients try to call for an estimated timeframe for an ambulance.

Most ambulance services experience a loss of their emergency capacity because of delays in handing patients over to hospitals and this creates a delay in responding to other emergencies. As a result, we continue to work with regulators, commissioners, and hospitals to understand the delays, so that our patients in the community are waiting less time for an ambulance. An example of this is a handover escalation protocol which helps all organisations rapidly identify cases of concern and work together to accelerate care and reduce delays.

EEAST implemented and developed several contingency measures to support the ongoing delivery of services. This included recruiting more colleagues, greater collaboration with partners, and introducing other ways to help patients, including assistance by telephone. These initiatives provide additional resources enabling EEAST to respond to 999 calls during the peak pressure periods.

- We continued to invest in increasing call handling capacity to support resilience, enabling a reduction in waiting times for calls to be answered during the peak demand periods.
- To support admissions avoidance, not taking patients to emergency departments, we utilised a clinical assessment process to transfer patients to other appropriate services such as 111, while maintaining patient safety and appropriate use of services.
- We worked with other care providers across the region to establish referral pathways for urgent community response, for example falls services and mental health responses.
- The make ready teams enable our ambulances to be ready between shifts as quickly as possible. Make ready ensures that all ambulances are fully serviced maintained and kitted out with all the required equipment and medical devices and are infection prevention control compliant, prior to the crew starting shift.

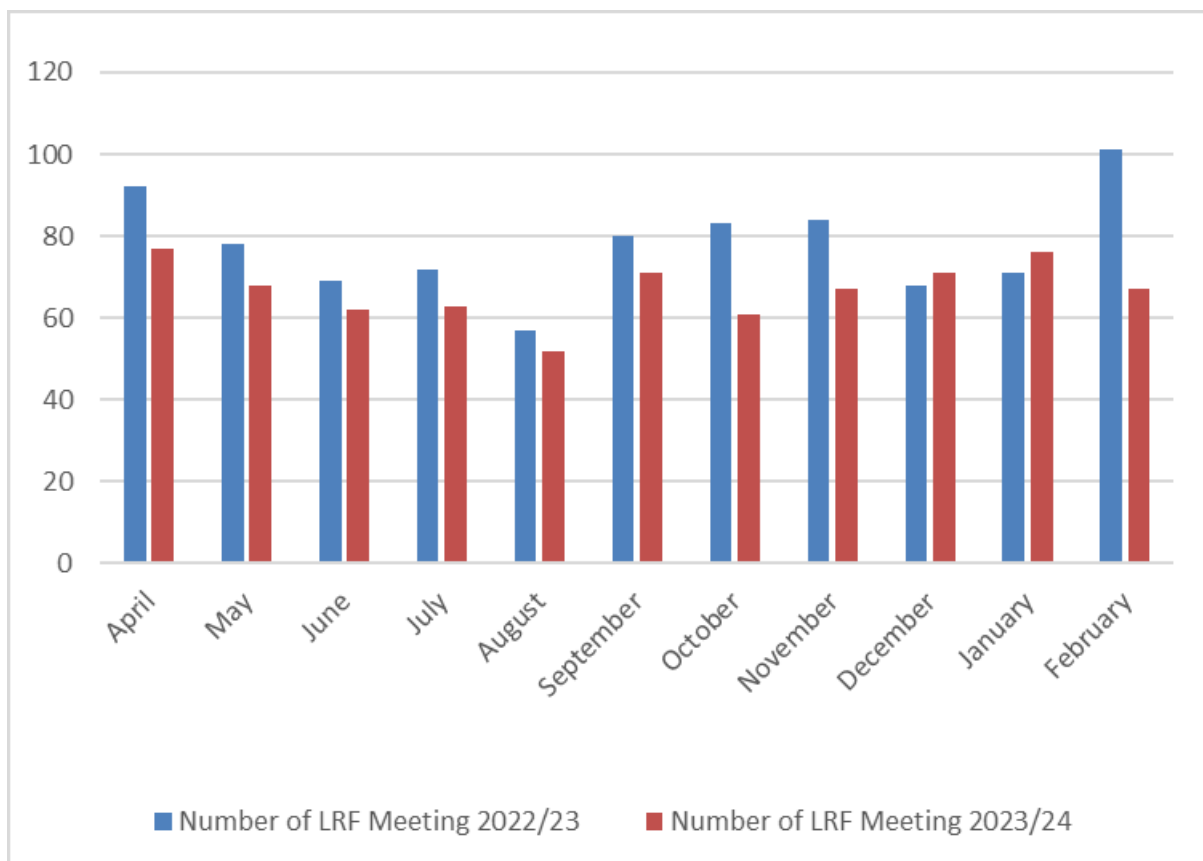
## Emergency Preparedness, Resilience and Response

Our resilience and specialist operations teams were involved in both responding to, and helping EEAST to prepare if, any untoward, adverse or major incidents, or terrorist attacks were to occur. The team engaged during the year with the six Local Resilience Forms across the east of England as well as with numerous Safety Advisory Groups which operate across the region.

During last year resilience managers attended just under 1,000 Local Resilience Forum meetings with partner agencies, while also attending just over 800 Safety Advisory Group (SAG) meetings to support events.

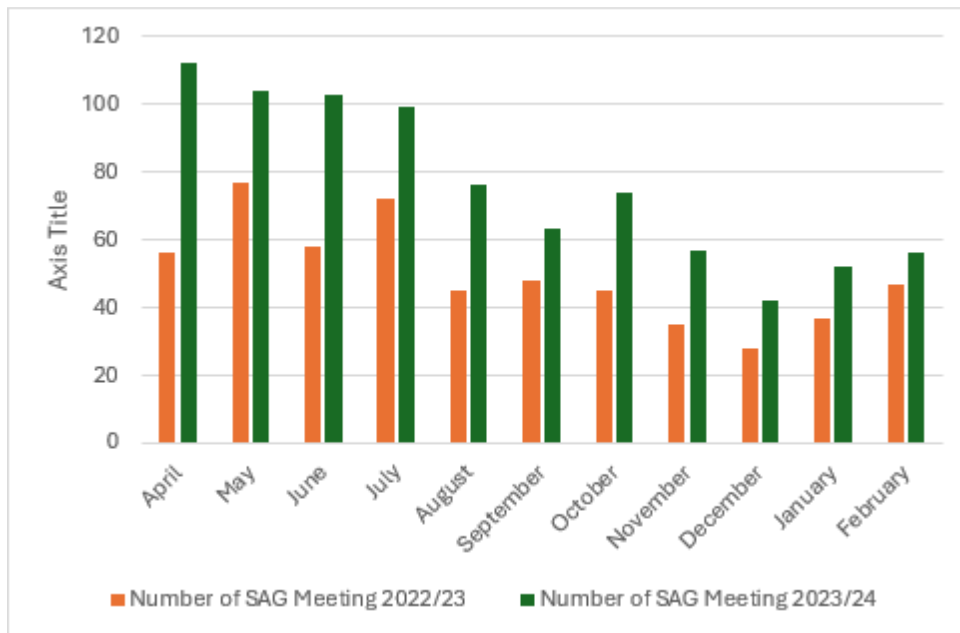
The number of meetings and the time these meetings are taking is increasing year on year as SAG chairs start to consider the learning coming from the Manchester Arena Inquiry and the engagement which is expected to come from the Protect Duty.

The chart below shows LRF meetings comparing 2022/23 and 2023/24





The chart below shows SAG meetings comparing 2022/23 and 2023/24.



## Hazardous Area Response Team (HART)

Hazardous Area Response Teams (HART) respond to patients requiring medical care in any hazardous environment, including at height, in confined spaces and in and around water. The team also support ambulance crews responding to patients who are not necessarily in a



hazardous area but who are hard-to-reach or where multiple clinicians are required.

HART colleagues supported partner agencies at several large-scale incidents, be these individuals protesting and bringing roadways to a stop or putting themselves into a dangerous position. As well as supporting incidents where dangerous chemicals had been found during police investigations and accidents which had led to patients finding themselves in hazardous

environments.

During two of the police investigations the team attended, it was necessary for the colleagues to stay on scene for multiple days, wearing chemical protective suits to be ready to respond to any adverse incidents involving

the responders. The team's presence not only ensured immediate medical mitigation was in place but also prevented the need for an ambulance to be tied up at the incident.

There is a requirement under both the Civil Contingencies Act and the NHS Core Standards to ensure all EEAST Commanders are suitably trained and that they maintain their Command qualifications.

Our Resilience Team continued to run the Foundation Command Training Course for managers taking a command function at a critical or major incident. This training was in addition to the major incident



training which was delivered to all new students who joined EEAST, ensuring they can effectively respond to these significant incidents. Those commanders who are not trained or whose training has expired are being stood down, as a commander, until they have requalified in their command role.

To allow our commanders to put this command training in to practice we ran multiagency exercises bringing partners from police, fire, health and other agencies together to respond to a potential marauding terrorist attack occurring in a hospital. During the 14 exercises, which ran during September and October 2023, just under 950 responders improved their clinical and command skills and another 400 gained a better understanding of how an incident of this nature would be managed and care delivered to those in need.

These exercises generated 85 learning points, shared between ambulance, police and fire services. Those learning points which are specific to EEAST are being reviewed and an implementation plan developed to ensure the Trust learns from the exercises and continues to ensure the Trust can quickly and efficiently respond to an incident of this nature.

We have been using the Airbox situational awareness software for the last six years and, following a grant from NHS Digital, the department has now rolled out Airbox to all levels of commander within EEAST. This software has allowed live time mapping, imagery and timelines to be shared between commanders irrespective of where they are operating, giving

them real time information. This brings huge benefits to EEAST and commanders during large scale protests, incidents and VIP visits all of which have occurred during the year. Part of the team's role is to ensure EEAST, as well as individual directorates, are prepared for an incident which affects their operational productivity.

Business continuity remains an extremely important part of EEAST's day-to-day business. The Business Continuity Team continued to grow and develop this capability across all parts of EEAST and has worked to ensure the Trust is able to continue working even when key parts of the organisation stop working effectively.

This business continuity planning proved hugely beneficial during the year with, for example, ambulance stations having to be temporarily closed, and people moved to operate from other locations due to flooding and adverse incidents; other business continuity incidents included challenges to the Airwave Radio system and IT problems within the control rooms.

Each year English NHS trusts complete a statutory annual self-assessment and review of compliance against the NHS Emergency Preparedness, Resilience and Response Framework, in line with the Civil Contingencies Act 2004.

We maintained our overall compliance as SUBSTANTIAL and compliance with interoperable capabilities was also rated as SUBSTANTIAL. To ensure continual development and following external audit, the department maintains and manages an action plan to ensure the Trust develops and can deliver a high-level service.

## **Non-Emergency Patient Transport Services**

Listening to the patient voice is crucial to highlight areas of excellence but also to improve the services provided.

EEAST's patient survey programme included continuous surveys for the Patient Transport Service (PTS), with survey signposting undertaken via patient information cards, social media, and invitation to feedback letters.

A four-month SMS survey pilot was rolled out for patients who used the PTS within the Cambridgeshire and Peterborough area. Following the review, the SMS survey was rolled out the remaining PTS contract areas. All

surveys will continue to remain available in alternative formats, including an EasyRead option.

EEAST officially opened its new patient transport service base in Dunstable.

The new site on London Road, which has been in use since October, was welcomed by Tom Abell, Chief Executive and local MP, Andrew Selous in an event in February. They were joined by Mrunal Sisodia OBE, Trust Chair and Felicity Cox, Chief Executive of Bedfordshire, Luton and Milton Keynes Integrated Care Board.

During 2023/24 EEAST provided non-emergency patient transport services (NEPTS) for patients needing non-emergency transport to and from hospital, treatment centres and other similar facilities within Cambridgeshire, parts of Essex, Bedfordshire and Hertfordshire.

During 2023/24 we undertook 437, 647 patient journeys and 41,728 escort journeys – a total of 479, 375 NEPTS journeys.

In the pursuit of delivering exceptional healthcare services, EEAST remained committed to continuously enhancing patient transport services. Over the past year, we have embarked on a journey of innovation and improvement, driven by our unwavering dedication to ensure the seamless transportation of patients to and from medical facilities.



We remain steadfast in our dedication to continually enhancing patient transport services, ensuring that every patient receives the care and attention they deserve from the moment they embark on their journey with us.



## **Procurement of Wheelchair Accessible Vehicles (WAVS) to Meet Rising Travel Needs.**

As the demand for patient transport services continued to grow, particularly considering evolving healthcare needs, we recognised the importance of equipping our fleet with suitable vehicles. To address this, we secured several wheelchair accessible vehicles to cater to the increasing procurement travel requirements. These WAVS not only enhanced accessibility but also signify our commitment to ensuring that every patient receives transportation that is tailored to their specific needs.

## **Securing Authorisation for Cleric Upgrade**

One of the noteworthy achievements of the year has been the successful authorisation and finalisation of the Cleric system upgrade, scheduled to be rolled out in May 2024.



This upgrade marks a significant milestone in our efforts to modernise and optimise patient transport services. The Cleric upgrade promises enhanced efficiency, improved coordination, and streamlined communication, all of which are essential for delivering prompt and reliable transportation solutions to our patients.

## **Negotiating Contract Variations and Extensions**

In a dynamic healthcare landscape, flexibility and adaptability are paramount. Throughout the year, EEAST negotiated contract variations and extensions with our commissioners. These negotiations were essential in ensuring that our services remained responsive to the evolving needs of our patients while upholding the highest standards of quality and reliability. The successful outcomes of these negotiations demonstrated our proactive approach to service optimisation and resource management.

## **Relocation of Control Rooms for Improved Efficiency**

Recognising the importance of operational efficiency in delivering timely and effective patient transport services, we undertook the relocation of control rooms. This strategic initiative aimed to centralise and optimise

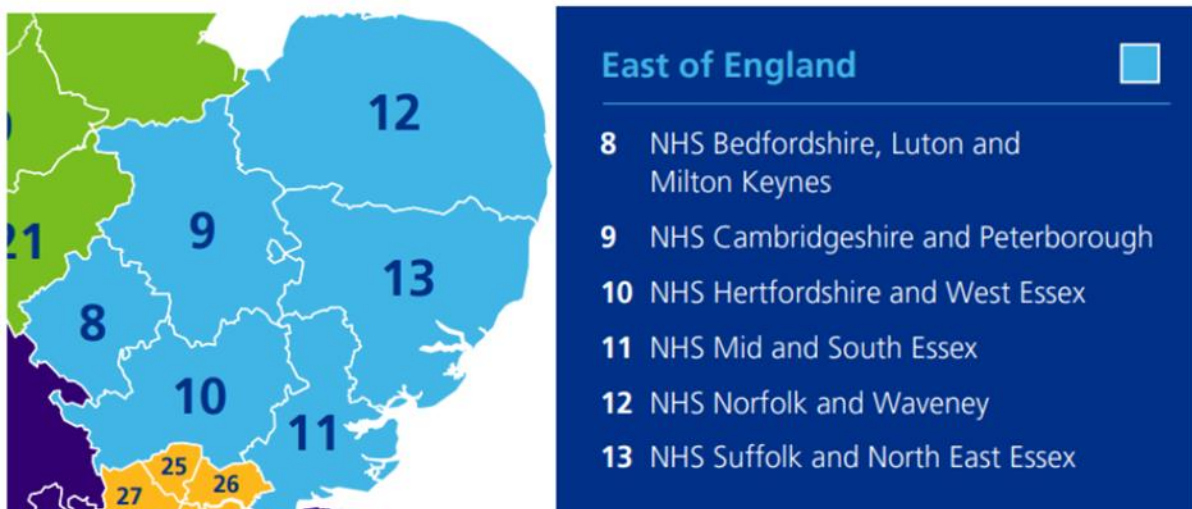
control room operations, resulting in improved coordination, faster response times, and enhanced overall efficiency. By relocating control rooms, we have further strengthened our capacity to deliver seamless transportation solutions that prioritise patient welfare and satisfaction.

## Section 4: Be excellent collaborators and innovators as system partners

We understand the importance of EEAST working collaboratively across our region to deliver quality patient care. Consequently, over the past year we have worked very closely with local acute, primary and secondary care services, community health, mental health and social care partners and with the voluntary sector.

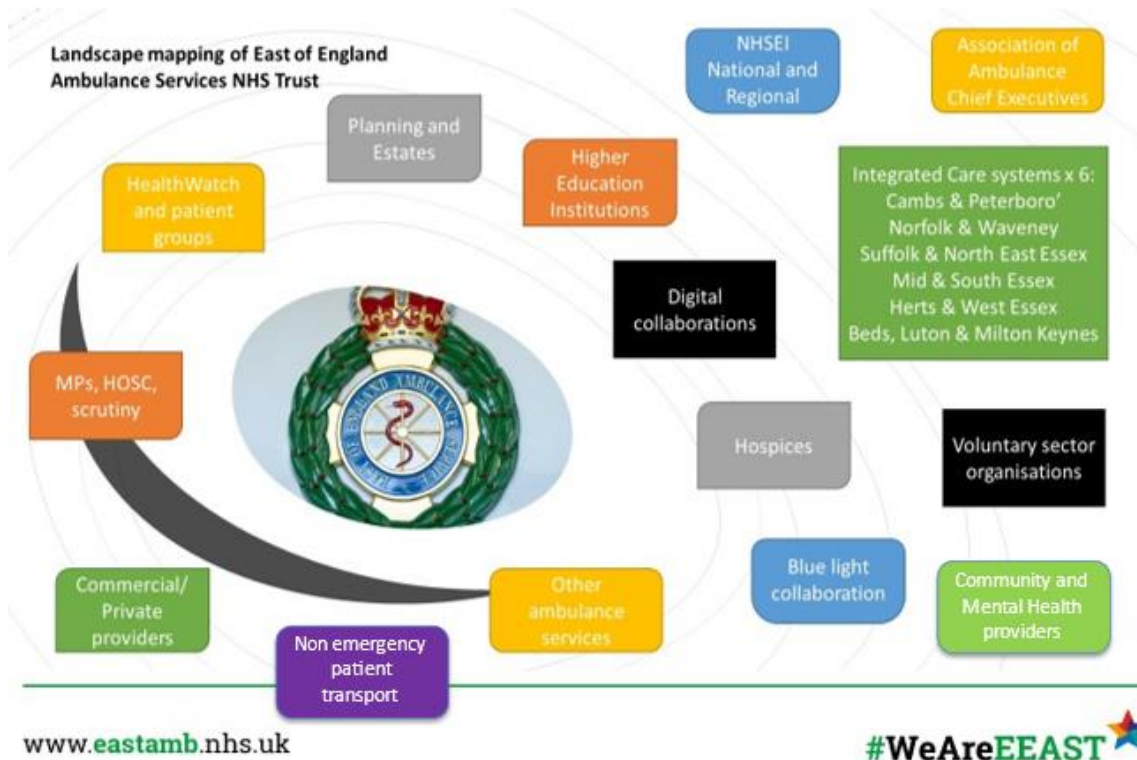
Integrated Care Systems (ICS) are a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

The graphic below shows the east of England ICS'





# Integrated Care Systems (ICS) and what this means for EEAST



Integrated Care Boards (ICB) are statutory NHS organisations which are responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area.

## How we work with the ICBs

As a regional provider, EEAST works with Suffolk & North East Essex ICB (SNEE) as the nominated Lead Commissioner on behalf of all ICBs within the counties of Bedfordshire, Hertfordshire, Essex, Norfolk, Suffolk and Cambridgeshire by means of a Consortium Agreement. Suffolk and North East Essex ICB will lead regional discussions on behalf of the ICBs. We also work with each ICB on a local level, supporting local initiatives and interventions.

## System working

### Business and partnership leads

Part of the Integration Directorate, the team lead the engagement and commissioning interface between EEAST and system partners including contract performance, financial performance, negotiation and monitoring.

The team has participated and lead on EEAST's response to tenders and service developments, ensuring operational, financial and corporate agreement is achieved.

### **Integrated neighbourhood teams**

EEAST is an active member of the Mid and South Essex Integrated Neighbourhoods. An Integrated Neighbourhood is a collaboration and a way of existing teams working together in a coordinated and purposeful way. These are networks of multi-agency professionals, volunteers and communities who are all serving their local population in the place where they usually live. EEAST is a member of this collaboration and has worked with system colleagues to address the needs of frequent service users.

### **Rapid intervention service**

This scheme involves an Advanced Paramedic working with GP localities in three primary care network areas in West Essex to provide home visits with the community provider to provide a joint assignment. This has enabled more patients to be treated at home and reduced the number of patients taken into hospital. 999 data shows that West Essex receives less HCP calls as this service can safely manage them in the community. Therefore, helping the system care for patients within the community. The scheme has been in operation since 2017 and EEAST was successful at maintaining the contract for a further 5 years following a tender process.

### **Stansted Airport**

EEAST provided a two-person crew along with a dual staffed ambulance (DSA) at Stansted Airport, 18 hours a day, 7 days a week. EEAST has won the contract for a second time following a tender process and will continue to provide medical provision for the next 5 years.

### **Mental health joint response**

The Mental Health Joint Response Model is a resource dedicated to responding to patients in need of a specialist response for mental health. To meet mental health needs in the community setting and improve access to appropriate care pathways. In partnership with the local system, EEAST provided the vehicle and emergency clinicians, with mental health professionals from the local mental health provider joining the team. There are Mental Health Joint Response Schemes in each ICB area.

## **Emergency department avoidance**

We continue to work with system partners to open pathways for EEAST to avoid taking patients unnecessarily to emergency departments. This has included lots of joint work with the urgent community response teams, exploring access to a consultant in frailty/Silver line, virtual wards and direct access to hospital site Same Day Emergency Care hot clinics.

## **Call before you convey**

Call before you convey provides ambulance crews with a single phone number within their ICS to call and either gain clinical advice from the system or to access prompt referrals into alternative care pathways such as frailty assessment, virtual wards, and same day emergency care services.

## **Unscheduled care coordination hub**

Within each ICS area, an unscheduled care co-ordination hub has been established to support a swift response to emergency calls categorised as C3 - C5. The Unscheduled Care Co-Ordination Hub is a system partnership hosting multi-disciplinary teams of clinicians such as Emergency Department Consultants, Nurse Practitioner and EEAST Paramedics. The team will assess patients and explore the most appropriate care pathway based on the patient's presenting condition. This supports meeting the patients' needs out of hospital with more direct referral pathways to other parts of the system. The hubs ensure that alternative care is available for patients in line with their needs.

## **Hospital handovers**

We continue to collaborate with partners across the system to try to minimise the turnaround times at hospitals. This includes Hospital Admissions Liaison Officers (HALO) at acute trusts to facilitate smoother and faster handovers. These have been successful and are now a permanent position within EEAST.

## **National Ambulance Disability Network**



**National  
Ambulance  
DisAbility  
Network**

EEAST has supported the creation and ongoing development of the Association of Ambulance Chief Executives, National Ambulance Disability Network.

Through partnership working, the national network brings together representatives from each NHS ambulance trust and represents the voices of disabled staff across the UK. The network

provides expertise to the sector and co-ordinates, supports and shares best practice. The network develops policy and practice and has worked with the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) to develop clinical practice guidelines to support episodes of care for Disabled patients and tackle healthcare inequalities.

## **Collaboration with Fire and Rescue Services**

EEAST continued to build on its previous successful collaboration projects with the regional Fire and Rescue Services. This included a suite of offers across the region. We have 16 fire stations across Cambridgeshire, Norfolk, Bedfordshire and Hertfordshire which can respond to C1 cardiac arrests within their local community. We also have co-response capability within Bedfordshire to respond to C1 and C2 calls, along with a falls capable team to assist with long lies in Bedfordshire. This team works in collaboration with the Urgent Community Response Team to provide additional capability.

EEAST launched multiple Community Welfare Officers (CWOs) teams within Bedfordshire, Cambridgeshire and Essex which operate on a shift basis with the capability to attend falls patients in the community, along with C1 medical emergencies, and provide a holistic home fire safety visit during their time on scene. Teams were able to swiftly attend lower acuity fallers and safety render aid preventing the need for admission to an emergency department.

## **Commercial Partnerships**

During last year, EEAST focused on aligning the commercial services teams into a singular structure to enable a shared vision and approach to not only commercial growth, but the value commercial services generate for EEAST and the wider health economy.

**Reinvesting profit to enhance the outcomes for patients and communities, while delivering social value through partnership.**

These principles were adopted to achieve the goal:

### **Partnership working**

Our focus is on providing innovative and high-quality services that meet your business needs while simultaneously creating social value within our organisation. Collaboration is key to our success.

## **Service provision**

We strive to deliver innovative and customer focused services to both NHS And commercials businesses, aiming to improve overall experiences and outcomes.

## **Sharing best practice**

As a connected entity within the national NHS Trust network. The National Performance Advisory Group actively facilitates the sharing of best practices. By doing so, we contribute to the improvement of health equality and foster a culture of innovation.

## **Community and business-based training**

Through TrainEEAST delivering our paramedic led training programmes we empower communities by providing continuous training opportunities. This enables them to better serve the population and respond effectively to immediate intervention needs.

## **Revenue generation**

All profitable income generated is reinvested into our commercial fund, which supports innovative initiative across the East of England Ambulance Service. This direct investment has a tangible impact on our communities.

## **CALLEEAST**

CALLEEAST, our contact centre specialising in non-emergency and commercial services, provided a wide range of contact centre services to both



commercial organisations and

NHS trusts. The team successfully managed services for over 100 clients, received over 850,000 calls. Over the year, CALLEEAST continued to build on the success of its commercial approach, including new partnerships developed with health and social care colleagues, and commercial organisations.

CALLEEAST was proud to launch its own website which has had a positive impact and generated new business enquiries as well as increasing its online presence. CALLEEAST had several successes in increasing its portfolio size and offering, with new clients such as Mid & South Essex Integrated Care Board, and new GP surgeries across the region.

Early in March 2024, CallEEAST launched a virtual ward monitoring out of hours service in collaboration with Suffolk and North East Essex Integrated Care Board and East Suffolk and North Essex NHS Foundation Trust. The partnership designed this service, being the first non-clinical monitoring service, integrated with EEAST's Clinical Assessment Service, to reduce out-of-hours calls to 999 or 111 services, providing 24/7 seamless service to support patient experience and reduce unnecessary admissions to emergency departments. Early feedback has been positive, and all feedback will continue to ensure the service develops in the best way.

CallEEAST will continue to build on the commercial agenda, increasing partnerships and increased value to the health system as well as the generation of revenue.

### **TrainEEAST**

TrainEEAST delivered professional training to organisations and individuals across the east of England and beyond. The trainers are skilled ambulance clinicians, with many years of experience working as Paramedics and Emergency Medical Technicians within EEAST. TrainEEAST offer a range of courses from Basic Life Support to First Response in Emergency Care. The team provided products such as Automated external defibrillators.

### **The National Performance Advisory Group**

The National Performance Advisory group, bring people together nationally to share best practice and showcase industry developments across the NHS, enabling innovation and efficiency. Our focus was to expand and enable network growth and continue to promote innovation throughout the NHS across a range of specialisms.

Last year we saw NPAG grow in team size and in memberships across multiple Best Value Groups and a range of specialisms. Furthermore, the team has expanded its training offering with new training courses. Successes this past year also came from NPAGs hosted conferences, Theatres and Decontamination, National District Nurse Conference, Clinical engineering, successfully hosted its first Net Zero Virtual Waste Conference.



## The East of England Ambulance Service Charity

The Charity is a separate legal entity from EEAST, with the Trust Board being the corporate trustee for the charity (registered charity number 1047987).



During 2023/24 the charity has continued to develop. The charity receives no government funding but has had increased impact thanks to the continued support from our donors, fundraisers, gifts in wills, and grant opportunities.

This generosity enables us to provide vital support to staff, volunteers, and local communities, strengthening the provision of care to patients across the east of England. Our work is to enhance that of the Trust and is intended to be beyond that ordinarily funded by NHS budgets.

Progress is well underway against the agreed charity strategy, with the appointment of a dedicated Charity Support Officer to build and develop income opportunities, and development of our supporter journey. In addition, an NHS Charities Together development grant enabled the recruitment of a Charity Communications Officer to develop brand awareness, social media presence and demonstrate our charity impact.

This year has been no exception in terms of the number of schemes and projects supported, all thanks to our exceptional supporters.

### Supporting colleagues

Following the introduction of the cultural ambassador programme during 2022, the charity supported £35k funding to train an additional 30 cultural inclusion agents to aid with the change in culture and the development of cultural competence across EEAST. These new roles directly impact on the experience of EEAST colleagues and volunteers, as they represent all individuals with protected characteristics, specifically around race, disability, and sexual orientation.





Additionally, the charity has supported the Good Dog scheme, an internal scheme ran by EEAST staff volunteers for EEAST colleagues. The scheme provided access to trained wellbeing dogs (along with their volunteer owners), to visit stations and colleagues when they need it most. In April 2023 the scheme went live with the first two trained GoodDOGs (Lennie and Togo), currently there are 28 dogs across the region with further training planned.



Thanks to your donations, support has continued the development of outside spaces for health and wellbeing across stations across the region, as well as inside stations, enhancing crew rooms and wellbeing areas. The charity has supported a further five gardens this year providing calming spaces to relax and enjoy during busy shifts.

### **Supporting volunteers**

During the year, over £160k has funded EEAST volunteer Community First Responders (CFR), in providing uniform, additional CFR equipment and community Automated Emergency Defibrillators (AEDs). Not only do these incredible volunteers, provide potentially life-saving treatment in response to 999 calls, the CFR groups also actively fundraise, as well as run lifesaving CPR awareness sessions free of charge to support their local communities, using all donations to positively influence and raise awareness of the work they do on behalf of EEAST.

To further support, CFR Roadshows and continued professional development days have been funded by the charity to develop and enhance the skills and knowledge of these dedicated volunteers.

Additionally, to support the development of the centralised volunteer hub, £35k has funded a volunteer management system, which will enable EEAST and the Charity to develop, govern, manage, and demonstrate impact of all volunteering roles implemented within the Trust, including volunteer fundraisers, community educators and champions to actively promote and enhance the work of our incredible volunteers across the Trust

## Supporting local communities

EEAST Heart is a community-based education programme in Basic Life Support (BLS) for the members of the public run by East of England Ambulance service NHS Trust qualified staff and volunteers. Funded solely from the generosity of donors, many of whom have attended the awareness sessions themselves. All donations received, are reinvested into the project to provide training aids, certificates, promotional materials and other equipment to support sessions.



## Working with NHS Charities Together

Projects continued thanks to funding received in the prior year from the NHS Charities Together Ambulance Grant. The grant has helped to provide specialist falls equipment, CFR kits and enhanced training for 18 targeted groups, enabling volunteer CFRs to provide crucial support to patients who have had a fall.

The grant also funded six roving cars for CFRs, which means they can support over a wider area, provide training opportunities, and offer emergency cover in areas of high demand. In 2023 alone, these cars aided almost 3,500 patients.

The final installation £23k of funding was also received from the grant for the Unmet Needs Navigator Scheme, a sign posting pathway helping to link patients with non-clinical or social needs to the support services and community pathways they require, easing demand on the Ambulance Services and creating a direct link into the community for patients and their families to access the pathways which will support them during a time of need.

During 2023/24 the charity had further success with an award of £45k from the NHS Charities Together Recovery Grant to support the EEAST welfare wagons as the first instalment of a wider grant of £121k.

The Welfare Wagons started during COVID-19 and are a joint initiative with the Trust, providing drinks and small snacks to frontline staff at emergency departments during periods of high demand. The grant will be used to

support the transformation of the existing welfare wagon model, to include providing a wide scope of health and wellbeing support, on the dedicated wellbeing vehicles, to support East of England Ambulance Service (EEAST) staff and volunteers, whilst at Emergency Departments, Ambulance Operations Centres, stations, and offices across our region.

## Our Supporters

The Charity relies solely on donations and fundraising activities from our incredible supporters, generosity from legacies and income opportunities from grant programmes to enable these workstreams to happen.

This year is no exception, with incredible fundraisers taking on challenges to raise funds in support of local stations and CFR Groups.

Nine-year-old Grace Graver conquered the 'Outrun an Ambulance' challenge after being inspired by the work of her mum Rachel, a lecturer practitioner here at EEAST, and her colleagues. Alongside her dad, Craig, Grace has cycled 77 miles to beat her chosen target for the fundraising challenge, raising over £700.



Grace said: “My mum has worked for the ambulance service my whole entire life and I am very proud of what she does. I know they all work very, very hard and try their best to help everybody they can. I would really like to raise as much money for the Ambulance Service as I possibly can.”

Additionally, volunteer CFRs have secured donations and grants to provide potentially lifesaving medical equipment for use by their groups in local communities to improve responses to 999 calls. Bungay CFR Group received £6.1k in year from Bungay Health Centre to provide specialist falls equipment, from grants and a generous legacy. Another group to receive extraordinary support was the Little Gaddenston CFR group, who received a grant of £10.5k from The Lawson Trust for the provision of three new CFR full medical kits to aid their growing group.

To find out more about our charity please visit <http://www.eastamb.nhs.uk/charity>

## Section 5: Be an environmentally and financially sustainable organisation.

### Sustainability

EEAST continued to embed environmental sustainability across the Trust and to use our influence with our partners and suppliers over the last year. Colleagues are increasingly interested in working in a more sustainable way.

Our Green Champions network was relaunched with an article on our intranet, East24, and discussions with different departments to raise awareness and grow the network. By the end of 2023/24, 10 members had remained in the network with a further 15 colleagues joining. The relaunch meeting provided an opportunity for members to meet each other, discuss sustainability ideas and provide feedback. We will continue to support the Green Champions network with a programme of events and projects to gain further momentum.

EEAST's growing team was essential to ensure EEAST embed sustainability across our operations and most importantly, to achieve our sustainability targets.

### Estate improvements

We continued to improve the energy efficiency and sustainability of our estate via our capital investment programme. Key projects that took place during 2023/24 included:

- **Whole building refurbishments** included upgrading insulation, heating controls and new LED lighting with controls in Beccles, Braintree, Barton Mills, March and Melbourn, with major alterations and expansions at Norwich Office and EOC.
- Further **LED lighting** stock was purchased and installed over many sites.
- **Efficient boilers** were installed at Kempston, Bedford Office and EOC, Harlow, Basildon, Chelmsford, King's Lynn, Peterborough and Stevenage.
- We continued to improve the facilities for our workforce to benefit wellbeing and diversity. A multi-use **wellbeing and multifaith** room was installed at Cambridge Ambulance Station.



- In Norfolk, Suffolk and Cambridge, several small projects were undertaken to improve energy efficiency, including **insulated doors and heating and lighting upgrades**.
- **Solar PV panels and battery storage** were installed on south facing rooves at Peterborough and Longwater Ambulance Stations to produce and store electricity. These consisted of a 210-panel system and a 216-panel system, respectively.

The Bury St Edmunds hub is nearing practical completion. The hub is our first site to achieve the independent environmental accreditation of BREEAM Excellent and is due to be operational in September 2024.



Air source heat pumps provide space heating and hot water, and solar PV panels will produce much of the electricity needed on site. The site has 20 electric vehicle (EV) charging spaces and covered cycle parking.

Wellbeing has been incorporated into the design of the building, with gym facilities and a garden which provides a social and calming space for all staff. Planting includes many native and ornamental species, improving biodiversity and providing interest throughout the year.

## Carbon footprint

Our strategy to meet net zero is detailed in our 2021-2026 Green Plan which is available on our website under Our Corporate Strategy.

The NHS baseline year for our net zero targets was 2019/20 (as we do not have data going back to 1990). This means that the 80% target as stated in Delivering a Net Zero NHS equates to a 47% reduction between 2028-2032. Emissions are measured in tonnes of carbon dioxide equivalent (tCO<sub>2</sub>e) which provides a common measurement encompassing all greenhouse gases.

We continued to improve the data acquisition, analysis and reporting of our carbon footprint. We have significant gaps in Trust-derived data, including hybrid working, non-telematics fleet, business travel, staff commuting,

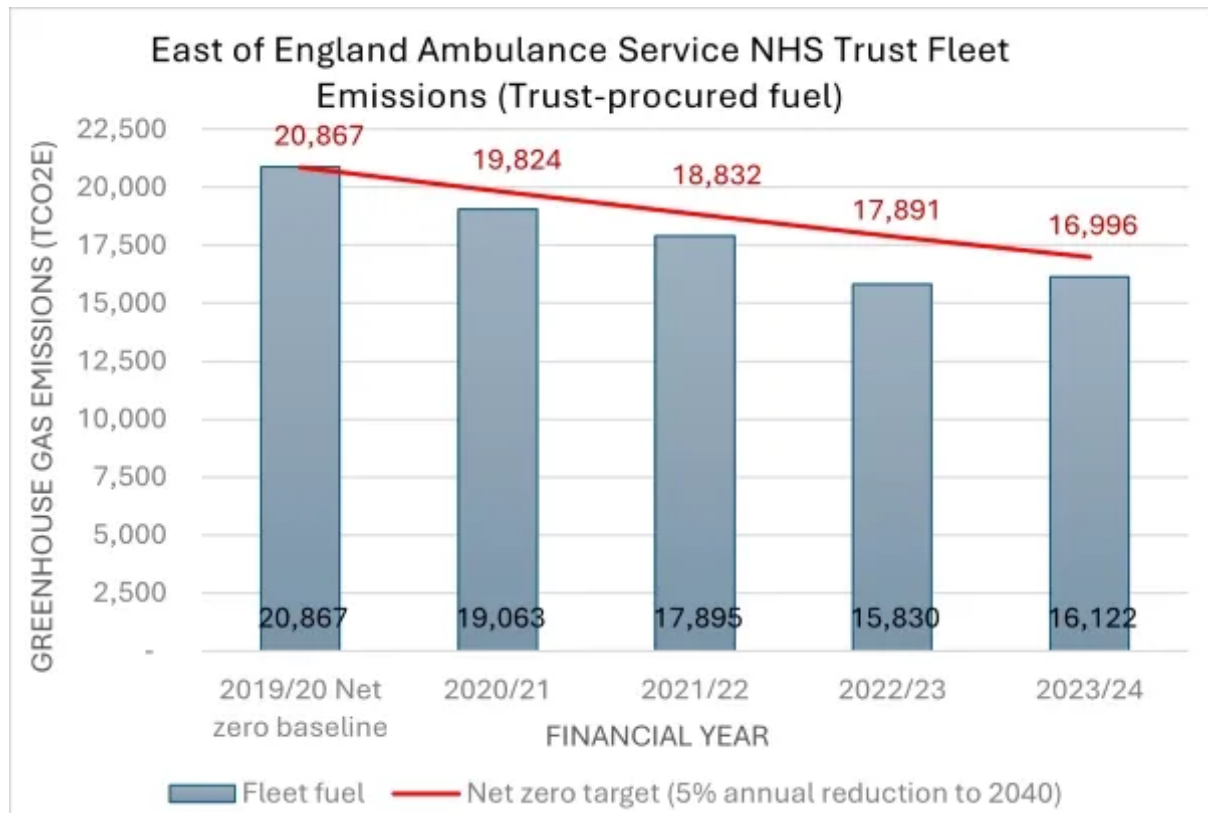
supply chain and medicines. This means that we cannot currently provide a full footprint of our directly controlled emissions (NHS Carbon Footprint) and emissions we can influence (NHS Carbon Footprint Plus).

EEAST regularly monitor direct emissions from Trust-procured fuel for fleet vehicles (our single biggest source of direct emissions), energy consumption and Entonox (nitrous oxide) usage, although we are working on improving the accuracy of this data.

### Fleet fuel emissions

Due to increasing vehicle numbers to fulfil national response targets, our Trust-procured fuel emissions from bunkered fuel stores and fuel cards for 2023/24 increased to 16,122 tCO<sub>2</sub>e, 1.8% above 2022/23 levels (15,830 tCO<sub>2</sub>e). Emissions are 23% below the 2019/20 baseline, demonstrating EEAST is on track for net zero by 2040.

EEAST estimated that our fleet emissions make up between 40-85% of our direct carbon footprint. The reason for this uncertainty is because we have significant gaps in data to produce our full fleet emissions footprint and have limited business travel data, particularly for business travel submitted through expenses.



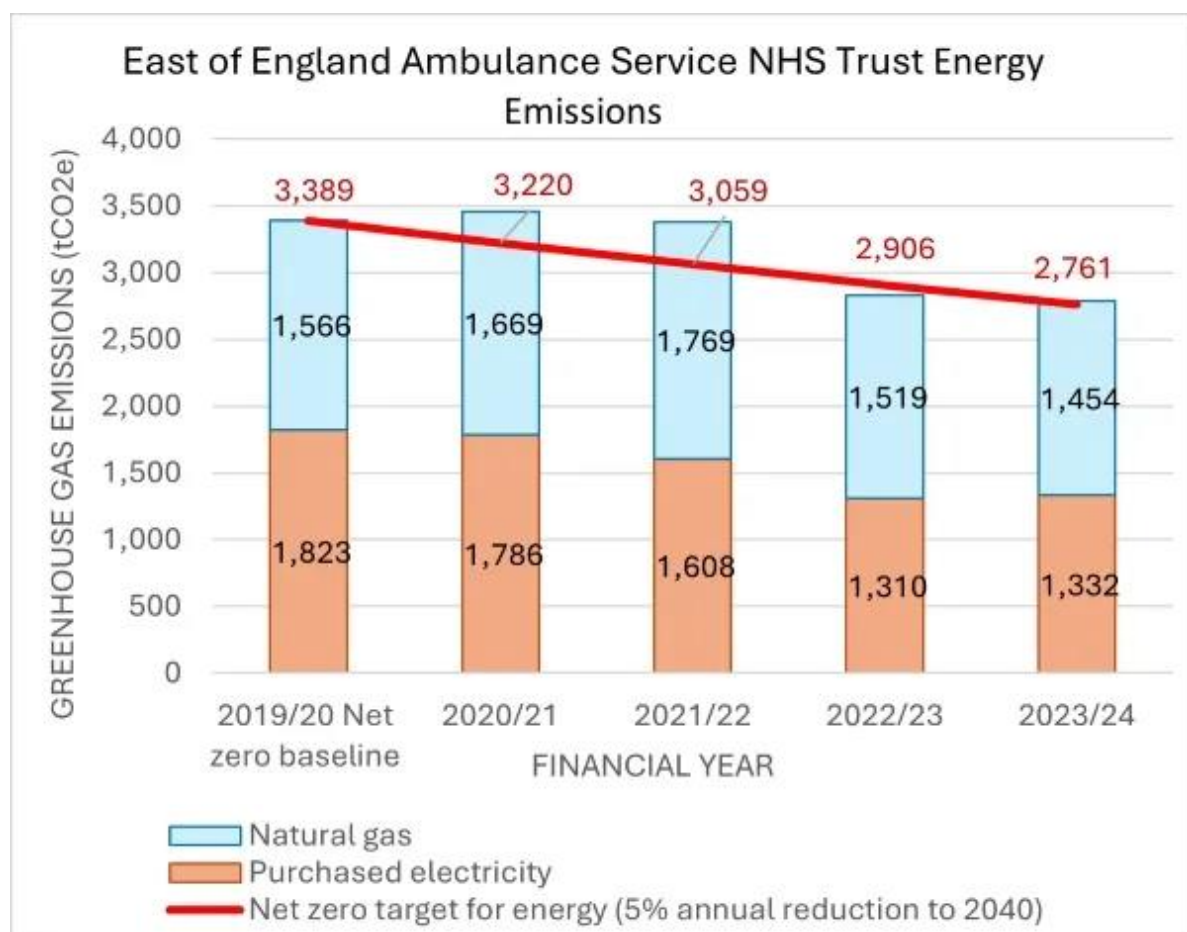
Due to the significance of this emissions source and continued reporting requirements via the Greener NHS Transport Data Collection (ambulance

trusts were required to submit data from 2022/23), we aim to increase our data acquisition and analysis.

## Energy emissions

Historically, much of our utilities data was based on estimated meter readings, this made energy management difficult and led to billing errors. Half-hourly automatic meter reading systems are being installed on all our electricity and gas meters to enable more accurate billing and better visibility to target energy efficiency initiatives. With the project very near to completion, we are beginning to see more accurate data and fewer billing errors.

Overall, 2023/24 energy emissions are 2% below the previous year, with a 2% increase in electricity and 4% decrease in gas. Emissions at 2,785 tCO<sub>2</sub>e are 18% below the 2019/20 baseline, so we are slightly off track for net zero by 2040 (the 2023/24 target was 20% reduction or 2,761 tCO<sub>2</sub>e). EEAST continues to identify high energy consuming sites to audit for potential energy saving projects.



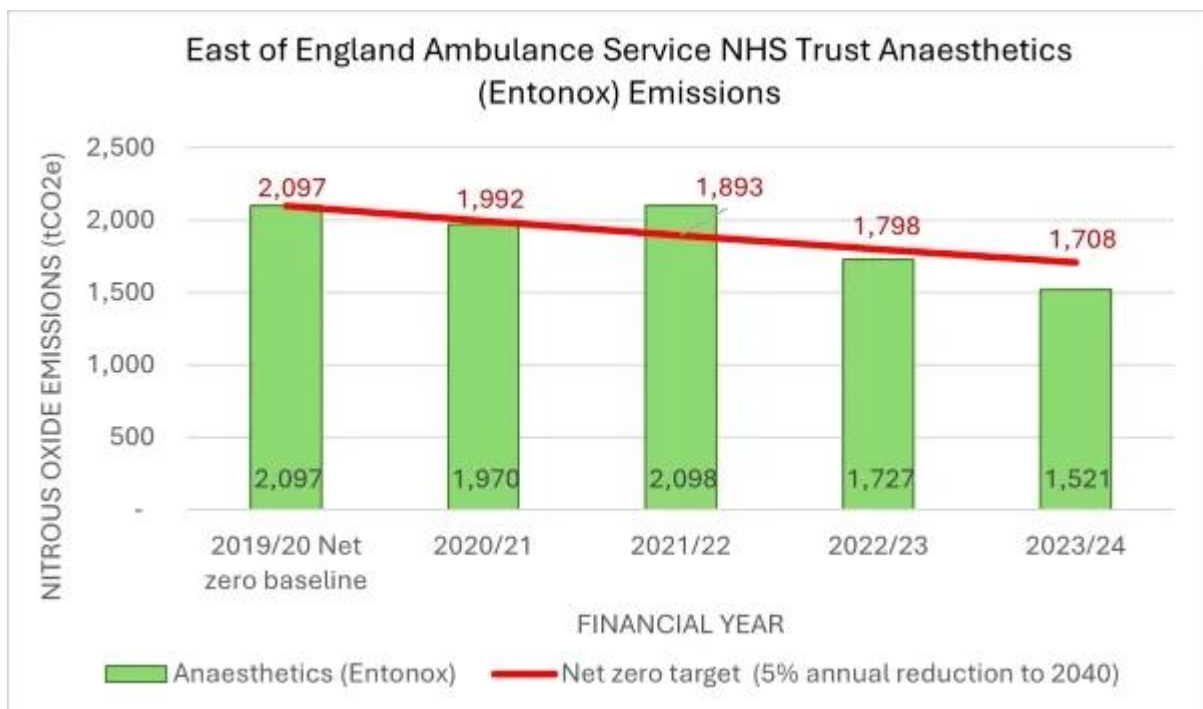


## Entonox (nitrous oxide) emissions

EEAST received monthly Entonox usage data from our supplier which enabled us to measure nitrous oxide emissions (which totalled 1,521 tCO<sub>2</sub>e in 2023/24), this was a 12% reduction compared with last financial year and a 27% reduction since the 2019/20 baseline, meaning EEAST is on track for net zero emissions by 2040. It must be noted that we do not have accurate data on our clinical usage versus waste.

Anaesthetic gases, such as mixed nitrous oxide, are being targeted as a priority area for emissions reductions by the NHS as they are extremely potent greenhouse gases (nitrous oxide is 265 times more potent than carbon dioxide at trapping heat in the atmosphere).

Clinicians currently rely on the fill gauge on cylinders showing red before switching cylinders. Across the sector, this practice leads to an estimated 30% remaining in mixed nitrous oxide cylinders returned to suppliers as waste. Suppliers are required to vent any remaining gas to atmosphere prior to refilling cylinders. We aim to investigate waste reduction techniques, such as an app available via our supplier which monitors usage or through clinical guidance.

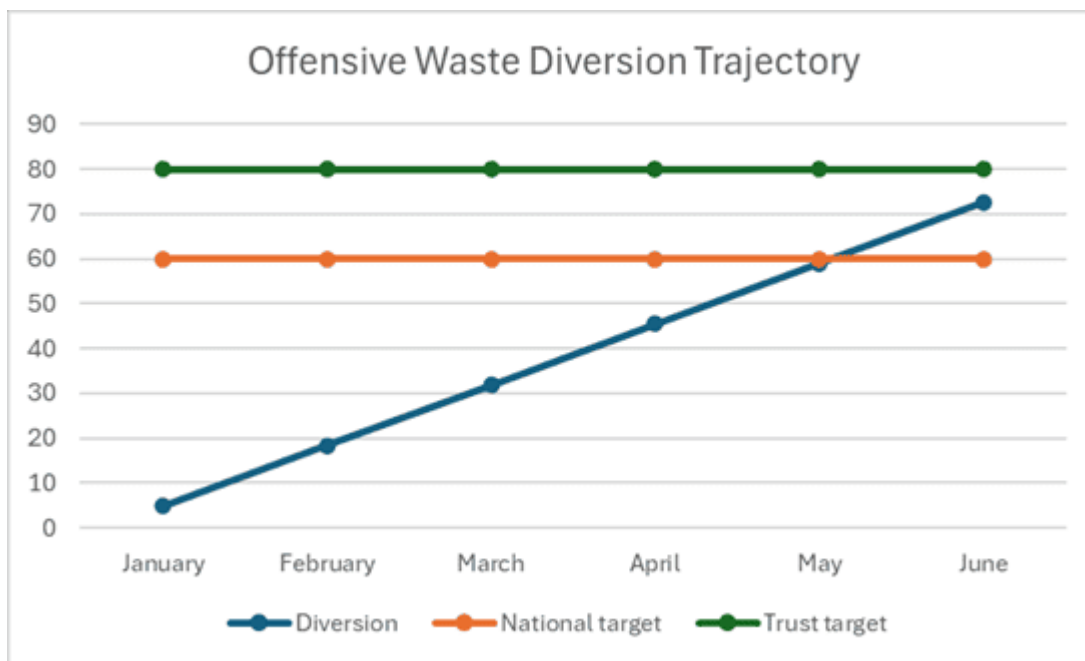


The medicines management team will start a trial of Pentrox in Norfolk and Waveney from April 2024. Life cycle analysis shows that Pentrox has a significantly lower climate change impact when compared with nitrous oxide.

## Waste management

National strategy calls for NHS trusts to transfer clinical waste to offensive waste, which has a much lower environmental impact and saves costs. Hazardous clinical waste is treated with high temperature incineration which produces significant carbon emissions, and the heat cannot be recovered. Offensive waste has no hazardous properties and can be treated or disposed of similarly to general municipal waste, which usually includes conventional energy from waste (EfW) treatment.

Initial assessments of our clinical waste streams indicated that up to 80% could be treated as offensive waste and can be treated in an energy from waste facility. Offensive waste bins were introduced to sites and vehicles across EEAST during January 2024. When this was introduced, we saw 4.8% of offensive waste in January, 18.3% in February and 31.9% in March. Early data from the first 3-months of data showed EEAST is on track to achieve the national target of 60% segregation by June/July 2024.



The Facilities Manager, Environment and Sustainability Manager and Procurement Category Manager undertook a Duty of Care audit at Veolia's depot in Basildon.

The Sustainability Engagement Coordinator started doing investigations of on-site waste practices in March 2024 with the first site visit to North Walsham. Data from February 2024 showed that the site recycled only 4.7% of its waste, compared with a Trust average of 22.7% for the month.

After the visit, feedback was reported to the Facilities Manager, this resulted in North Walsham achieved a recycling rate of 28.1% in March 2024 which was over the Trust average of 24.1%.



## Fleet improvements

Fleet continued to add electric vehicles to our fleet following the successful trials of response vehicles last financial year. EEAST ordered 12 Mercedes eVito mental health response vehicles (MHRVs), to be delivered early in 2024/25. 15 Skoda Enyaq rapid response vehicles (RRV) also due for delivery in early 2024/25, which makes up 20% of the new RRV fleet.

We are part of an NHS England trial of electric double-staffed ambulances (DSAs), with the first 3 Ford E-Transit vehicles due for conversion and delivery later in 2024-25.

More fuel-efficient DSA-type vehicles (Renault and MAN) were purchased this year as part of the continual replacement of the Mercedes DSA.

The 27 charging units purchased during 2022/23 are expected to be installed in early 2024/25, Fleet is currently not planning any further EV additions to the operational or support fleet until the EV charging infrastructure can be increased to support them. There were no new installations or purchases of EV charging units in 2023/24.

## Electric vehicle infrastructure

There will be 13 electric vehicle (EV) chargers installed at 4 sites across the Trust in early 2024/25:

- Waveney Depot – 3 EV chargers
- Peterborough Ambulance Station – 3 EV chargers
- Stevenage Ambulance Station (Unit 4, Babbage Road) – 3 EV chargers



- Southend (Aviation Way) Ambulance Station – 4 EV chargers Sites are being identified for installation of the remaining 14 EV chargers purchased during 2022/23. These will be dependent on operational need, electrical infrastructure and fire risk assessments. The chargers are initially for RRVs and MHRVs and will support electrification of our operational fleet.

We have purchased a back-office charge point management system which allows communication between the vehicle and the charger. The system portal allows us to monitor and report on usage across our estate. RFID cards have also been purchased that will enable fleet vehicles to use the chargers.

## Purchasing

All EEAST tenders included a minimum 10% weighting criteria for social value and net zero with tenders above £5 million including the requirement for suppliers to publish a Carbon Reduction Plan in line with legal requirements and in support of our Sustainability Strategy.

EEAST started to implement a platform that allows us to measure, manage and report social value benefits that will also lead to the development of a Trust Social Value Plan next financial year.

The Trust updated its Modern Slavery Statement in line with the Ethical Trading Initiative-Modern Slavery Statement Evaluation Framework and in line with best practice.

Trust tenders supported our net zero and sustainability aims through:

- Use of the Supplier Sustainability Agreement as a pass or fail element within tenders.
- Use of the Standard Selection Questionnaire (SQ) which includes as pass or fail elements for carbon reduction, equality, diversity, and inclusion as well as modern slavery.
- Use of three clear areas of evaluation that include quality, social value and sustainability (minimum 10%) as well as commercial weightings.

Successful suppliers are not only required to commit to reducing carbon emissions and acting more sustainably they must commit to deliver further social benefits over the life of the contract in line with their commitments made in the tender submission. The renewal of the contract for stationery, for instance, included not just a commitment to reduce carbon, but a quarterly donation towards the East of England Ambulance Service Charity.



Electricity contracts are 100% renewable from non-nuclear sources. To ensure we procure renewable electricity and the best rates we add new sites to our utility contracts through Crown Commercial Services.

We purchase 100% recycled, FSC and EU Ecolabel accredited paper and double-sided printing was the default option on all our printers.

Stores are reusing packaging and cardboard boxes rather than disposing of



them. New bins to collect cardboard for recycling were introduced at Norwich Office and EOC (Hellesdon) and Letchworth sites. We engaged with our supplier (NHS Supply Chain) to reduce packaging and use of plastic bags. To reduce waste and out-of-date stock, we no longer hold excess stock. To reduce mileage and carbon emissions from deliveries, we use

fewer suppliers for purchasing items. Stores have economical vehicles that are lightweight and can carry a large load. Staff are reducing energy usage by using as much natural light as possible and switching lights off and turning PCs off at the end of the day.

## Wellbeing gardens and biodiversity

Two wellbeing gardens were completed during 2023/24. One of these was HART at Melbourn which incorporated a gazebo, lights, artificial hedgerow, trellis, and planting on a concrete area to the left side of the depot. The other was at Norwich Office and EOC, transforming an unused piece of land into a tranquil space for colleagues to use on station. Local suppliers and environmentally sustainable materials/products were used wherever possible.

As a part of a rewilding project with Essex Wildlife Trust and their Nextdoor Nature campaign, 60 hedge saplings were planted at Thurrock in November 2023 along with 10 fruit trees in March 2024. The Woodland Trust also sent 50 hedge saplings to Hemel Hempstead Ambulance Station in December.

## Digital sustainability

We work with Circular Computing to buy remanufactured laptops rather than new. The company is a BSI Kitemark Certified Remanufacturer and a

certified Carbon Neutral organisation. They plant five trees in Africa, India or the USA for every laptop purchased via a partnership with WeForest. All packaging is recyclable with old assets returned for recycling and remanufacturing at the end of their useful life. In 2023/24, Circular Computing planted 4,160 trees on behalf of the Trust (4% more trees than in 2022/23 at 3,810 trees).

### **Task Force on Climate-related Financial Disclosure (TCFD)**

The Department of Health and Social Care Group Accounting Manual (GAM) has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025-26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England. The phased approach incorporates the disclosure requirements of the governance pillar 2023-24. These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in the annual report and in other external publications.

### **Board oversight of climate-related issues**

The East of England Ambulance Service NHS Trust has plans in place which take account of the 'Delivering a Net Zero National Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Health and Care Act 2022 relating to the Climate Change Act 2008, Environment Act 2021 and climate change adaptation requirements are met.

The Trust has clear governance structures to support climate and sustainability reporting and assurance. One of the Trust's four strategic goals detailed in the Corporate Strategy 2020-25 is to be an environmentally and financially sustainable organisation with a related strategic risk (SR4) being overseen by the Board devolved authority and sub-board committee and Compliance and Risk Group.

The Trust's Sustainability Enabling Strategy 2020-25 and Green Plan 2021-26 are underpinned by robust objectives. The Green Plan was approved by

the Trust Board in November 2021. The strategy sets out how the Trust will govern, manage and implement its sustainability plans for the 5-year period 2020-2025 and supports the Corporate Strategy approved by the Trust's Board of Directors.

Assurance and reporting for sustainability issues including climate action and goals is delivered through robust governance assurance processes. The Trust has a designated Board member champion who is responsible for ensuring the delivery of the sustainability agenda. Sustainability agenda assurance is supported by internal audit, monthly integrated performance and Board assurance framework reporting, and an annual report submitted to Board. The Board receive sustainability updates via the CEO report at each bimonthly Board meeting. This report contains progress reports for key scope 1 and 2 emission sources (see Section 5) mapped against the Trust's net zero pathways as set out in the Green Plan.

## **Management's role in assessing and managing climate-related issues**

The Environment and Sustainability Manager coordinates workstreams and monitors progress against targets, providing assurance reports to internal and external stakeholders. The bimonthly Sustainability Working Group, responsible for the functional delivery of the Strategy and Green Plan, reports to the Board via the monthly Compliance and Risk Group with an escalation process to the Executive Leadership Team and from there to the Board.

The Executive Clinical Group supports the delivery and takes decisions to deliver the strategic objectives of the Trust. In undertaking its role, the Executive Clinical Group takes business as usual and strategic decisions to deliver its ultimate purpose. The Transformation Programme Group is responsible for ensuring connected planning principles are applied to any proposed programmes or initiatives and sustainability is a key consideration in the business case template:

*Sustainability - How will the project affect Trust sustainability including environmental considerations, efficiencies, product lifecycles, energy use, community engagement and so on? Include the carbon impact if relevant.*

The Trust has established a programme of themed Accountability Forums, which provide an opportunity for each department and sector to consider



its areas of delivery, identifying themes for improvement and considering sustainability and climate matters.

## **Finance**

During the financial year 2023/24 EEAST spent £442.0m, an increase of £22.0m over the previous year 2022/23. There was also an increase in income received of £20.5m to £442.9m (2022/23 £422.4m) which generated a surplus for the year of £0.9m (2022-23 £1.9m). The original financial plan for 2023/24 was to deliver a break-even position.

The primary reason for the surplus was due to underspends caused by vacancies which were slow to fill as recruitment proved challenging due to a lack of candidates applying for roles. The risk, as these vacancies fill, is that financial balance may be compromised, but EEAST's focus on its finances would identify these risks to allow mitigating actions should they be required.

The income arrangement with our commissioners continued to be via a 'block' income arrangement. The most significant financial change for 2023/24 was the investment of £12.5m from the National Urgent and Emergency Care (UEC) funding. This allowed for the transformation of services that is required to improve performance to our patients.

We continued to focus on cost efficiency targets across 2023/24. Our target was agreed at £13.6m which was achieved, although a significant element was on a non-recurrent basis. The cost efficiency target for 2024/25 is planned at £16.2m which is a challenging target for EEAST. Plans are being prepared with the view that these will be in place by the end of May 2024.

The Board will continue to monitor our financial position and key risks.

EEAST has submitted a draft plan for 2024/25 which is based on a balanced budget.

### **Across 2023/24 EEAST invested £14.6m in capital assets:**

- £6.1m invested in building projects. This was for the development of existing sites, for station refurbishments and for our electric vehicle charging infrastructure.
- £5.6m was invested in new vehicles including double staffed ambulance (DSA) chassis, welfare vehicles and resilience vehicles.
- £1.7m on IT towards development of a new website, introducing a system to ensure email security and malware software.

- £1.2m was invested in medical devices and training equipment.
- EEAST received capital investment of £1.9m to support the ambulance replacement programme and building projects, together with £0.5m of donated medical equipment assets.

We disposed of one aged station site, Dunmow, relocating the provision of this locally. This generated capital receipts of £0.1m.

The full financial statements for the year ending 31 March 2024, are presented within the Annual Accounts section of this report.

## **Section 6: Delivering our strategic goals**

What we delivered during 2023/24 and what we will deliver during 2024/25.

### **Strategic Objective 1: Be an exceptional place to work, volunteer and learn**

#### **Commitment: Our people feel valued, involved and supported**

Delivered 2023-24

- Implemented year one plan of our People Strategy in line with NHS People Promise
- Delivered local intervention with hot spot areas for high staff turnover / sickness
- Focused support from 'Stay with EEAST questionnaire' findings reduced regretted attrition
- Improved flexible working options for employees
- Increased local onboarding support for new starters
- Launched 'Listening into Action' events following our National Staff Survey results

Planned delivery 2024-25

- Deliver year 2 of our People Strategy in line with the People Promise
- Implement technological improvements to improve the service we provide
- Focus on our reward & recognition activities to improve employee experience and retention, supported by the Exemplar Programme
- Develop Reasonable Adjustments process to further support our people and leaders
- Grow the Green Champion Network further to involve colleagues across all areas of EEAST to engage in the conversation of sustainability.
- Increase the number of Cultural Inclusion Ambassadors across EEAST
- Embed the second year of our Inclusivity Plan, focusing on workforce education and training.

- Introduce digital induction tool to increase onboarding support for new starters.
- Engagement across EEAST from Clinical Quality Teams (Patient Safety, Patient Experience, Safeguarding, Health and Safety) in order that staff are aware of and understand the learning gained from events that have been reviewed and their responsibilities in line with legislation.
- Deliver on our internal professional standards that will be embedded within our People Promise, cultural framework, onboarding, appraisals and 5-year strategy to articulate how we support, take ownership and accountability of our workforce's behavioural standards.

**Commitment: We are all healthy in our work.**

Delivered 2023-24

- Relaunch of the chaplaincy offering to provide a more diverse model which matches the diversity of our people and communities
- Expansion of welfare wagons to provide better refreshments and additional support by way of councillors, physio chaplains and Good Dogs. The service was made available to all our people and used for recruitment and brand promotion.
- Delivered mental health first aider training and mental health awareness training to assist our leaders in caring for their teams and one another

Planned delivery 2024-25

- Increase the number of TRiM Practitioners, Mental Health First Aiders, Wellbeing Champions, and Menopause Mentors available to support our people throughout the Trust.
- Launch the Time for Me Hapstar App to staff - the creation of a new app and platform that will assist all our people with keeping their mental health in check, with support and resources immediately available. Soft launch is currently underway with our staff champions and looking to launch to the whole trust mid-May 2024.
- Monitor the utilisation of welfare wagons to ensure value for money and staff uptake.

- Aligning health and wellbeing with Time to Lead - New Mental Health Toolkit underway, including a Wellbeing passport and a Directory of Service.
- Recruit Welfare Wagon volunteers.
- Working with the charitable trust to increase the awareness of our existing wellbeing gardens.
- Promote active travel options to our people.
- Refresh the approach to Occupational Health delivery. Recruiting an internal team to improve the efficiency and effectiveness of the service.

**Commitment: We are developed so we can be the best version of ourselves.**

Delivered 2023-24

- Increased number of career pathways across EEAST
- Expanded access and range of degree apprenticeships
- Transitioned to new e-learning portal to increase learner experience
- Transitioned to new e-learning portal to increase learner experience
- Provided over 15,000 spaces on our annual CPD programme for staff

Planned delivery 2024-25

- Expand career pathways to non-clinical directorates
- Provide appraisal training to managers to increase value and output
- Expand new to work apprenticeships
- Continue to explore and develop new ways to share learning
- Work to embed sustainability and sustainable travel into our staff induction and on our staff intranet.
- Adopt e-signatures on all onboarding and induction documents
- Increase recycling and offensive waste rates for efficient and environmentally friendly waste streams.

**Commitment: We all own our roles, caring about our teams and place**

Delivered 2023-24

- Undertook organisational structure review of Operational teams to better align resource with delivery

- Started to introduce digital appraisal system to underpin development needs
- Developed and implemented Greatix system for EEAST, 2799 submissions, 81 % fully processed
- Developed and implemented Display Screen Assessment Process, trial and full roll out pan Trust

Planned delivery 2024-25

- Develop an approach to talent and succession planning across EEAST
- Review the structure of the Clinical Quality and Medical teams to ensure they are fit for purpose.

**Commitment: We lead well, fairly and with confidence. We are also great followers**

Delivered 2023-24

- The Time to Lead (TtL) programme was introduced to:
  - Support improved operational performance
  - Improve colleague welfare
  - Improve leadership development offering
  - Improved governance model
  - Provide clarity on roles and responsibilities
- Ensured positive steps towards delivering against CQC expectations. During 23/24 the TtL programme delivered:
  - A revised Operating Model in Front-line Clinical Operations
  - Recruitment to the senior leadership and some of the supporting roles within the new operational structure.
  - Launched new Leadership Development Programme to all managers and leaders, obtaining a 92% satisfaction rate in the first 4 months
  - Provided dedicated 1:1 and team coaching support for Operational Leadership teams

Planned delivery 2024-25

- Expand the reach of the newly implemented Leadership Development Framework to future leaders
- Create opportunities for continuous leadership development for all managers



- Provide training to managers across EEAST to further embed the systems and processes for the Patient Safety Incident Response Framework
- TtL Work continues throughout 24/25 to:
  - Recruit and onboard Local Operational Managers and Team Leaders
  - Provide access to career and Leadership development opportunities for staff enhancing their health and wellbeing
  - Implement a new Governance Framework
  - Drive benefits realisation through a business change approach.

## **Strategic Objective 2: Provide outstanding quality of care and performance**

### **Commitment: Every patient has a predictable, reliable and appropriate pre-hospital experience**

Delivered 2023-24

- Introduced a new clinical safety plan for use during periods of high demand and system pressure.
- Introduced co-horting of patients at hospitals to release ambulance clinicians back into the community, alongside moving calls to community providers via the Access to Stack process
- EEAST increased the number of C2s receiving an appropriate Hear and Treat outcome from 4% to 6%.
- Delivered statutory/mandatory training for all staff including the roll out of level 3 multiagency safeguarding training to all registered professionals
- Clinical strategy has impacted the reduction in the levels of harm to patients as seen in the lower level of reported incidents that were reported as serious incidents.
- Training received by 2/3rds of the clinical workforce to level 3 standard.

Planned delivery 2024-25

- Embedding of the patient safety incident framework
- Implementation of new clinical strategy to ensure we are fit for the future.

- Improve C2 performance by reducing handover delays, improve vehicle availability, increase hear and treat, and reduce on-scene time.

**Commitment: All parts of our patient pathways are effective and provide a seamless care experience**

Delivered 2023-24

- Development of call before you convey services.
- Introduction of electronic patient records with direct access to CPIS (child-protection information service) and direct electronic referral to 111 providers.
- Introduced CPIS access to the electronic patient care record. This supplemented the safeguarding referral made through single point of contact as required.
- Established Advanced Practice Leadership and enrolment of first cohort of trainee Advanced practitioners.

Planned delivery 2024-25

- Implementation of local clinical hubs
- Development of advancing practice department

**Strategic Objective 3: Be excellent collaborators and innovators as system partners**

**Commitment: We all work together to improve all the time**

Delivered 2023-24

- We continued to work in this local way, sharing learning and good practice from each area. We continued to support national mandates via local delivery mechanisms, such as Mental Health Joint Response Vehicles.

Planned delivery 2024-25

- Promote transparency and respect for diversity and inclusion by promoting a notable access to a “Speak Up” culture to report harassment, discrimination and abuse of any form and avail 3rd party investigations.

- Continue to work in a local way, sharing learning and good practice from each area. We will continue to support national mandates via local delivery mechanisms, such as mental health joint response vehicles.

**Commitment: We lead as the regional provider, collaborating to support effective pathways of care for our patients**

Delivered 2023-24

- EEAST led the development of its regional clinical strategy with a partnership approach, including a face-to-face partnership event hosted by University of Suffolk.
- We initiated and supported a range of blue light partnerships and continue to recruit community first responders.

Planned delivery 2024-25

- Work with hospital partners to install EV infrastructure to support the electrification of our fleet and reduce air pollution.
- EEAST will implement the clinical strategy by the development of community hubs, call before you convey and utilise access to the stack.
- EEAST will implement its volunteer delivery plan to promote volunteer insight and impact and make every contact count.

## **Strategic Objective 4: Be an environmentally and financially sustainable organisation**

**Commitment: We are effective and efficient in our work**

Delivered 2023-24

- The Trust achieved a surplus of £0.9m which was better than the planned break-even position for 2023/24.
- The Trust achieved cost improvements across 2023/24 of £13.6m, although a significant element was on a non-recurrent basis.
- A new, challenging workforce plan was set in line with a refreshed Clinical Operating Model. Investment in Peoples Services was approved to support the changing and growing workforce at EEAST.

- Roll out of make ready services achieved across the Trust to support efficient operational performance.

#### Planned delivery 2024-25

- EEAST has set a plan to achieve a break-even financial position for 2024/25.
- EEAST is confident it can achieve this plan despite the intense financial pressures currently facing the NHS.
- Increase staff engagement in sustainability through training and events.
- Reduce our directly controlled carbon emissions by 5% annually - aligned to our Green Plan targets to make an 80% reduction between 2028-2032 and to reach net zero by 2040.
- All new hubs will be designed and built to the independently verifies sustainability assessment, BREEAM Excellent.
- Atamis is the e-commercial system to replace Bravo. In time all tenders/evaluations/contract management/contracts will be on the same platform. We implemented the system in March this supports greater collaboration as other trusts information is visible.
- CCIAF- assessment is due in October 2024. EEAST is gathering the information for the peer review now. It is not expected the final assessment, and results will be known until January 2025.
- Purchase to Pay- examining options currently.
- Social Value portal is the supplier that will support us on the SV strategy around the National TOMS/SV Model. We are engaged with them now and this will evolve.

#### **Commitment: We are continuously seeking improvement opportunities, learning from insights and our data**

#### Delivered 2023-24

- The Operational Performance Improvement Plan set by EEAST identified clear areas for financial and productivity improvements.
- Implementation of the Planning and Resourcing project commence in 2023/24.
- To further enhance our approach to making data count, the Trust started to enhance its business analysis capabilities

## Planned delivery 2024-25

- EEAST has a challenging Cost Improvement programme target for 2024/25 of £16.2m. Plans for achievement are underway.
- The Operational Performance Improvement Plan set by EEAST identifies clear areas for financial and productivity improvements.
- Implementation of the Planning and Resourcing project commenced in 2023/24 and is due to be fully operational in 2024/25.
- Strive to improve accountability for our fleet and buildings data through periodic audit and enhanced documentations to ensure efficiency across all sites and better work ambience for our staff members.
- Conduct trials in the adoption of cleaner mode of transportation (Rapid Response Fleet) at the value of response time.
- Conduct a green benchmarking of our travel routes (for our fleet) in relation to efficient driving (when not in blue-light mode), value for money and CO2 emission.
- Transitioning our fleet to electric vehicles and installing EV infrastructure.
- Adhere to the NHS Net Zero Supplier roadmap, taking account of social value and carbon reduction plans in our procurement processes.

## Our Digital Strategic Planning progress and priorities for 2024/25

What we said we would deliver	What we have done
Technology	
Roll out a new internet telephone system so that we can share information quickly and reliably.	Completely replaced the Trust's legacy telephone platform providing the EOC with "best in class" reliability and enabled IRP. Provided new soft phones to enable recorded calls to patients from laptops at home.
Modernise our data networks at our stations so that we can transact more data.	Updated 63 sites to improve performance and resilience. Enabled pilot deployment of 1,000 body worn cameras across 19 stations. Deployed new MS Teams meeting rooms to improve cross site collaboration.
Modernise and improve our 999 CAD system.	Introduced over 100 enhancements including GoodSAM integration to increase resources able to respond to C1 and C2 incidents.
Procure and deploy a new SPCR software solution integrated to the Acutes EPRs.	Reduced the volume of paper records from 70% to 5%. Increased access to patient records using Siren Notification Board. Improved the standardised capture of clinical data.
Adopt a "cloud 1 <sup>st</sup> " strategy for improving availability of key systems.	Created a Data Lake in the Cloud and copy critical data for analysis. Manage over 6,700 mobile devices using cloud-based tools.
Introduce Robotic Process Automation to improve operational efficiency.	Proven the technology by piloting the automatic transfer of a patient to a system partner. Completion of a pilot to request, approve and create staff ID cards.
Introduce a new system for CalleeEAST.	Replaced legacy Adatastra platform with Microsoft Dynamics customised for CalleeEAST.
People	
Roll out new iPads to all frontline staff.	4,500 iPads provided to staff for use both in and out of the workplace. Staff can access both patient records, new clinical resources and Trust systems.
Increase and develop digital resource to support the evolving Trust strategy	Successfully recruited additional roles and implemented the first stage of the proposed operating model. Invested in British Computer Society memberships for all staff.
Partnerships	



Enable cross E EAST IT system integration.	We now have access to the BLMK shared care record from ePCR iPads. We now have access to the National Summary Care Record from the ePCR iPads.
Enable access to national spine, NHS Service Finder, Mental Health, Child Protection.	Completed implementation of access to Child Protection information. We now have access to the National Record Locator from the ePCR iPads.
Cyber	
Mitigate legacy Microsoft operating systems (25% of estate).	Replaced over 200 CAD workstations with the new hardware. Recognised by NHS England for the successful mitigation of all legacy operating systems.
Improve the Trust's cyber security posture and mitigate technical debt.	Introduced both inbound and outbound email security tooling. Replaced legacy anti-virus platform with next generation AV tools. Established a new 24/7 security monitoring and remediation capability.
Information	
Bring together data into a data lake to enable informed decision making and one version of the truth.	Created a data lake in the cloud and copy critical data for analysis. Successful creation of a suite of operational reports and the integrated performance report (recognised by the national NHS making data count team).
Connect ESR, GRS and Evolve in one integrated automatic way.	Data lake established for ePCR, GRS, CAD, finance, PTS, and telephony. Introduced Directory Manager to take information from ESR as the source of truth into other Trust systems.
What we will deliver	What this will mean
Technology	
Evolve our new internet telephone system so that we can share information quickly and reliably.	Upgrade the telephony platform to keep pace with new functionality and support the Trust's hybrid working model. Replace legacy copper-based connections by the end of 2025 as these services are discontinued by suppliers.
Modernise our data networks at our stations so that we can transact more data.	Re-contract for our core data network to future proof digital service provision to all sites/stations. Completion of always on HybridConnex vehicle pilot to guarantee connectivity from anywhere in our region.
Modernise and improve our 999 CAD system.	Introduce new clinical triage system and move to Pathways to increase the speed and quality of patient triage.

Evolve our ePCR software solution integrated to the Acutes EPRs.	Add additional capability to enhance our ePCR platform and plan for the next generation ePCR system. Pilot direct patient record integration with our acute partners.
Adopt a “cloud 1 <sup>st</sup> ” strategy for improving availability of key systems.	Migration of GRS to Software as a Service (SaaS) to improve performance and reliability. Introduce a new Electronic Document Management (EDM) system. Migration of critical Trust systems to a new best in class external data centre.
Introduce Robotic Process Automation to improve operational efficiency.	Automation of key organisational support processes, for example HR 1,2 and 3 workflow. Development of a Digital Robotic Automation practice across the Trust.
Evolve the CalEEAST CRM.	Unlock the omnichannel capabilities and further enhance the system.
Support National NHS infrastructure programmes.	Replace communication equipment in emergency vehicles (MDVS) with new National ARP infrastructure. Replace EOC control room systems with new National ARP infrastructure.
<b>People</b>	
Roll our new iPads to all frontline staff.	Evaluate and implement a new tool to support timely appraisal and personal development completion. Replace Evolve with ESR OLM.
Enable enhanced training and compliance.	Develop and implement a refresh activity to replace 4,500 iPads with new devices. Evaluate and implement a new digital education management system for clinicians (ECLIPSE).
Increase and develop digital resource to support the evolving Trust strategy.	Roll out ITIL v4 training/accreditation across the digital team. Recruit further roles and capability to implement the next stage of the digital operating model.
<b>Partnerships</b>	
Enable cross EEAST IT system integration.	Complete the roll out of six new unscheduled care hubs across the region. Provide more patient clinical data available to our frontline teams.
Enable access to national Spine, NHS Service Finder, Mental Health, Child Protection.	Migrate from MiDOS to the NHS National Service Finder. Extend access to Summary Care Record and National Records Locator (NRL).
<b>Cyber</b>	
Improve the Trust’s cyber security posture and mitigate technical debt.	Evolve our data strategy to maintain compliance with archiving, retention, and deletion legislation.

	Continue to invest in cyber tools to keep pace with evolving threats.
<b>Information</b>	
Use artificial intelligence to predict call demand so the right resources are in the right place.	Work with AI partners to establish opportunities to support the evolution of operations and patient care. Establish Informatics as a key partner for data-driven decision making.
Bring together data into a data lake to enable informed decision making and one version of the truth.	Establishment of the Tactical Information Centre to support TOC and operational leads. Implement the revised Ambulance Data Set (ADS) reporting requirements.
Connect ESR, GRS, and Evolve in one integrated automatic way.	Data lake feeds to be established for ESR and payroll. Reduce and remove unnecessary data sets and variation. Standardise to a common data set that is understood and accepted across the Trust.
Data not trusted.	ePCR data sets to be added to the Data Quality Tool. Creating integrated reporting from the data lake to provide better insights on performance and operational efficiency.

## **Our Trust Strategy 2025 to 2030**

### **Where we have come from...**

In 2022, a review of EEAST's strategies identified 17 separate strategic documents, each of which had its own strategic narrative. EEAST's executive team sought to consolidate these documents into three strategies namely the Clinical, People and Sustainability Strategies.

At this time the organisation commissioned a case for change which highlighted several key areas for improvement. The sections that follow highlight progress made in developing these three strategies, but it is important to note that a lot of good work has already happened in executing against each.

This section concludes with an overview of how this work is evolving as we look to develop our Trust Strategy for 2025 to 2030.

### **Our Clinical Strategy**

Demand for support from ambulance services has been increasing over recent years. To manage, within our resources, EEAST must respond differently. To take a holistic, integrated, community focus, we have produced the Clinical Strategy 2023-2026. This has been developed in conjunction with our people, regional partners, patients, and community engagement groups.

EEAST plays a pivotal role in the urgent and emergency care system. Our qualified, experienced, and diverse workforce responds to the individual needs of patients who dial 999. EEAST cannot deliver care without the support of our partners.

Our strategy outlines EEAST's approach, alongside integrated care boards (ICBs) and other partners, in changing and improving the way we deliver care. Our aim as a system is to provide the right care in the right place at the right time, and as close to the patient's home as possible. Working hand in hand with ICBs and service providers means we can ensure patients are managed using appropriate alternative care pathways. This enables EEAST to respond to the patients in most need of emergency clinical assessment and emergency ambulance response.

This strategy details how we deliver an integrated approach that will result in a timely response that meets the specific needs of our patients. We work

more closely with patients, communities, providers, and partners to ensure this happens and we continually seek to improve how we deliver our service.

## **Our People Strategy**

This strategy outlines our people pledges (aligned to the NHS People Promise) and the improvement actions that will help us to achieve our strategic ambition to invest in our exceptional people, enabling them to be the best they can be every day. This will be achieved through our promise to our people to:

- Prioritise the health and wellbeing of all our people.
- Create a great employee experience.
- Ensure inclusion and belonging for all.
- Support and develop the people profession.
- Harness the talents of all our people.
- Lead improvement, change and innovation.
- Embed digitally enabled solutions.
- Enable new ways of working and planning for the future.

Over the past few years, all our people have worked incredibly hard to support the delivery of care to our patients under unprecedented conditions. This has been extremely challenging, and it was important that this strategy focused on providing a great employee experience and support for our people, now and in the future.

As we progress with the delivery of actions over the next three years, we will continue to listen to our people and consider what is important to them so that we can adjust along the way. We will ensure that EEAST's values remain at the heart of everything we do.

## **Our Sustainability Strategy**

The EEAST Sustainability Strategy defines organisational sustainability as meeting the future needs of the organisation without compromising patient care, staff wellbeing, sense of belonging, financial viability, or the environment.

The strategy pulls together the triple bottom line of environmental, social, and economic sustainability and includes, but is not limited to the following key areas:

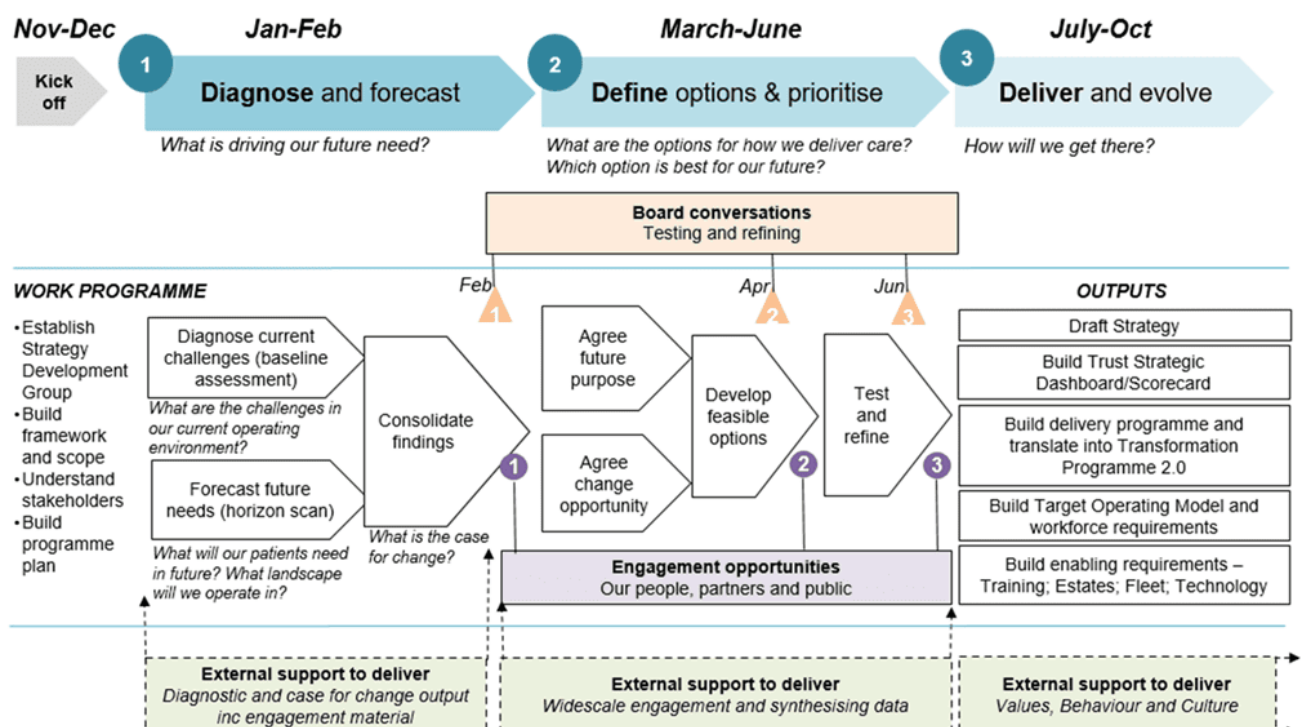
- Financial Sustainability
- Operational performance and efficiencies
- Digital Transformation – 5 Year Digital Plan
- Sustainable Procurement
- Environmental responsibility – The EEAST Green Plan
- Estates Strategic Enabling Plan
- Fleet Strategic Enabling Plan
- Make Ready Services (MRS) Strategic Enabling Plan
- Medical Devices Strategic Enabling Plan
- Building a Sustainable Workforce – People Strategy and Workforce Plans

The sustainability strategy seeks to provide guidance and set objectives for these strategic enabling plans and will be submitted to the board for sign-off in June 2024.

## Strategic evolution

Following a Board decision in October 2023, a framework and programme to design and deliver the next Trust Strategy 2025 to 2030 was established.

The table below shows the strategy development programme of work.



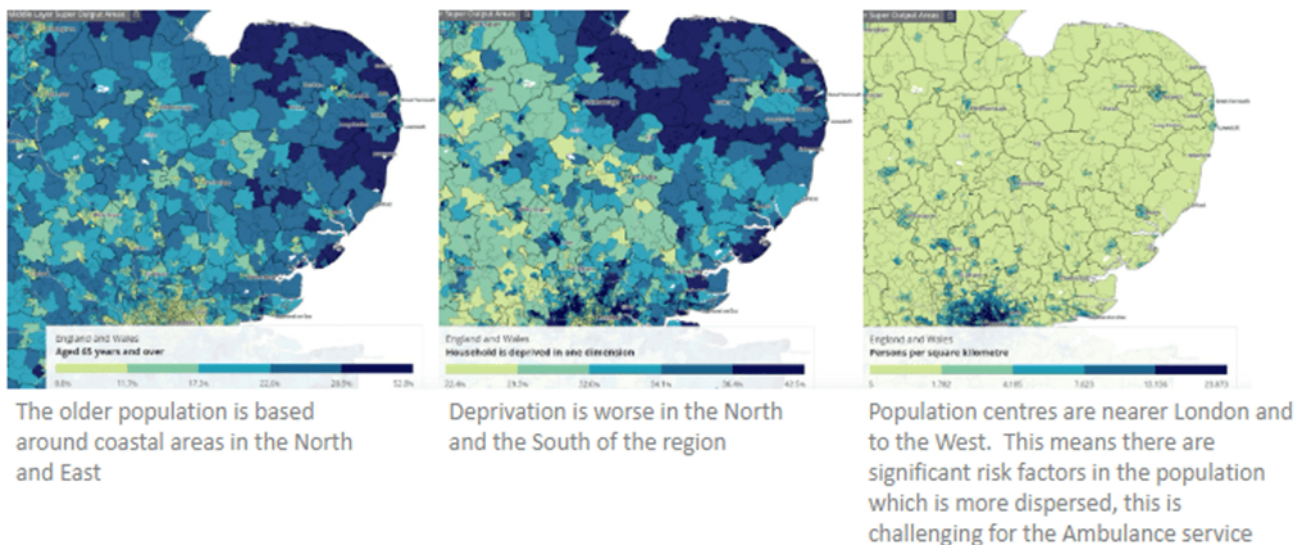


## Phase 1 of the programme (Diagnose and Forecast)

This phase looked to understand the factors driving future needs. As agreed by ELT in January 2024, consultants were engaged to construct a Case for Change, which has subsequently been rebranded as the Evidence for Evolution (E4E) in recognition of the amount of work that has already gone into addressing many of the areas identified by the study.

In building the E4E, a combination of internal and external data sources was used to predict future trends and identify areas for improvement. The outcomes of the report were presented and tested with a forum of executive and deputy directors.

Phase 1 on the programme is now complete and the insights drawn from this exercise will help to shape our future operating model.



The table above shows many high need patients are situated away from population centres.

## Phase 2 (Define Options and Prioritise)

This phase seeks to engage our people, patients, and partners to provide insights that will inform and answer the questions outline by the Board in October 2023. The questions were as follows:

- What do communities in EEAST need and want from an ambulance service in the future?



- What is the right response for our communities? How should the system respond?
- What should the ambulance service deliver within that? And what is for others?
- What is our operating model?

To facilitate this level of engagement, EEAST has been making use of an online moderated service provided by Clever Together which connects participants and stimulate discussion surrounding these core questions.

In our first conversation, which concluded in April 2024, we posed four questions to our people to direct and structure a conversation about our shared future.

1. What future do we want for each other?
2. What future do we want for our patients, families and carers?
3. What actions do we need to stop, start or continue?
4. What behaviours should we expect from each other, and which behaviours will we no longer tolerate?

It is worth noting that participation was in excess of 10% of our people, who together made more than 5,000 contributions. Our next conversation, which will explore these ideas further, will commence in May, and we are looking to conclude phase 2 towards the end of June 2024.

I confirm that this performance report complies with the reporting requirements.



**Tom Abell, Chief Executive Officer**

**19 June 2024**

## **Directors' Report**

The Board of Directors is legally responsible for the day-to-day management of the Trust. It is accountable for the operational delivery of services, targets and performance, and responsible for setting our strategy and future direction. Our Board has a duty to provide safe and effective services and robust financial stewardship.

Our Trust Board, consisting of the Chair, five Non-Executive Directors, the CEO and four Executive Director members, is the corporate decision-making body of the Trust, accountable for all strategic, operational, and financial decision-making, and with powers to delegate and make arrangements to exercise any of its appropriate functions through a Sub-Committee.

The Chair is responsible for ensuring the Board of Directors focuses on the strategic development of the Trust and that robust governance and accountability arrangements are in place. We are required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure that our directors are fit and proper for their roles. To fulfil this responsibility, the Trust has undertaken appropriate Fit and Proper Persons checks for all directors during 2023/24.

## **Our Trust Board and Sub-Committee structure during 2023-2024**

There were changes to Committee structures in September 2023; the Transformation Committee was dissolved and its areas of focus moved to the Transformation Programme Group, with oversight provided twice a year by the Integration and Planning Board.

## **Committee responsibilities**

### **Audit committee**

- Auditing compliance
- Internal/external audit
- Financial systems
- Internal control (standing orders, scheme of delegation, reservation of powers), BGAF
- Risk assurance
- Process for monitoring compliance—regulation, legislation

- Security management
- Systems and processes
- Annual report/account, including charity
- Declarations
- Information governance
- Counter fraud
- Assurance of board sub-committees
- Data quality and security

## **Remuneration and nomination**

- Determining arrangements for remuneration, terms and conditions and performance criteria for the CEO and executive team
- Non-contractual payment arrangements
- CEO and executive directors' succession planning
- Trust board structure, size and composition
- Appointments panel for executive directors

## **Quality governance**

- Clinical quality, safety, and effectiveness
- Patient experience
- Clinical audit
- Research and innovation
- Ethics
- Quality account
- CQC registration and compliance
- Learning from experience
- Serious incidents
- Medicine management
- Infection, prevention and control
- Safeguarding
- Mandatory clinical training
- Private ambulance oversight
- Patient and public involvement

## **Performance and finance**

- Delivery of objectives for finance and performance
- Capital development
- Quality cost improvement programmes

- Financial statement and investments
- Activity and performance analysis
- Information management and technology
- Patient transport services provision

## **People**

- Culture
- Workforce performance and development
- Recruitment and retention
- Vetting and barring
- Health, safety and wellbeing
- Employee relations casework and employment tribunals
- Training and education
- OFSTED compliance
- Gender pay gap
- Equality act compliance
- Staff engagement and inclusion
- Staff survey
- Vision and values assurance

## **Transformation (ceased 19/07/2023)**

- Programme and project management
- Strategy development oversight
- Programme delivery
- Sustainable transformation plan progression in line with the NHS long-term plan
- Strategy progression assurance
- Digital strategy progression
- Estates, fleet, make ready strategy suite progression

## **Planning and integration board (commenced 18/10/2023)**

- Programme and project management
- Strategy development oversight
- Programme delivery
- Sustainable transformation plan progression in line with the NHS long-term plan
- Strategy progression assurance

- Digital strategy progression
- Estates, fleet, make ready strategy suite progression

## **Charitable funds committee**

- Managing the Trust policies and procedures for charitable funds and ensuring these are compliant with regulations
- Ensuring a proper and prudent return on investment for fundraising activities
- Seek assurance that charitable funds have been managed and spent in accordance with their respective governing documents, the standing financial instructions, and the charity principles
- Overseeing the development and implementation of a charity strategy
- To review and approve the acceptance of restricted funds
- Oversee fundraising activities
- On behalf of the corporate trustee, review the accounts of the charity and receive the independent examination of said accounts, commend the accounts to the trustee once considered by the committee.
- Establish, prioritise and approve major fundraising projects over £25,000 and approve major expenditure items over £25,000
- Review and approve annual fundraising plans

## **Our Board and Sub-Committee Evaluation**

The Board and its Sub-Committees review their effectiveness formally on an annual basis through an approved evaluation process. Within the 2023/24 year, the effectiveness reviews were undertaken in March 2024 and reported to the Audit Committee in May 2024. The effectiveness review identified many significant improvements across the Board and Sub-Committees, and future improvement themes were identified, supported by action plans.

In accordance with the Public Bodies (Admission to Meetings) Act 1960, the Board holds its meeting in public every other month. The agenda and reports for the Board are published on the website and made available to the public ahead of the meeting.

## Voting Directors



**Nicola Scrivings**

Trust Chair, left the Trust in June 2023



**Wendy Thomas**

Senior Independent Director. Chair People Committee.



**Mrunal Sisodia**

Chair Audit Committee, appointed Trust Chair in June 2023



**Alison Wigg**

Chair Transformation, Remuneration and Charitable Funds Committees. Retired in January 2024 after exhausting terms of appointment.



**Neville Hounsome**

Chair Quality Governance Committee, retired in July 2023 after exhausting terms of appointment



**Julie Thallon**

Chair Performance and Finance Committee



**George Lynn**

Chair Audit Committee, appointed June 2023 replacing Mrunal Sisodia



**Catherine Glickman**

Chair Quality Governance Committee, appointed July 2023 replacing Neville Hounsome. Chair Remuneration and Nomination Committee, appointed January 2024 replacing Alison Wigg



**Chris Brook**

Chair Charitable Funds Committee, appointed January 2024 replacing Alison Wigg



**Tom Abell**

Chief Executive Officer



**Kevin Smith**

Director of Finance



**Marika Stephenson**

Director of People Services



**Melissa Dowdeswell**

Director of Nursing and Interim Chief Operating Officer until October 2023. Appointed Chief of Clinical Operations in November 2023



**Simon Chase**

Chief Paramedic (Allied Health Professional) and Director of Quality, appointed in January 2024



## Non-Voting Directors



**Simon Walsh**  
Medical Director



**Emma de Carteret**  
Director of Corporate Affairs and Performance



**Hein Scheffer**  
Director of Strategy, Culture and Education



**Kate Vaughton**  
Director of Integration and Deputy Chief Executive Officer



**Kiran Mahil**  
Associate Non-Executive Director



**Victoria Corbishley**  
Associate Non-Executive Director



**Omid Shiraji**  
Associate Non- Executive Director, appointed January 2024

The Register of Declarations is available on the Trust's website.

## Committee membership and attendance

There are several key committees in place that help the Board to manage and monitor the organisation. The committees provide information and updates to the Board to contribute to its assessment of assurance.

### Quality Governance Committee

#### Role and Purpose:

The Quality Governance Committee oversees the review of quality assurance on all aspects of quality. This includes reviewing information against the five quality domains of caring, responsive, effective, well-led and safety. The primary aim is to ensure the robustness of systems, processes and behaviours, monitor trends, and take action to provide assurance to the Board.

#### Membership and Attendance:

- Neville Hounsome (Chair to July 2023) (3 of 3)  
Non-Executive Director
- Catherine Glickman (appointed Chair, July 2023) (4 of 4)  
Non-Executive Director
- Wendy Thomas (6 of 6)  
Non-Executive Director
- Victoria Corbishley (5 of 6)  
Associate Non-Executive Director
- Melissa Dowdeswell (5 of 6)  
Director of Nursing/Interim COO, appointed Chief of Clinical Operations, November 2023
- Simon Chase (4 of 6)  
Chief Allied Health Professional/Interim Director of Quality, appointed Chief Paramedic and Director of Quality, January 2024
- Simon Walsh (4 of 6)  
Medical Director

The Chair, Chief Executive and all other Non-Executive Directors are invited to attend. Other Executive Directors, senior managers and health professional staff attend for specific items.

## Audit and Risk Committee

### Role and Purpose:

The Audit and Risk Committee provides an overarching governance role, including overseeing the adequacy of the Trust's arrangements for controlling risks and being assured that they are being mitigated. To do this, it reviews the work of other assurance committees, making sure the systems and controls used are sound.

### Membership and Attendance:

- Mrunal Sisodia (Chair to June 2023) (2 of 2)  
Non-Executive Director, appointed Trust Chair, June 2023
- George Lynn (appointed Chair, July 2023) (4 of 4)  
Non-Executive Director
- Julie Thallon (4 of 5)  
Non-Executive Director
- Wendy Thomas (4 of 5)  
Non-Executive Director

The Director of Finance and Director of Corporate Affairs and Performance are standing attendees at the Audit Committee. All other Non-Executive Directors (excluding the Chair) are invited to attend, as are the External and Internal Auditors.

Other Executive Directors, including the CEO and other senior managers of the Trust, are regularly invited to attend meetings of the Audit Committee for specific items.

## Performance and Finance Committee

### Role and Purpose:

The Performance and Finance Committee has delegated authority from the Board to oversee, co-ordinate, review and assess the financial and performance management arrangements within the Trust. The Committee assists in ensuring that Board members have a sufficiently robust understanding of key performance and financial issues to enable sound decision-making.

### Membership and Attendance:

- Julie Thallon (Chair) (5 of 6)  
Non-Executive Director
- Alison Wigg (5 of 5)  
Non-Executive Director
- Chris Brook (3 of 4)  
Associate/Non-Executive Director
- Kiran Mahil (0 of 6)  
Associate Non-Executive Director
- Kevin Smith (6 of 6)  
Director of Finance
- Melissa Dowdeswell (5 of 6)  
Director of Nursing/Interim COO, appointed Chief of Clinical Operations, November 2023

The Chair and CEO are invited to attend. All other Non-Executive Directors are invited to attend. Other Trust Directors and managers and health professional staff attend for specific items.

## Remuneration and Nomination Committee

### Role and Purpose:

The Committee has an overall responsibility in respect of the structure, size and composition of the board and matters of pay and employment and the conditions of service for the Chief Executive, Executive Directors and Senior Managers.

### Membership and Attendance:

- Alison Wigg (Chair) (5 of 5)  
Non-Executive Director, tenure ended January 2024
- Catherine Glickman (appointed Chair, January 2024) (4 of 5)  
Non-Executive Director
- Nicola Scrivings (1 of 1)  
Trust Chair, tenure ended May 2023
- Mrunal Sisodia (5 of 6)  
Non-Executive Director, appointed Trust Chair, June 2023
- Neville Hounsome (2 of 2)  
Non-Executive Director
- Wendy Thomas (5 of 6)  
Non-Executive Director

- Julie Thallon (5 of 6)  
Non-Executive Director
- George Lynn (4 of 4)  
Non-Executive Director
- Chris Brook (0 of 5)  
Associate/Non-Executive Director
- Kiran Mahil (0 of 6)  
Associate Non-Executive Director
- Victoria Corbishley (0 of 6)  
Associate Non-Executive Director

The Chief Executive and Director of People Services attend the Committee in an advisory capacity, except where his/her own salary, performance or position is being discussed; on such occasions they must not be present during the meeting.

## **Charitable Funds Committee**

### **Role and Purpose:**

The Charitable Funds Committee is responsible for managing and monitoring the charitable funds held by the Trust on behalf of the Board.

### **Membership and Attendance:**

- Neville Hounsome (Chair to July 2023) (2 of 2)  
Non-Executive Director
- Alison Wigg (Chair, July 2023 to December 2024) (3 of 3)  
Non-Executive Director
- Chris Brook (appointed Chair, January 2024) (2 of 3)  
Associate/Non-Executive Director
- Nicola Scrivings (0 of 2)  
Trust Chair, tenure ended May 2023
- George Lynn (2 of 3)  
Non-Executive Director
- Kevin Smith (3 of 4)  
Director of Finance

Other members of staff are invited to attend as required.

## People Committee

### Role and Purpose:

The purpose of the Committee is to provide assurance to the Board on the quality and impact of people (all people, including staff, volunteers and trainees), organisational development strategies, and the effectiveness of people management in the Trust.

### Membership and Attendance:

- Wendy Thomas (Chair) (6 of 6)  
Non-Executive Director
- Neville Hounsome (2 of 2)  
Non-Executive Director
- George Lynn (4 of 4)  
Non-Executive Director
- Catherine Glickman (0 of 4)  
Non-Executive Director
- Chris Brook (1 of 1)  
Non-Executive Director
- Kiran Mahil (0 of 6)  
Associate Non-Executive Director
- Marika Stephenson (6 of 6)  
Director of People Services
- Dr Hein Scheffer (6 of 6)  
Director of Strategy, Culture and Education

Other members of staff are invited to attend as required.

## Transformation Committee

### Role and Purpose:

The purpose of the Committee is to provide assurance to the Board that top level strategic and supporting strategies for the organisation are in place and identify any issues in relation to the delivery of these strategies and the transformation agenda.

This Committee was dissolved in July 2023.

### Membership and Attendance:

- Alison Wigg (Chair) (2 of 2)  
Non-Executive Director
- Nicola Scrivings (1 of 1)  
Trust Chair, tenure ended May 2023
- Mrunal Sisodia (1 of 2)  
Non-Executive Director, appointed Trust Chair, June 2023
- Julie Thallon (2 of 2)  
Non-Executive Director
- Victoria Corbishley (0 of 2)  
Associate Non-Executive Director
- Kevin Smith (2 of 2)  
Director of Finance

Other members of staff are invited to attend as required.



# **Governance Statement**

## **Scope of responsibility**

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

## **The purpose of the system of internal control**

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the East of England Ambulance Service NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in the East of England Ambulance Service NHS Trust for the year ended 31 March 2024 and up to the date of approval of the annual report and accounts.

## **Capacity to handle risk**

The management of risk underpins the achievement of the Trust's strategy and related priorities. Risk management is the responsibility of all staff and imperative to providing safe, quality care for patients and staff. Risk plays a key role in informing decision-making and is significant for the Trust's business planning process where public accountability in delivering health services is required.

The Trust Board has overall responsibility for the management of risk. The Board provides leadership by ensuring that the Trust has an effective Risk Management Strategy and clear assurance reporting pathways. All Board Sub-Committees are responsible for monitoring and reviewing risks relevant to their remit, including the extent to which they are assured by

the evidence presented with respect to the management of the risk. Each Committee has responsibility for escalating identified concerns to the Board.

## **Risk Leadership**

The Chief Executive is the accountable officer for the management of risk, responsible for maintaining sound internal control systems that supports the achievement of the Board's policies, aims and objectives, whilst safeguarding funds and assets. The Director of Corporate Affairs and Performance supports the Chief Executive in the role as accounting officer of the Trust and has responsibility for risk in relation to the corporate governance framework, compliance and assurance, including the Board Assurance Framework.

## **Risk Management Training**

Staff are trained and equipped to manage risk in a way that is appropriate to their authority and duties, in line with the Trust's Risk Management Strategy and Procedure. The Trust has in place a risk management training approach to ensure that staff are suitably equipped to manage risk in a way that is appropriate to their authority and duties.

The training of staff is embedded within the Corporate Induction, as well as an annual refresher via e-learning mandatory training requirements. Quarterly training and support are given to management teams, to standardise the approach to risk management and manage risks.

## **The risk and control framework**

### **Risk Management Strategy and Risk Appetite**

The system of internal control is designed to manage risks to a reasonable level, rather than to eliminate all risks, it can therefore only provide a reasonable and not absolute assurance of effectiveness. The purpose of the risk and control framework is to ensure that risk is managed at a level that allows the Trust to meet its strategic objectives. The system of internal control is based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives.
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently and economically.

- Mitigate the consequences where risk cannot be prevented, for example, by putting in place response plans or provide deterrents, e.g. awareness of sanctions relating to fraud.

The Risk Management Policy details the structure for the Trust's risk and control mechanisms. This includes boundaries of accepted appetite and tolerance levels, duties of individuals, groups and Committees, and the responsibility for the identification of risks, controls, further mitigation control and assurances.

There are many ways that the Trust seeks to form good risk management practice, and this includes incident reporting procedures and debriefs, complaints, claims and pro-active risk assessments.

### **Quality Governance Arrangements**

The organisation has a robust set of quality governance arrangements in place, including:

- Committee and sub-group infrastructure to ensure all quality issues are monitored and addressed. This includes safeguarding, medicines management, health and safety and infection, prevention and control.
- A full suite of policies and procedures to control quality systems and processes.
- Robust risk assessment and quality impact assessment processes.
- Data quality checks within the processes for publishing and using performance information – managed through a dedicated Informatics team.

### **Data Security Risks**

Data security risks are identified, assessed, managed, and reported as per the Trust's risk management strategy and process, and are overseen by the Information Governance group and Data Quality and Security group, as well as the Trust's SIRO.

### **Significant Risks**

The major risks identified within the financial year have been monitored and acted upon by the Board and Sub-Committees through scrutiny of the Board Assurance Framework (BAF) at Board and Sub-Committee meetings. In-year, the risks were reviewed, re-assessed and strengthened with a summary as follows:

Strategic Goal	Strategic Risk	Comments
1: Be an exceptional place to work, volunteer and learn	SR1a: If we do not ensure our people are safe and their wellbeing prioritised, there is a risk we will be unable to attract, retain and keep our people safe and well	Current risk in recognition of the safety, culture and behaviours programme and reflects the need for inclusivity. Key mitigations include strengthening of staff networks, values and inclusivity training for staff and improved access to wellbeing support programmes and health and safety.
	SR1b: If we do not ensure our leaders are developed and equipped, there is a risk that we will not be able to change our culture and value, support, develop and grow our people	Current risk reflecting the importance of stabilising the infrastructure, capacity and capability of our leadership teams across the organisation to support staff effectively. Key activities include the leadership development framework and implementation of career pathways in operations as part of Time Lead programme.
2: Providing outstanding quality of care and performance	SR2 If we do not deliver operational and clinical standards then there is a risk of poor patient outcomes and experience	Current risk focusing on our ability to deliver timely and high-quality care to patients. Key mitigation includes delivery of clinical strategy, estate and fleet plan implementation, operational efficiencies and maximising influence in the system. Implementation of clinical supervision training time.
3: Be excellent collaborators and innovators as system partners	SR3 If we do not ensure we can plan, influence and deliver across our systems to secure change, we will not be able to meet the needs of our public and communities	Current risk focusing on supporting and collaborating in the delivery of system-wide integration, and alternate pathway schemes, engagement and involvement within the wider health and social care landscape.
4: Be an environmentally and financially sustainable organisation	SR4 If we do not resolve long-standing organisational inefficiencies, we will be unable to deliver an effective, sustainable, value for money service to our public	This risk focuses on long term financial planning, sustainability and efficiencies, supporting a balance between value for money and delivery of the service. Key mitigations focus on business planning, Cost

		Improvement Programme, and efficiency improvement.
All Goals	SR5 If we do not clearly define our strategic plans, we will not have the ability to deliver the suite of improvements needed	This risk focuses on establishing clear resource allocation prioritisation approach and clear engagement collaborative plan for transformation programmes. Strengthening continuous improvement leading to strategic focus at senior level.
	SR6 If we do not deliver sustainable regulatory compliance and develop positive relationships, we will have limited ability to deliver our strategy	In recognition of the regulatory improvements required in well led, this focuses upon compliance and regulatory standards, and the impact upon our reputation. Mitigations include embedding compliance standards and delivery across the Trust. Implementation and embedding of professional standards.

## Governance Compliance Risks

The Trust remains not fully compliant with the registration requirements of the Care Quality Commission. A range of mechanisms are in place to provide assurance of compliance with the Health and Social Care Act 2008 (Regulated Activities) and Regulations 2010, as set out in the Care Quality Commission’s guidance for providers. The Trust was rated overall as requires improvement in the July 2022 inspection.

Measures continue to be implemented to address compliance with national ambulance targets. These include a well-established programme of multidisciplinary directorate performance reviews, monitored and reviewed by the Board on monthly basis.

Training and education programmes addressing culture continue to be implemented to support alignment with values and behaviours across the Trust.

## Key risks:

Risk	Mitigation
There is a risk arising from challenges in complying with well led requirements of the CQC due to leadership instability, capacity and capability, and embedding values and behaviours	<ul style="list-style-type: none"><li>• Well led improvement plan with key programmes relating to culture, capacity and capability, leadership development</li><li>• Localised culture interventions to support tangible change</li><li>• Improvement Director to support improvement</li><li>• Increased governance capacity to support compliance</li></ul>
There is a risk to oversight and assurance due to the quality of utilisation of data and measuring effectiveness, as well as capacity of teams for data analysis	<ul style="list-style-type: none"><li>• Integrated Performance Report: Board and sectors in place</li><li>• Support from NHSI ongoing to enhance data utilisation</li><li>• CIO focus on data quality and utilisation</li><li>• Committee metrics and escalation parameters in place</li><li>• Demonstrating Impact programme to transition to statistical process control and performance improvement</li></ul>

## Embedding of Risk Management

Risk management is embedded throughout key activities in the organisation, including:

- All risk registers are managed via an electronic database. Escalation of risk is achieved through the governance structures and processes.
- Identification and assessment of risk is a core business function, with managers recognising and assessing risks to the delivery of their aspect of the service.
- All cost improvement programmes have a reviewed and approved quality impact assessment, where risks and mitigating actions are identified.
- All core plans, such as the winter plan, potential for overtime incentives, surge plan or Board-level financial decisions have a risk and impact assessment.

- Embedded incident reporting system for staff to report incidents or near misses.
- Core groups monitor the risks relevant to their terms of reference.
- Audit Committee has oversight of risk management to ensure it is embedded.

## **Workforce Strategies and Staffing Systems**

Progress against the workforce plan is monitored through the People Committee and Board. The service is committed to building an engaged and inclusive culture with engagement events for staff to speak directly with Executives and Non-Executive Directors, nominated Executive leads for each Integrated Care Board (ICB) area and ongoing joint working with Trade Unions to improve Workforce policies and procedures. The Trust is undertaking significant work to improve the culture and leadership in the organisation.


The Trust will continue to foster positive collaborative working relationships and ensure that existing staff networks (LGBT+, BME, Women, Men, Multi-Faith and Disability) are encouraged to play an active role in the decision-making of the Trust.

## **Compliance with CQC Registration Requirements**

The Trust remains not fully compliant with the registration requirements of the Care Quality Commission. In 2023/24 the Trust was successfully moved from NOF4 to NOF3. Positive improvements have been recognised by the CQC: four conditions were dropped during the year, two are under review, the Trust is waiting for a decision on one condition submitted to CQC and have been advised that the other two will be covered as part of the next inspection. A range of mechanisms are in place to provide assurance of compliance with the Health and Social Care Act 2008 (Regulated Activities) and Regulations 2010, as set out in the Care Quality Commission's guidance for providers. The Trust was rated overall as requires improvement in the July 2022 inspection.

Measures continue to be implemented to address compliance with national ambulance targets. These include a well-established programme of multidisciplinary directorate performance reviews, monitored and reviewed by the Board on monthly basis.



Overall trust quality rating	Requires Improvement 
Are services safe?	Requires Improvement 
Are services effective?	Requires Improvement 
Are services caring?	Good 
Are services responsive?	Requires Improvement 
Are services well-led?	Requires Improvement 

The Trust remains focused on making the necessary improvements, working with regulators to establish and deliver sustainable change.

## Register of Interests

The Trust is committed to openness and transparency in its work and decision-making. As part of that commitment, the Trust has published on its website an up-to-date register of interest, including gifts and hospitality for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the ‘Managing Conflicts of Interest in the NHS’ guidance.

## Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure that all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer’s contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

## Equality, Diversity and Human Rights

Control measures are in place to ensure that all the organisation’s obligations under equality, diversity and human rights legislation are complied with. As part of the Trust’s culture improvement work, there is an Inclusivity Plan in place to deliver further improvements in relation to equality and diversity over the coming years.

## UK Climate Projections

The Trust has plans in place which take account of the ‘Delivering a Net Zero Health Service’ report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

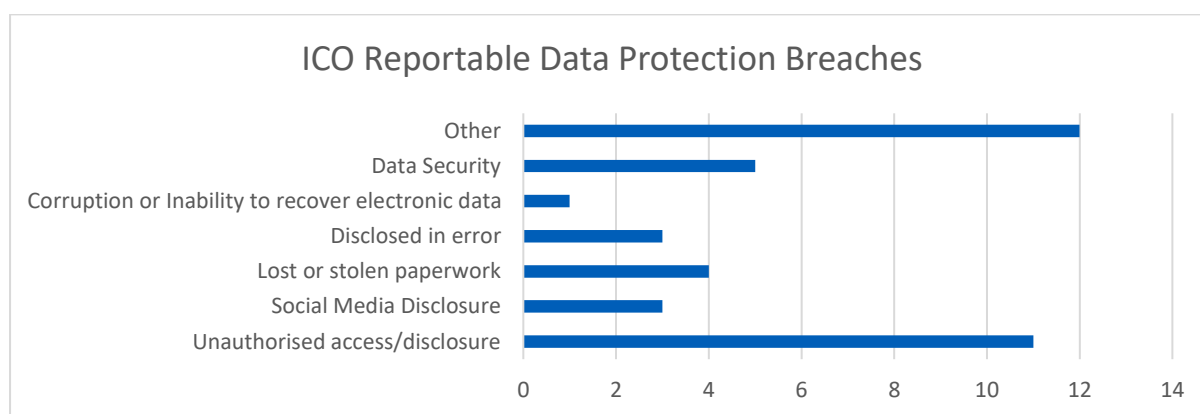
## Review of economy, efficiency and effectiveness of the use of resources

The Trust has a range of processes to ensure that resources are used economically, efficiently, and effectively. This includes management and supervision arrangements for staff and a system of devolved budget management. This incorporates reviews of finance and performance at budget manager, service director and overall, Trust-level, through detailed reporting to the Performance and Finance Committee. The Committee also scrutinises the Trust's Quality Cost Improvement Programme and reviews delivery of this programme, which is supported by Quality Impact Assessments.

External auditors are required, as part of their annual audit, to satisfy themselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and report by exception if in their opinion the Trust has not.

## Information governance

In 2023/24 a total of 39 cases were reported to the Information Commissioner's Office (ICO) through the data security reporting tool. Of these, at the time of writing this report, the ICO took no further action in all the cases, being satisfied with the investigation and actions taken by the Trust. Any recommendations provided by the ICO are monitored by the Trust's Information Governance Group. An overview of the 39 incidents is as follows:



One incident met the Trust's Serious Incident (SI) threshold and was managed under the Trust's SI process. The incident related to accidental destruction of patient records and was reported to the ICO.

## **Data quality and governance**

The directors are required under the Health Act 2009 and National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare service Quality Accounts for each financial year.

This account looks back at performance in the last year and sets priorities for the following year. The Board approves the account prior to publication. Arrangements are in place via Trust-wide groups to report quality and safety matters to the Quality Governance Committee, which in turn reports to the Board. This includes progress against the priorities set out in the Quality Account.

The Trust has several processes in place to ensure that data are accurate and provides a balanced view. These include:

Clinical data and outcomes checked and verified by the Clinical Audit Manager (State Registered Paramedic) prior to submission to the national audit programmes.

Monthly checks of Department of Health statistical reports to ensure latest comparative data are included.

Assurance through governance processes to Board-level via the Integrated Board Report

## **Data Security and Protection Toolkit.**

Assurance provided through the Information Governance Group and the Data Quality and Security Group to Trust Board via the Audit Committee.

Regular scrutiny of processes and information through Board Sub-Committees.

Continued transition activity to maintain and develop the Data Lake – a single source of our data that cannot be manipulated.

Key risks to data relate to the need for manual manipulation of aspects of the data set, due to multiple systems not yet interacting automatically with one another. Mitigations include the development of clear standard operating procedures for all data sets utilised. Operational data via the 999 and patient care records are assured as accurate as these are automated.

## **Review of effectiveness**

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the

system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and Quality Governance Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust Board recognises the importance of the principles of good corporate governance and is committed to ensuring these are effective and efficient. This is implemented through key governance documents, policies, and procedures of the Trust, including:

The Board Governance and Assurance Framework, including the Sub-Committees.

The Trust's Standing Orders, Reservation of Powers to the Trust Board, Scheme of Delegation, and Standing Financial Instructions.

The Trust is led by a unitary Board, which provides leadership within a framework of internal control whilst promoting innovation and challenge to performance issues. The Board monitors the effectiveness of the internal control systems and processes through clear accountability arrangements. Each Executive Director is held to account for control systems and processes, monitoring methods and weaknesses within directorates; cross checking evidence of compliance with statutory functions to ensure that the Trust remains legally compliant.

## Review of Effectiveness of the Trust Board and Sub-Committees

The Board and the Sub-Committees review their effectiveness on a regular basis and formally through the Board’s annual evaluation process.

Assurance that each Committee has been compliant with its terms of reference and publication of an integrated effectiveness report has been achieved.

Area of improvement:

- Significant improvement on quality of papers, KPI delivery and levels of assurance. Reports, delegates, outcomes, quality of meetings and conversations.
- Decisions/recommendations supported by better quality analysis
- Pre-meets between Chair and lead Executives to prepare the agenda and discuss papers in advance. Focus on the BAF and the areas needing Committee priority and attention to deliver the strategic objectives
- Recognition of the work carried out by subgroups allowing prioritisation of more key issues.

Area for focus:

- Clear metrics and approach to managing and overseeing strategies to be developed
- Clarity around overlap/duplication with other Committees
- Data quality
- Ensuring that Committee does not slip into tactical operational management and remains focused on assurance and strategy
- Diversity of membership

## Summary of activities

The following provides summary of the activities in maintaining and reviewing the effectiveness of the system of internal control:

Trust Board	Audit Committee	Quality Governance Committee	Corporate Governance Team
Risk Management assurance – reviewing the BAF, risk	Reviewing assurance pertaining to risk and governance via	Review and assurance on action plans following the	Facilitation of well led development and working

escalation, Strategic risk review	reports and deep dives	2022 CQC inspection	to support through NOF3
Developing, reviewing and approving key Trust Strategies	Approval of the Board Governance and Assurance Framework and the Risk Management Strategy	Reviewing and approving the clinical audit plan and relevant clinical and quality annual reports	Ongoing embedding of the Board Governance and Assurance Framework and Risk Management strategy
Receiving and approving annual reports	Reviewing the Annual Accounts for the Trust and its charitable fund, as well as the annual governance statement	Review and approval of the Clinical Strategy	Facilitation and delivery of Board development programme
Approval of the annual report, accounts, and governance statement, Data Security and Protection Toolkit, and the Charitable funds annual accounts	Review in detail the Standing Orders, Standing Financial Instructions, Scheme of Delegation and Reservation of Powers to the Trust Board	Monitoring performance against the Ambulance Clinical Quality Indicators and key clinical indicators to assess quality of care	Facilitation of the CQC and other regulatory relationships. Ensuring Assurance mechanisms are in place to support improvements
Receiving assurance on plans and progress in relation to regulatory compliance	Reviewing in detail the system of control arrangements, including policy management, information governance, data quality and procurement.	Receiving and reviewing update reports in relation to Claims and Litigation cases, patient experience, research	Facilitation of the escalation and assurance mechanisms in support of the Board and its Sub-Committees
Close monitoring of the culture improvement programme as well as frequent oversight of freedom to speak	Reviewing the recommendations and action plans from internal audits.	Assessment and assurance of compliance with wider regulation, including the Civil Contingencies Act	

up and whistle blowing			
	Analysis and monitoring of wider committee assurance and effectiveness in relation to risk management and internal controls.	Assuring patient safety and experience through patient network reports and deep dives into areas such as 'No sends' and performance 'perfect weeks'	

## Clinical Audit activities

Clinical Audit forms part of the Quality Governance Framework and provides assurance that services are being delivered to patients at the required standard, in order that the Trust meets the dimensions of quality: patient safety, patient experience and clinical effectiveness.

The results of audits and experience audits are used to review and develop training for staff, and examples, themes and trends have enabled the Trust to identify areas that draw out the quality measures.

The Clinical Audit and Patient Experience programmes for 2023/24 focused on national, strategic, and regulatory driven audit projects that related to the priorities set within the Quality Account agenda. Full details of all audits undertaken are in the Quality Account.

## The Head of Internal Audit opinion and Annual Internal Audit Programme

### Head of internal audit's annual opinion

TIAA is satisfied that, for the areas reviewed during the year, the East of England Ambulance Service NHS Trust has reasonable and effective risk management, control and governance processes in place.

This opinion is based solely on the matters that came to the attention of TIAA during the course of the internal audit reviews carried out during the year to date and is not an opinion on all elements of the risk management, control and governance processes, or the ongoing financial viability or its ability to meet financial obligations which must be obtained by the East of England Ambulance Service NHS Trust from its various sources of assurance.





## Actions Taken to Address Internal Control Issues

The key challenges the Trust faced throughout 2023-24 and the actions taken were:

Key Challenges to Internal Control	Actions taken
Operational capacity to meet demand and performance requirements	Closure of the operational workforce capacity gap; over-recruitment to control room roles; utilisation of additional private ambulance service provision to support delivery of care to patients. Collaboration on system improvement activities including development of intra-provider patient transfer (access to the stack).
Well led issues pertaining to culture, inclusivity, behaviours, capacity and capability	Improvement Director support; CQC improvement plan delivery in year; local culture interventions programme; enhanced staff engagement approach; strengthened whistleblowing and freedom to speak up; Speak Up, Speak Out, Stop It campaign; Policy and procedure reviews and strengthening; increased training in values, behaviours and leadership around culture.

## Conclusion

I can confirm that there are no significant internal control issues identified that do not have a clear plan in place for effective mitigation. Where control issues have been identified, for example in relation to leadership and governance through CQC inspection, a process has been developed which ensures appropriate support and scrutiny in relation to the areas required, with robust reporting in place. Improvement is being seen across all areas of concern.

There is an acknowledgement that the Trust continues its improvement journey, with strengthened systems and controls being implemented to mitigate the internal control challenges that the Trust is actively managing. I am confident that appropriate mitigation plans are in place with clear oversight and scrutiny through the regulators and that we therefore have a generally sound system of internal control that supports the achievement of our policies, aims and objectives. We continue to identify opportunities to strengthen the internal control environment into 2024-25.



**Chief Executive Officer, 19 June 2024**

## **Remuneration Report**

### **Trust Board Remuneration Committee**

The Remuneration Committee is responsible for advising on the appointment and/or dismissal of executive directors and directors the approval of their remuneration and terms of service, and for the monitoring of their performance against delivery of organisational objectives. Membership is drawn from the non-executive directors and has four members including the Chair.

The Chief Executive is entitled to attend the committee and be consulted with when the appointment and remuneration of the executive directors is being considered. He/she is excluded from meetings on his/her own position. All appointments are by public advertisement, and external assessors are part of the recruitment process.

### **Remuneration and performance conditions**

The remuneration of the Chair and the non-executive directors is decided by the Secretary of State. The time commitment contracted is approximately three days per week for chairs and two-and-a-half days per month for non-executive directors. Where the workloads of the Chair and non-executive directors exceed this in response to the requirements of the Trust no further remuneration is paid.

To determine an executive director's salary level, the Remuneration Committee uses one or more of the following independent benchmarking comparative data as appropriate to the requirements of the position being fulfilled: Hay Group; NHS Foundation Trust Network; NHS Ambulance Services; NHS Providers Survey.

Our policy on remuneration of senior managers fully reflects the national guidance issued by the Department of Health and Social Care. The performance of senior managers is assessed by performance against objectives. Executive directors have permanent employment contracts with termination periods of six months. The exception to this policy is by agreement of the Remuneration Committee.

### **Reporting of other compensation schemes – exit packages**

There are no special contractual compensation provisions for early termination of executive director's contracts. Early termination by reason of redundancy is subject to normal NHS terms and conditions of service handbook or, for those older than the minimum retirement age, early termination by reason of redundancy or 'in the interests of the efficiency of the service' is in accordance with the NHS Pension Scheme. Staff above the minimum retirement age who themselves request termination by reason of early retirement are subject to the normal provisions of the NHS Pension Scheme.

Detailed below are the remuneration, salary and pension entitlements of the senior managers. These disclosures have been audited.

### **Salary and pension entitlement of the Board**

The Chief Executive has determined that senior managers are those people in senior positions having authority or responsibility for directing or controlling our major activities. This means those who influence the decisions of the entity as a whole rather than the decisions of the individual directorates or departments.

Detailed below are the remuneration, salary and pension entitlements of the senior managers. These disclosures have been audited.

### **Staff Report**

This reports staff numbers, staff composition, sickness absence data, expenditure on consultancy and exit packages.

## Salary and Pension entitlements of senior managers

## Salary and Allowances

Name	Title	2023-24						2022-23					
		Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)
<b>Senior Managers in post at 31 March 2024</b>													
Mrunal Sisodia - OBE	Trust Chair	40-45	NIL	NIL	NIL	NIL	40-45	10-15	NIL	NIL	NIL	NIL	10-15
Wendy Thomas	Non Executive Director	10-15	NIL	NIL	NIL	NIL	10-15	10-15	NIL	NIL	NIL	NIL	10-15
Catherine Glickman	Non Executive Director	05-10	NIL	NIL	NIL	NIL	5-10	Appointed to the Trust during 2023/24					
Julie Thallon	Non Executive Director	10-15	NIL	NIL	NIL	NIL	10-15	10-15	NIL	NIL	NIL	NIL	10-15
George Lynn	Non Executive Director	5-10	NIL	NIL	NIL	NIL	5-10	Appointed to the Trust during 2023/24					
Chris Brook	Non Executive Director	5-10	NIL	NIL	NIL	NIL	5-10	Appointed to the Trust during 2023/24					
Omid Shiraji	Associate Non Executive Director	0-5	NIL	NIL	NIL	NIL	0-5	Appointed to the Trust during 2023/24					
Kiran Mahil	Associate Non Executive Director	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Victoria Corbishley	Associate Non Executive Director	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Tom Abell	Chief Executive Officer	195-200	6000	NIL	NIL	457.5-460.0	660-665	185-190	5600	NIL	NIL	NIL	195-200
Kevin Smith	Director of Finance & Commissioning	130-135	5800	NIL	NIL	NIL	135-140	125-130	4500	NIL	NIL	NIL	37.5-40
Dr Simon Walsh	Medical Director	95-100	NIL	NIL	NIL	NIL	95-100	40-45	NIL	NIL	NIL	NIL	40-45
Marika Stephenson	Director of People Services	135-140	7500	0-5	NIL	30-32.5	175-180	125-130	7500	0-5	NIL	30-32.5	170-175
Kate Vaughton	Director of Integration and Deputy Chief Executive Officer	130-135	8700	NIL	NIL	NIL	135-140	115-120	7500	NIL	NIL	72.5-75	200-205
Melissa Dowdeswell	Chief of Clinical Operations	140-145	NIL	NIL	NIL	40-42.5	185-190	100-105	8000	NIL	NIL	67.5-70	180-185
Hein Scheffer	Director of Strategy, Culture and Education	140-145	NIL	NIL	NIL	42.5-45.0	185-190	135-140	NIL	NIL	NIL	0-2.5	135-140
Simon Chase	Chief Paramedic/ Allied Health Professional and Executive Director of Quality	30-35	2300	NIL	NIL	177.5-180.0	210-215	Appointed to the Trust during 2023/24					
Joanne Cripps	Interim Director of Corporate Affairs and Performance	5-10	NIL	NIL	NIL	NIL	5-10	Appointed to the Trust during 2023/24					
<b>Senior Managers who left the Trust Board in 2023-24</b>													
Nicola Scrivings	Trust Chair	5-10	NIL	NIL	NIL	NIL	5-10	45-50	NIL	NIL	NIL	NIL	45-50
Neville Hounsome	Non Executive Director	0-5	NIL	NIL	NIL	NIL	0-5	10-15	NIL	NIL	NIL	NIL	10-15
Alison Wigg	Non Executive Director	10-15	NIL	NIL	NIL	NIL	10-15	10-15	NIL	NIL	NIL	NIL	10-15
Emma De Carteret	Director of Corporate Affairs and Corporate Performance	235-240	600	NIL	NIL	45-47.5	285-290	110-115	5000	NIL	NIL	52.5-50	170-175

The Benefit in kind is included in the "Expense payments (taxable)" column and relates to car benefit charge or use of other assets benefit for emergency response vehicles.

## The following Senior Managers served for part of the financial year 2023/24:

Mrs Jo Cripps	Appointed to the Trust Board on 04/03/24
Mr George Lynn	Appointed to the Trust Board on 19/06/23
Mr Christopher Brook	Appointed to the Trust Board on 03/07/23
Mrs Catherine Glickman	Appointed to the Trust Board on 17/07/23
Mr Omid Shiraji	Appointed to the Trust Board on 15/01/24
Mr Simon Chase	Appointed to the Trust Board on 01/01/24

Signed on behalf of East of England Ambulance Service NHS Trust on :

## The following Senior Managers have resigned from the Trust Board in the Financial Year Ended 2023/24

Nicola Scrivings	Resigned from the Trust Board on 31/05/23
Neville Hounsome	Resigned from the Trust Board on 09/07/23
Alison Wigg	Resigned from the Trust Board on 14/01/24
Emma De Carteret	Resigned from the Trust Board on 31/03/24



Mrunal Sisodia OBE  
Chair of Trust Board



Tom Abell  
Chief Executive

Salary and Pension entitlements of senior managers - subject to audit

Pension Benefits

2023-24

The following pension benefits have accrued for those senior managers directly employed by the Trust.

Title	Name	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2024 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2023 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2024 £'000	Employer's contribution to stakeholder pension £'000
Chief Executive Officer	Tom Abell	22.5-25	0-2.5	55-60	0-5	429	316	801	NIL
Director of Finance & Commissioning	Kevin Smith	NIL	NIL	70-75	95-100	1130	89	1351	NIL
Director of People Services	Marika Stephenson	2.5-5	NIL	5-10	NIL	39	25	87	NIL
Director of Integration and Deputy Chief Executive Officer	Kate Vaughton	NIL	30-32.5	35-40	90-95	514	142	725	NIL
Director of Corporate Affairs and Corporate Performance	Emma De Carteret	0-2.5	27.5-30	30-35	75-80	348	172	571	NIL
Chief of Clinical Operations	Melissa Dowdeswell	2.5-5	NIL	25-30	NIL	209	103	352	NIL
Director of Strategy, Culture and Education	Hein Scheffer	2.5-5	NIL	35-40	NIL	435	123	622	NIL
Chief Paramedic/ Allied Health Professional and Executive Director of Quality	Simon Chase	0-2.5	2.5-5	40-45	110-115	638	32	893	NIL
Interim Director of Corporate Affairs and Performance	Joanne Cripps	0-2.5	NIL	20-25	NIL	239	0	312	NIL

As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive members.

**Cash Equivalent Transfer Values**

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with the Occupational Pension Schemes (Transfer Values) Regulations 2008.

**Real Increase in CETV**

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, the value of any benefits transferred from another scheme or arrangement, and uses common market valuation factors for the start and end of the period.

**Fair Pay Disclosures - subject to audit**

**Percentage change in remuneration:**

Salary and allowances  
 Performance pay and bonuses

Highest paid director	2023/24		2022/23	
	Employees of the Trust	7.8%	Highest paid director	Employees of the Trust
	5.3%	7.8%	0.0%	3.4%
	0.0%	0.0%	0.0%	0.0%

The calculation of highest paid director salary and allowances is based on the mid-point of the band for each of salary, and performance pay and bonuses payable.

The calculation of employees of the Trust for salary and allowances is the total for all employees on an annualised basis, excluding the highest paid director, divided by the FTE number of employees (also excluding the highest paid director).

There is no change to the highest paid director, being the chief executive officer, as compared to 2022/23. These fair pay disclosures are prepared using remuneration on a full time equivalent and annualised basis to ensure comparability which would otherwise be lost due to distortion of pay if a member of staff represented a whole unit irrespective of hours worked, and changes arising from employee turnover which could lead to changes which do not reflect changes in pay policy.

The change in the average salary of employees as a whole at the Trust is attributable to the effects of the 2023/24 NHS pay award, details of which are contained in the NHS Employers' Pay Advisory notice 01/2023, which had the effect of increasing pay by 5% for all pay points, with the lowest paid staff seeing their pay brought up to the top of band 2 (a 10.4 per cent pay increase), as well as the payment in June 2023 of non-consolidated payments of 2% and a backlog payment of between £1,250 and £1,600 arising from the 2 May 2023 implementation of the 2022/23 pay award.

In the prior year being 2022/23 there was also no change to the highest paid director, being the chief executive officer, as compared to 2021/22.

In 2022/23 the change in the average salary of employees as a whole at the Trust is attributable to the effects of the 2022/23 NHS pay award of £1,400.

**Pay ratios**

NHS Trusts are required to disclose the relationship between the total remuneration of the highest-paid director in their organisation against the 25th, median and 75th percentile of remuneration of the organisations' workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose salary component.

The banded remuneration of the highest-paid director in the organisation in the financial year 2023-24 was £195-200k, (2022-23: £185-190k). The relationship to the remuneration of the organisations workforce is disclosed in the table below. The midpoint of the highest paid director's disclosed remuneration range of £195-200k (2022/23: £185-190k) is used for the ratio calculations. This banding is 4.94 times (2022/23: 5.08 times) the median remuneration of the workforce, which was £39,978 (2022/23: £36,893).

There is no change to the highest paid director, being the Chief Executive Officer, as compared to 2022/23.

2023-24	25th percentile	Median	75th percentile
Total remuneration (£)	31,390	39,978	52,105
Salary component of total remuneration (£)	31,390	39,978	52,105
Pay ratio information	6.29	4.94	3.79

2022-23	25th percentile	Median	75th percentile
Total remuneration (£)	28,105	36,893	48,415
Salary component of total remuneration (£)	28,105	36,893	48,415
Pay ratio information	6.67	5.08	3.87

In 2023/24 nil (2022-23 nil) employees received remuneration in excess of the highest paid director. Remuneration ranged from £21k - £160k (2021/22: £11k to £185k). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Median salary has increased by 8.4% from 2022/23 to 2023/24. The change in the median salary value is attributable to the effects of the 2023/24 NHS pay award details of which are contained in the NHS Employers' Pay Advisory notice 01/2023, and the non-consolidated and backlog payments in June 2023 arising from the 2 May 2023 implementation of the 2022/23 pay award.

Agency and Consultancy staff are included on the basis of those occupying a vacant post as at 31st March 2024. These agency costs are annualised based on the expenditure on that individual in the week ending 31st March 2024.

Staff Report - subject to audit

**Senior Managers**

Pay Band	Number Employed	
	2023-24	2022-23
Executive Directors	10	10
Agenda for change Band 9	-	-
Secondment at nil cost to the Trust	-	1
	<u>10</u>	<u>11</u>

The number of Senior Managers listed above by pay band, include individuals who occupied a Senior Manager post for all or part of the financial year. During 2022/23 the Strategic Planning Director has been seconded at nil cost to the Trust from NHS England.

The Senior managers in this note are included within the Remuneration Note.

**Staff Numbers**

	2023-24			2022-23
	Permanent Number	Other Number	Total Number	Total Number
<b>Average Staff Numbers</b>				
Medical and dental	1	-	1	1
Ambulance staff	2,534	15	2,549	2,635
Administration and estates	1,240	20	1,260	822
Healthcare assistants and other support staff	1,909	51	1,960	2,146
Nursing, midwifery and health visiting staff	78	-	78	24
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	-	-	-	1
Healthcare science staff	-	-	-	-
Social care staff	-	-	-	-
Other	-	34	34	52
<b>Total average numbers</b>	<u>5,762</u>	<u>120</u>	<u>5,882</u>	<u>5,681</u>

Of the above - staff engaged on capital projects

-	-	-	-
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**Staff Costs**

	2023-24			2022-23		
	Permanently employed £000s	Other £000s	Total £000s	Permanently employed £000s	Other £000s	Total £000s
Salaries and wages	240,837	-	240,837	235,900	-	235,900
Social security costs	27,189	-	27,189	26,176	-	26,176
Apprenticeship Levy costs	1,264	-	1,264	1,164	-	1,164
Employer Contributions to NHS BSA - Pensions Division	43,805	-	43,805	39,672	-	39,672
Other pension costs	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-
Temporary staff	-	6,271	6,271	-	8,716	8,716
<b>Total employee benefits</b>	<u>313,095</u>	<u>6,271</u>	<u>319,366</u>	<u>302,912</u>	<u>8,716</u>	<u>311,628</u>
<b>Employee costs capitalised</b>	-	-	-	-	-	-



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**Staff Report continued - not subject to audit**

**Staff Composition**

All staff  
Senior Managers

2023-24			2022-23		
Total	Male	Female	Total	Male	Female
6,432	2,940	3,492	5,888	2,776	3,112
10	5	5	11	6	5

**NHS Sickness Absence Figures for NHS 2023-24 Annual Report and Accounts**

Source: NHS Digital - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse

Figures Converted by DH to Best Estimates of Required Data Items		Statistics Published by NHS Digital from ESR Data Warehouse		
Average FTE 2023	Adjusted FTE days lost to Cabinet Office definitions	FTE-Days Available	Average Sick Days per FTE	FTE-Days recorded Sickness Absence
5,652	101,011	2,062,809	17.9	163,862

Period covered: January to December 2023

Data items: ESR does not hold details of the planned working/non-working days for employees so days lost and days available are reported based upon a 365-day year. For the Annual Report and Accounts the following figures are used:

The number of FTE-days available has been taken directly from ESR. This has been converted to FTE years in the first column by dividing by 365.

The number of FTE-days lost to sickness absence has been taken directly from ESR. The adjusted FTE days lost has been calculated by multiplying by 225/365 to give the Cabinet Office measure.

The average number of sick days per FTE has been estimated by dividing the FTE days lost by the FTE Days and multiplying by 225/365 to give the Cabinet Office measure. This figure is replicated on returns by dividing the adjusted FTE days lost by Average FTE.

**Staff Turnover:**

Staff turnover information is captured as part of NHS Digital's NHS workforce statistics, an official statistics publication complying with the UK statistics Authority's Code of Practice. This turnover information can be found at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics>

	2023-24 Number	2022-23 Number
Number of persons retired early on ill health grounds	15	9
Total additional pensions liabilities accrued in the year	£000s 807	£000s 514

**Staff Policies applied during the year:**

**Disability Policy**

The East of England Ambulance Service is committed to supporting all staff and recognises that staff with disabilities, or those who may be developing a disability, may require additional support to enable them to remain in the workplace. As well as being an NHS Employer of choice, the Trust is a 'two ticks' employer and has made a commitment not only to abide by the essential actions, but wherever operationally possible, to go beyond any statutory legal requirement to support staff who develop a disability to stay in the workplace.

**Recruitment and Selection Policy**

The Recruitment and Selection Policy supports the continuing the employment of, and for arranging appropriate training for, employees of the Trust who have become

**Learning and Development Policy**

The Learning and Development policy supports the training, career development and promotion of disabled persons employed by the Trust.

**Equality Diversity and Inclusion Policy**

The Trust is pro-active in its work towards making diversity an integral part of the core business. It incorporates the principles of equality, diversity and human rights in employment, encouraging, valuing and actively promoting diversity, recognising the talent and potential across the population. Promoting equality of opportunity is in the best interests of the Trust, including recruitment and development of the best people for our jobs, and providing appropriate services meeting the diverse needs of our community.

**Expenditure on consultancy**

2023-24 £000s	2022-23 £000s
896	687

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Compensation and exit packages- subject to audit

Reporting of other compensation schemes - exit packages 2023-24

Exit package cost band (including any special payment element)	*Number of compulsory redundancies	*Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000			4	33,245	4	33,245	1	5,000
£10,000 - £25,000			6	86,549	6	86,549	1	15,000
£25,001 - £50,000			17	621,491	17	621,491		
£50,001 - £100,000	1	84,884	19	1,256,760	20	1,341,645		
£100,001 - £150,000			1	113,105	1	113,105		
£150,001 - £200,000			1	152,500	1	152,500		
>£200,000								
<b>Total</b>	<b>1</b>	<b>84,884</b>	<b>48</b>	<b>2,263,651</b>	<b>49</b>	<b>2,348,535</b>	<b>2</b>	<b>20,000</b>

One compulsory redundancy has arisen from the reorganisation of management positions. 46 mutually agreed resignations have been agreed in 2023/24 in line with the Trust's approved scheme. 2 special severance payments where HM Treasury approval has been received have occurred.

Reporting of other compensation schemes - exit packages 2022-23

Exit package cost band (including any special payment element)	*Number of compulsory redundancies	*Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000	1	8,760	1	2,000	2	10,760	1	2,000
£10,000 - £25,000			1	25,000	1	25,000	1	25,000
£25,001 - £50,000	1	43,927	1	30,000	2	73,927	1	30,000
£50,001 - £100,000								
£100,001 - £150,000								
£150,001 - £200,000								
>£200,000								
<b>Total</b>	<b>2</b>	<b>52,687</b>	<b>3</b>	<b>57,000</b>	<b>5</b>	<b>109,687</b>	<b>3</b>	<b>57,000</b>

Compulsory redundancies arise from the reorganisation of corporate positions during the year. 3 special severance payments where HM Treasury approval has been received have occurred.

Other Exit Packages 2023-24

Other Exit packages - disclosures (Exclude Compulsory Redundancies)	Number of exit package agreements	Total Value of agreements	2022/23 Number of exit package agreements	2022/23 Total Value of agreements
	Number	£000s	Number	£000s
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	46	1,800	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	37	444	0	0
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non contractual payments requiring HMT approval *	2	20	3	57
<b>Total</b>	<b>85</b>	<b>2,264</b>	<b>3</b>	<b>57</b>
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	0	0	0	0

Note \* this includes any non-contractual severance payment following judicial mediation and amounts relating to non-contractual payments in lieu of notice.

2 special severance payments where HM Treasury approval has been received have occurred.

**Off-Payroll Engagements Note - not subject to audit**

**Table 1: Off-payroll engagements longer than 6 months**

For all off-payroll engagements as of 31 March 2024, for more than £245 per day and that last longer than six months:

	<b>Number</b>
Number of existing engagements as of 31 March 2023	0
<i>Of which, the number that have existed:</i>	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	0
for between two and three years at the time of reporting	0
for between three and four years at the time of reporting	0
for four or more years at the time of reporting	0

**Table 2: New Off-payroll engagements**

all new off-payroll engagements, or those that reached six months in duration, between 1 April 2023 and 31 March 2024, for more than £245 per day and that last for longer than six months

	<b>Number</b>
Number of new engagements, or those that reached six months in duration, between 1 April 2023 and 31 March 2024.	0
Of which, the number that have been:	
not subject to off-payroll legislation	0
subject to off-payroll legislation and determined as in-scope of IR35	0
subject to off-payroll legislation and determined as out of scope of IR35	0
of engagements reassessed for consistency /assurance purposes during the year	0
of engagements that saw a change to IR35 status following review	0

All existing off-payroll engagements have at some point been subject to a risk based assessment as to whether assurance needs to be sought that the individual is paying the right amount of tax and, where necessary, that assurance has been sought

**Table 3: Off-payroll board member/senior official engagements**

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2023 and 31 March 2024:

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	0
Number of individuals that have been deemed “board members, and/or senior officers with significant financial responsibility” during the financial year. This figure includes both off-payroll and on-payroll engagements*	10

\*All individuals who occupied a Board member position, for a period of time in the financial year, have been included in this figure.

East of England Ambulance Service NHS Trust

Annual accounts for the year ended 31 March 2024

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## Statement of the chief executive's responsibilities as the accountable officer of the trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum.

These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.



Tom Abell  
Chief Executive Officer  
Date 19 June 2024

### Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year.

In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy.

By order of the Board

Tom Abell  
Chief Executive Officer  
19 June 2024



Kevin Smith  
Finance Director  
19 June 2024



**Independent Auditor's Report**  
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## Statement of Comprehensive Income

		2023/24	2022/23
	Note	£000	£000
Operating income from patient care activities	2	432,921	415,035
Other operating income	3	7,215	6,576
Operating expenses	5	<u>(440,830)</u>	<u>(419,542)</u>
<b>Operating (deficit)/surplus from continuing operations</b>		<b><u>(694)</u></b>	<b><u>2,069</u></b>
Finance income	9	2,206	719
Finance expenses	10	(1,057)	(556)
PDC dividends payable		<u>(171)</u>	<u>(387)</u>
<b>Net finance costs</b>		<b><u>978</u></b>	<b><u>(224)</u></b>
Other gains	11	<u>605</u>	<u>70</u>
<b>Surplus for the year</b>		<b><u><u>889</u></u></b>	<b><u><u>1,915</u></u></b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Revaluation net movements	6	<u>-</u>	<u>(55)</u>
<b>Total comprehensive income for the period</b>		<b><u><u>889</u></u></b>	<b><u><u>1,860</u></u></b>

**Statement of Financial Position**

		<b>31 March 2024</b>	<b>31 March 2023</b>
	<b>Note</b>	<b>£000</b>	<b>£000</b>
<b>Non-current assets</b>			
Intangible assets	12.1	6,265	6,686
Property, plant and equipment	13.1	65,542	59,703
Right of use assets	15.1	49,565	48,514
Investment property	16	<u>700</u>	<u>700</u>
<b>Total non-current assets</b>		<b><u>122,072</u></b>	<b><u>115,603</u></b>
<b>Current assets</b>			
Inventories	18	1,885	1,933
Receivables	19	12,040	21,982
Cash and cash equivalents	21	<u>27,642</u>	<u>29,715</u>
<b>Total current assets</b>		<b><u>41,567</u></b>	<b><u>53,630</u></b>
<b>Current liabilities</b>			
Trade and other payables	22	(57,939)	(62,234)
Borrowings	23.1	(11,922)	(13,982)
Provisions	24	<u>(4,978)</u>	<u>(7,966)</u>
<b>Total current liabilities</b>		<b><u>(74,839)</u></b>	<b><u>(84,182)</u></b>
<b>Total assets less current liabilities</b>		<b><u>88,800</u></b>	<b><u>85,051</u></b>
<b>Non-current liabilities</b>			
Borrowings	23.1	(31,616)	(28,789)
Provisions	24	<u>(5,047)</u>	<u>(6,168)</u>
<b>Total non-current liabilities</b>		<b><u>(36,663)</u></b>	<b><u>(34,957)</u></b>
<b>Total assets employed</b>		<b><u>52,137</u></b>	<b><u>50,094</u></b>
<b>Financed by</b>			
Public dividend capital		79,668	78,514
Revaluation reserve		4,745	4,745
Other reserves		(1,413)	(1,413)
Income and expenditure reserve		<u>(30,863)</u>	<u>(31,752)</u>
<b>Total taxpayers' equity</b>		<b><u>52,137</u></b>	<b><u>50,094</u></b>

The notes on pages 14 to 58 form part of these accounts.

Name  
Position  
Date

Tom Abell  
Chief Executive Officer  
19 June 2024



### Statement of Changes in Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2023 - brought forward</b>	<b>78,514</b>	<b>4,745</b>	<b>(1,413)</b>	<b>(31,752)</b>	<b>50,094</b>
Surplus for the year	-	-	-	889	889
Revaluation net movements	-	-	-	-	-
Transfer to retained earnings on disposal of assets	-	-	-	-	-
Public dividend capital received	1,154	-	-	-	1,154
Other reserve movements	-	-	-	-	-
<b>Taxpayers' and others' equity at 31 March 2024</b>	<b>79,668</b>	<b>4,745</b>	<b>(1,413)</b>	<b>(30,863)</b>	<b>52,137</b>

### Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
<b>Taxpayers' and others' equity at 1 April 2022 - brought forward</b>	<b>77,849</b>	<b>4,800</b>	<b>(1,413)</b>	<b>(34,252)</b>	<b>46,984</b>
Implementation of IFRS 16 on 1 April 2022	-	-	-	585	585
Surplus for the year	-	-	-	1,915	1,915
Revaluation net movements	-	(55)	-	-	(55)
Transfer to retained earnings on disposal of assets	-	-	-	-	-
Public dividend capital received	665	-	-	-	665
Other reserve movements	-	-	-	-	-
<b>Taxpayers' and others' equity at 31 March 2023</b>	<b>78,514</b>	<b>4,745</b>	<b>(1,413)</b>	<b>(31,752)</b>	<b>50,094</b>



## **Information on reserves**

### **Public dividend capital**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

### **Revaluation reserve**

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

### **Other reserves**

The Trust's originating capital on 1 July 2006 was set equal to the aggregate of the predecessor Trusts closing net assets as at 30 June 2006. However, the calculation of the originating capital included predecessor Trusts' donated assets and government grant reserves. The 'other reserves' of £1,413,000 has been established at 31 July 2008 to account for this omission.

### **Income and expenditure reserve**

The balance of this reserve is the accumulated surpluses and deficits of the trust. The deficit balance on this reserve substantially arose in 2009/10 as a result of asset valuation changes.

## Statement of Cash Flows

		2023/24	2022/23
	Note	£000	£000
<b>Cash flows from operating activities</b>			
Operating (deficit) / surplus		(694)	2,069
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	5.1	24,253	23,352
Net impairments	6	-	(1,905)
Income recognised in respect of capital donations	3	(549)	-
Decrease / (increase) in receivables and other assets		9,458	(9,407)
Decrease in inventories	18	48	122
(Decrease) / increase in payables and other liabilities		(4,937)	12,418
(Decrease) in provisions	24	(4,211)	(1,732)
Other movements in operating cash flows		(342)	37
<b>Net cash flows from operating activities</b>		<b>23,026</b>	<b>24,954</b>
<b>Cash flows from investing activities</b>			
Interest received		2,206	719
Purchase of intangible assets		(1,559)	(2,658)
Purchase of PPE and investment property		(11,887)	(9,535)
Sales of PPE and investment property		739	175
<b>Net cash flows (used in) investing activities</b>		<b>(10,501)</b>	<b>(11,299)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received		1,154	665
Capital element of finance lease rental payments		(15,572)	(13,697)
Interest paid on finance lease liabilities		(493)	(279)
PDC dividend refunded /(paid)		313	(330)
<b>Net cash flows (used in) financing activities</b>		<b>(14,598)</b>	<b>(13,641)</b>
<b>(Decrease) / increase in cash and cash equivalents</b>		<b>(2,073)</b>	<b>14</b>
<b>Cash and cash equivalents at 1 April - brought forward</b>		<b>29,715</b>	<b>29,701</b>
<b>Cash and cash equivalents at 31 March</b>	21	<b>27,642</b>	<b>29,715</b>

## Notes to the Accounts

### Note 1 Accounting policies and other information

#### Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2023/24 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

#### Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

#### Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

This year the Trust achieved a £889k surplus. Income from Integrated Care Boards were largely based on the simplified payments systems introduced after the COVID-19 pandemic, the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The Directors of the Trust have considered whether there are any local or national policy decisions that are likely to affect the continued funding and provision of services by the Trust. The Trust which covers six Integrated Care System (ICS) footprints is wholly reflected in the Suffolk and North East Essex Integrated Care Board's Integrated Care System financial plans, which includes the continued provision of services by the Trust. No circumstances were identified causing the Directors to doubt the continued provision of NHS services.

Our going concern assessment is made up to 30 June 2025. This includes the first quarter of the 2025/26 financial year. NHS operating and financial guidance is not yet issued for that year, and so the Trust has assumed contracting arrangements resume and that service level agreements are put in place with Integrated Care Boards (ICSBs) in place of the current block contracting arrangements to ensure the Trust operations are commensurate with activity and performance. Inflationary cost factors after March 2025 on pay and non-pay costs are anticipated to be matched by inflationary increases to funding in the 2025/26 financial year.

The Trust has prepared a prudent cash forecast modelled on the above expectations for funding during the going concern period to 30 June 2025 and beyond. The cash forecast shows sufficient liquidity for the Trust to continue to operate during that period without the need for support. Interim support can be accessed if it were required, but there is currently no such identified requirement and a sufficient cash buffer is maintained across the period.

Financial Governance arrangements in place within the Trust support the appropriate planning, forecasting and management of finances, as established through the Standing Orders, the Standing Financial Instructions and Scheme of Delegation, all of which has been reviewed and approved by the Trust board in March 2024. These along with the financial and operating policies of the Trust such as the Treasury Management Policy, provide the framework for financial decision making and support the preparedness and flexibility for overcoming financial challenges.

In conclusion, these factors, and the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis for the preparation of the accounts.

**Note 1.3 Interests in other entities**

The East of England Ambulance Service NHS Trust Charitable Funds' Trust Deed established the East of England Ambulance Service NHS Trust as corporate Trustee. The Trust does not consider this charity fund Charity Registration Number 1047987, is material therefore this has not been consolidated in the results of the Trust.

**Note 1.4 Revenue from contracts with customers**

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

**Revenue from NHS contracts**

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

**Note 1.5 Other forms of income**

**Grants and donations**

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

**Apprenticeship service income**

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

**Note 1.6 Expenditure on employee benefits**

**Short-term employee benefits**

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

**Note 1.6 Expenditure on employee benefits - continued**

**Pension costs**

*NHS Pension Scheme*

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

**Note 1.7 Expenditure on other goods and services**

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

**Note 1.8 Discontinued operations**

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations. All of the Trusts operations are considered to be continuing at 31 March 2024.

## **Note 1.9 Property, plant and equipment**

### **Recognition**

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives. Where leasehold improvements are capitalised these are depreciated over the shorter of their own useful lives and the remaining period of the lease for the land or buildings to which the improvements works have been undertaken.

### *Subsequent expenditure*

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

### **Measurement**

#### *Valuation*

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use. Leasehold improvements are held at current value deemed to be depreciated historic cost.

**Note 1.9 Property, plant and equipment - continued**

*Depreciation*

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

*Revaluation gains and losses*

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

*Impairments*

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

**De-recognition**

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

**Donated and grant funded assets**

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met. During 2023/24 £549k has been recognised as income arising from donated assets.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

### Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	<b>Min life</b>	<b>Max life</b>
	<b>Years</b>	<b>Years</b>
Land	-	-
Buildings, excluding dwellings	8	50
Leasehold improvements	5	50
Plant & machinery	7	10
Transport equipment	5	5
Information technology	3	10
Furniture & fittings	5	10

### Note 1.10 Intangible assets

#### Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

#### *Internally generated intangible assets*

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

#### *Software*

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

#### Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

#### *Amortisation*

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

### Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in

	<b>Min life</b>	<b>Max life</b>
	<b>Years</b>	<b>Years</b>
Software licences	3	5



#### **Note 1.11 Inventories**

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

#### **Note 1.12 Investment properties**

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

#### **Note 1.13 Cash and cash equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

#### **Note 1.14 Financial assets and financial liabilities**

##### **Recognition**

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

##### **Classification and measurement**

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

##### **Financial assets and financial liabilities at amortised cost**

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

**Note 1.14 Financial assets and financial liabilities - continued**

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

**Impairment of financial assets**

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Expected credit losses have been determined from review of the agreements in place to collect the amounts due. The nature of the receivable assets held by the Trust means the main source of impairment arises from monies due from individuals. The Trust does not normally recognise expected credit losses in relation to other NHS bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

**Derecognition**

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

### **Note 1.15 Leases**

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

#### **The Trust as a lessee**

##### *Recognition and initial measurement*

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 3.51% applied to new leases commencing in 2023 and 4.72% to new leases commencing in 2024.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

##### *Subsequent measurement*

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

#### **The Trust as a lessor**

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

##### *Finance leases*

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

**Note 1.15 Leases - continued**

*Operating leases*

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

**Initial application of IFRS 16 in 2022/23**

*IFRS 16 Leases* as adapted and interpreted for the public sector by HM Treasury was applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaced *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations.

The standard was applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 were only applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments were not revisited.

*The Trust as lessee*

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight was used in determining the lease term where lease arrangements contained options for extension or earlier termination.

No adjustments were made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets had a value below £5,000. No adjustments were made in respect of leases previously classified as finance leases.

*The Trust as lessor*

Leases of owned assets where the Trust was lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust was an intermediate lessor, classification of all continuing sublease arrangements were reassessed with reference to the right of use asset.

### **Note 1.16 Provisions**

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2024.

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.45% in real terms (prior year: 1.70%).

### **Clinical negligence costs**

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 24.2 but is not recognised in the Trust's accounts.

### **Non-clinical risk pooling**

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

### **Note 1.17 Contingencies**

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 25 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 25, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

**Note 1.18 Public dividend capital**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

**Note 1.19 Value added tax**

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

**Note 1.20 Third party assets**

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

**Note 1.21 Losses and special payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

**Note 1.22 Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2023/24.

**Note 1.23 Standards, amendments and interpretations in issue but not yet effective or adopted**

IFRS 18 Presentation and Disclosure in Financial Statements was issued in April 2024 and applies to an annual reporting period beginning on or after 1 January 2027. IFRS 18 includes requirements for all entities applying IFRS for the presentation and disclosure of information in financial statements. The Trust will take up this financial reporting standard in line with the application timeframes and guidance issued within the Department of Health and Social Care Group Accounting Manual.

**Other standards, amendments and interpretations**

No Standards, amendments and interpretations in issue but not yet effective or adopted are considered to have a material impact on the Trust's financial statements.

**Note 1.24 Critical judgements in applying accounting policies**

There are no critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

**Note 1.25 Sources of estimation uncertainty**

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

**Asset valuations**

All land and buildings (other than leasehold improvements) are restated to fair value by way of professional valuations. Annually an independent Chartered Surveyor reviews the values of the land, non specialised assets and market values, to identify if a full revaluation is required. If it is deemed that market values do not warrant revaluation over the long term a full revaluation will be provided at least every five years. The Trust's assessment at 31 March 2024 is that market values have not moved sufficiently since the last full revaluation performed at 31 March 2023 to require a full revaluation and so no revaluation has been performed. Investment property is revalued annually by an independent Chartered Surveyor to ensure the recognised value is restated to fair value annually.

**Provisions**

Provisions are made for liabilities that are uncertain in amount. These include provisions for the cost of pensions relating to other staff, legal claims, restructuring and other provisions. Calculations of these provisions are based on estimated cash flows relating to these costs, discounted at an appropriate rate where significant. The costs and timings of cash flows relating to these liabilities are based on management estimates supported by external advisors. The carrying values of provisions are shown in Note 24.1. A discount rate of 2.45% (2022/23: 1.7% ) has been used to estimate the present value of provisions.

**Accruals**

The Annual leave accrual is based on management's calculation of untaken leave as at 31 March 2023 from review of holiday leave entitlements, taken leave and pay rates. The carrying value of the accrual is £5,828k in regards to annual leave untaken at 31 March 2024 (31 March 2023: £6,477k ) included within Note 22.1 under accruals.

At 31 March 2023 Accruals contained significant staff cost accruals for the NHS 2022/23 non-consolidated pay award, and accrual for annual leave earned but untaken. Management's calculation of the cost has been informed by NHS England estimates and a review of entitlement for staff in post at 31 March, pay bands and basic pay rates, and accruals includes £12,123k in regards to this 2022/23 amount. At 31 March 2024 £nil.



**Note 2 Operating income from patient care activities**

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

<b>Note 2.1 Income from patient care activities (by nature)</b>	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
<b>Ambulance services</b>		
Service Delivery funding from Integrated Care Boards and commissioners*	409,074	365,365
Other income **	10,548	37,621
<b>All services</b>		
Additional pension contribution central funding***	13,299	12,049
<b>Total income from activities</b>	<b>432,921</b>	<b>415,035</b>

\*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.

<https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/>

\*\* Other income includes in 2022/23 £12,123k additional funding was made available by NHS England for implementing this pay offer for 2022/23, there is £nil in 2023/24 for this item.

\*\*\* The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

**Note 2.2 Income from patient care activities (by source)**

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
<b>Income from patient care activities received from:</b>		
NHS England	15,443	26,712
Clinical commissioning groups (upto 30 June 2022) *		94,428
Integrated care boards (from 1 July 2022) *	412,198	290,264
Other NHS providers	1,484	1,159
Local authorities	130	107
Injury cost recovery scheme	467	487
Non NHS: other	3,199	1,878
<b>Total income from activities</b>	<b>432,921</b>	<b>415,035</b>

**Of which:**

\* The Health and Social Care Act 2022 saw the abolition of clinical commissioning groups and the establishment of integrated care boards as the organisations responsible for arranging the provision of health services in England under the National Health Service Act 2006.

The Trust has only one reporting segment which is the provision of ambulance response and transportation services. All activities are considered continuing operations in the year.

**Note 3 Other operating income**

	2023/24			2022/23		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	-	-	-	-	-	-
Education and training	4,027	-	4,027	3,843	-	3,843
Receipt of capital grants and donations and peppercorn leases		549	549		-	-
Charitable and other contributions to expenditure		55	55		418	418
Revenue from operating leases		219	219		230	230
Other income	2,365	-	2,365	2,085	-	2,085
<b>Total other operating income</b>	<b>6,392</b>	<b>823</b>	<b>7,215</b>	<b>5,928</b>	<b>648</b>	<b>6,576</b>

\* Charitable and other contributions to expenditure includes £55k (2022/23: £418k) in relation to the value of DHSC centrally procured consumable items of personal protective equipment and supplies in relation to the COVID-19 response £132k (2022/23: £410k) of donated supplies has been recognised and consumed in the year.

**Note 4 Operating leases - East of England Ambulance Service NHS Trust as lessor**

This note discloses income generated in operating lease agreements where East of England Ambulance Service NHS Trust is the lessor.

**Note 4.1 Operating lease income**

	2023/24	2022/23
	£000	£000
<b>Lease receipts recognised as income in year:</b>		
Minimum lease receipts	219	230
<b>Total in-year operating lease income</b>	<b>219</b>	<b>230</b>

**Note 4.2 Future lease receipts**

	31 March 2024	31 March 2023
	£000	£000
<b>Future minimum lease receipts due at 31 March 2024:</b>		
- not later than one year	190	190
- later than one year and not later than two years	96	96
- later than two years and not later than three years	27	27
- later than three years and not later than four years	18	18
- later than four years and not later than five years	8	8
- later than five years	26	26
<b>Total</b>	<b>365</b>	<b>365</b>

**Note 5.1 Operating expenses**

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
Staff and executive directors costs	319,294	311,575
Remuneration of non-executive directors	131	128
Supplies and services - clinical (excluding drugs costs)	7,217	5,423
Supplies and services - general	4,186	3,487
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,644	1,823
Consultancy costs	896	687
Establishment	11,618	8,019
Premises	8,402	7,324
Transport (including patient travel)	45,292	45,576
Depreciation on property, plant and equipment	22,273	21,358
Amortisation on intangible assets	1,980	1,994
Net impairments	-	(1,905)
Movement in credit loss allowance: contract receivables / contract assets	440	(11)
Movement in credit loss allowance: all other receivables and investments	(96)	(30)
Increase/(decrease) in other provisions	-	455
Change in provisions discount rate(s)	(258)	(1,543)
Fees payable to the external auditor		
audit services- statutory audit	131	121
other auditor remuneration (external auditor only)	-	-
Internal audit costs	71	71
Clinical negligence	2,734	2,825
Legal fees	992	801
Insurance	4,319	3,207
Research and development	-	-
Education and training	4,113	2,726
Expenditure on short term leases	534	970
Expenditure on low value leases	-	9
Redundancy	72	53
Losses, ex gratia & special payments	242	278
Other	4,603	4,121
<b>Total</b>	<b>440,830</b>	<b>419,542</b>

**Note 5.2 Limitation on auditor's liability**

The limitation on auditor's liability for external audit work is £2 million (2022/23: £2 million).

**Note 6 Impairment of assets**

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Revaluation Changes in market price	-	(1,905)
Other	-	-
<b>Total net impairments charged to operating surplus / deficit</b>	<b>-</b>	<b>(1,905)</b>
Impairments charged to the revaluation reserve	-	55
<b>Total net impairments</b>	<b>-</b>	<b>(1,850)</b>

No revaluation or impairments occurred in 2023/24.

As a result of the 31 March 2023 revaluation of property, plant and equipment a net reversal of impairment is recognised in the surplus/deficit arising from the reversal of previous revaluation changes charged through the surplus/ deficit. The property, plant and equipment values are based on value in use. Revaluation decreases reversing previous increases have been taken to the revaluation reserve through other comprehensive income to the value £55k.

**Note 7 Employee benefits**

	<b>2023/24</b>	<b>2022/23</b>
	<b>Total</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>
Salaries and wages	240,837	235,900
Social security costs	27,189	26,176
Apprenticeship levy	1,264	1,164
Employer's contributions to NHS pensions	43,805	39,672
Temporary staff (including agency)	<u>6,271</u>	<u>8,716</u>
<b>Total staff costs</b>	<b><u>319,366</u></b>	<b><u>311,628</u></b>
<b>Reconciled to note 5:</b>		
Staff and executive directors costs	319,294	311,575
Redundancy	<u>72</u>	<u>53</u>
	<b><u>319,366</u></b>	<b><u>311,628</u></b>

Employer pension contributions increased 6.3% in 2019/20 to 20.68% with NHS England administering and settling the increase centrally. Notional expenditure and income (in note 2.1) of £13,299k (2022/23: £12,049k) have been recognised.

**Note 7.1 Retirements due to ill-health**

During 2023/24 there were 15 early retirements from the trust agreed on the grounds of ill-health (9 in the year ended 31 March 2023). The estimated additional pension liabilities of these ill-health retirements is £807k (£514k in 2022/23).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

## **Note 8 Pension costs**

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

### **a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

### **b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

**Note 9 Finance income**

Finance income represents interest received on assets and investments in the period.

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
Interest on bank accounts	2,206	719
<b>Total finance income</b>	<b>2,206</b>	<b>719</b>

**Note 10 Finance expenditure**

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
<b>Interest expense:</b>		
Interest on lease obligations	613	453
<b>Total interest expense</b>	<b>613</b>	<b>453</b>
Unwinding of discount on provisions	102	103
Other finance costs	342	-
<b>Total finance costs</b>	<b>1,057</b>	<b>556</b>

**Note 11 Other gains**

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
Gains on disposal of assets	605	138
(Losses) on disposal of assets	-	(68)
<b>Total gains on disposal of assets</b>	<b>605</b>	<b>70</b>
Other gains / (losses)	-	-
<b>Total other gains</b>	<b>605</b>	<b>70</b>

**Note 12.1 Intangible assets - 2023/24**

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
<b>Valuation / gross cost at 1 April 2023 - brought forward</b>	<b>11,674</b>	<b>806</b>	<b>12,480</b>
Additions	1,559	-	1,559
Reclassifications	806	(806)	-
<b>Valuation / gross cost at 31 March 2024</b>	<b>14,039</b>	<b>-</b>	<b>14,039</b>
<b>Amortisation at 1 April 2023 - brought forward</b>	<b>5,794</b>	<b>-</b>	<b>5,794</b>
Provided during the year	1,980	-	1,980
<b>Amortisation at 31 March 2024</b>	<b>7,774</b>	<b>-</b>	<b>7,774</b>
<b>Net book value at 31 March 2024</b>	<b>6,265</b>	<b>-</b>	<b>6,265</b>
<b>Net book value at 1 April 2023</b>	<b>5,880</b>	<b>806</b>	<b>6,686</b>

**Note 12.2 Intangible assets - 2022/23**

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
<b>Valuation / gross cost at 1 April 2022 - brought forward</b>	<b>7,064</b>	<b>-</b>	<b>7,064</b>
Additions	1,327	806	2,133
Reclassifications	3,316	-	3,316
Disposals / derecognition	(33)	-	(33)
<b>Valuation / gross cost at 31 March 2023</b>	<b>11,674</b>	<b>806</b>	<b>12,480</b>
<b>Amortisation at 1 April 2022 - brought forward</b>	<b>2,355</b>	<b>-</b>	<b>2,355</b>
Provided during the year	1,994	-	1,994
Reclassifications	1,478	-	1,478
Disposals / derecognition	(33)	-	(33)
<b>Amortisation at 31 March 2023</b>	<b>5,794</b>	<b>-</b>	<b>5,794</b>
<b>Net book value at 31 March 2023</b>	<b>5,880</b>	<b>806</b>	<b>6,686</b>
<b>Net book value at 1 April 2022</b>	<b>4,709</b>	<b>-</b>	<b>4,709</b>



**Note 13.1 Property, plant and equipment - 2023/24**

	Land	Buildings excluding dwellings	Leasehold improvements	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Valuation/gross cost at 1 April 2023 - brought forward</b>	<b>16,675</b>	<b>19,769</b>	<b>11,281</b>	<b>2,035</b>	<b>29,273</b>	<b>4,784</b>	<b>14,405</b>	<b>1,054</b>	<b>99,276</b>
Additions	-	1,954	567	5,385	2,837	1,813	413	109	<b>13,078</b>
Reclassifications	-	-	455	(615)	-	-	160	-	-
Disposals / derecognition	(68)	(68)	-	-	(4,134)	(166)	-	-	<b>(4,436)</b>
<b>Valuation/gross cost at 31 March 2024</b>	<b>16,607</b>	<b>21,655</b>	<b>12,303</b>	<b>6,805</b>	<b>27,976</b>	<b>6,431</b>	<b>14,978</b>	<b>1,163</b>	<b>107,918</b>
<b>Accumulated depreciation at 1 April 2023 - brought forward</b>	-	<b>290</b>	<b>5,952</b>	-	<b>20,102</b>	<b>3,541</b>	<b>8,964</b>	<b>724</b>	<b>39,573</b>
Provided during the year	-	1,393	1,312	-	1,710	465	2,153	72	<b>7,105</b>
Reclassifications	-	-	-	-	-	-	-	-	-
Disposals / derecognition	-	(2)	-	-	(4,134)	(166)	-	-	<b>(4,302)</b>
<b>Accumulated depreciation at 31 March 2024</b>	-	<b>1,681</b>	<b>7,264</b>	-	<b>17,678</b>	<b>3,840</b>	<b>11,117</b>	<b>796</b>	<b>42,376</b>
<b>Net book value at 31 March 2024</b>	<b>16,607</b>	<b>19,974</b>	<b>5,039</b>	<b>6,805</b>	<b>10,298</b>	<b>2,591</b>	<b>3,861</b>	<b>367</b>	<b>65,542</b>
<b>Net book value at 1 April 2023</b>	<b>16,675</b>	<b>19,479</b>	<b>5,329</b>	<b>2,035</b>	<b>9,171</b>	<b>1,243</b>	<b>5,441</b>	<b>330</b>	<b>59,703</b>

**Note 13.2 Property, plant and equipment - 2022/23**

	Land	Buildings excluding dwellings	Leasehold improvements	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>Valuation / gross cost at 1 April 2022 - brought forward</b>	<b>15,812</b>	<b>30,388</b>	-	<b>379</b>	<b>27,765</b>	<b>4,356</b>	<b>23,468</b>	<b>1,036</b>	<b>103,204</b>
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	(66)	(165)	-	-	-	-	-	-	(231)
Additions	164	1,226	797	1,656	2,420	686	1,263	28	<b>8,240</b>
Revaluation net impairments and reversal - surplus	744	(569)	-	-	-	-	-	-	<b>175</b>
Revaluation net impairments and reversal - reserves	21	(494)	-	-	-	-	-	-	<b>(473)</b>
Reclassifications	-	(10,617)	10,617	-	-	-	(3,316)	-	<b>(3,316)</b>
Disposals / derecognition	-	-	(133)	-	(912)	(258)	(7,010)	(10)	<b>(8,323)</b>
<b>Valuation/gross cost at 31 March 2023</b>	<b>16,675</b>	<b>19,769</b>	<b>11,281</b>	<b>2,035</b>	<b>29,273</b>	<b>4,784</b>	<b>14,405</b>	<b>1,054</b>	<b>99,276</b>
<b>Accumulated depreciation at 1 April 2022 - brought forward</b>	-	<b>6,019</b>	-	-	<b>18,744</b>	<b>3,289</b>	<b>14,615</b>	<b>661</b>	<b>43,328</b>
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	-	(22)	-	-	-	-	-	-	(22)
Provided during the year	-	1,189	1,273	-	2,266	510	2,813	73	<b>8,124</b>
Revaluation net impairments and reversal - surplus	-	(1,730)	-	-	-	-	-	-	<b>(1,730)</b>
Revaluation net impairments and reversal - reserves	-	(418)	-	-	-	-	-	-	<b>(418)</b>
Reclassifications	-	(4,748)	4,748	-	-	-	(1,478)	-	<b>(1,478)</b>
Disposals / derecognition	-	-	(69)	-	(908)	(258)	(6,986)	(10)	<b>(8,231)</b>
<b>Accumulated depreciation at 31 March 2023</b>	-	<b>290</b>	<b>5,952</b>	-	<b>20,102</b>	<b>3,541</b>	<b>8,964</b>	<b>724</b>	<b>39,573</b>
<b>Net book value at 31 March 2023</b>	<b>16,675</b>	<b>19,479</b>	<b>5,329</b>	<b>2,035</b>	<b>9,171</b>	<b>1,243</b>	<b>5,441</b>	<b>330</b>	<b>59,703</b>
<b>Net book value at 1 April 2022</b>	<b>15,812</b>	<b>24,369</b>	-	<b>379</b>	<b>9,021</b>	<b>1,067</b>	<b>8,853</b>	<b>375</b>	<b>59,876</b>

**Note 13.3 Property, plant and equipment financing - 31 March 2024**

	Land	Buildings excluding dwellings	Leasehold improvements	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	16,607	19,974	5,039	6,805	9,772	2,591	3,861	367	65,016
Owned - donated	-	-	-	-	526	-	-	-	526
<b>Total net book value at 31 March 2024</b>	<b>16,607</b>	<b>19,974</b>	<b>5,039</b>	<b>6,805</b>	<b>10,298</b>	<b>2,591</b>	<b>3,861</b>	<b>367</b>	<b>65,542</b>

**Note 13.4 Property, plant and equipment financing - 31 March 2023**

	Land	Buildings excluding dwellings	Leasehold improvements	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	16,675	19,479	5,329	2,035	9,171	1,243	5,441	330	59,703
Owned - donated	-	-	-	-	-	-	-	-	-
<b>Total net book value at 31 March 2023</b>	<b>16,675</b>	<b>19,479</b>	<b>5,329</b>	<b>2,035</b>	<b>9,171</b>	<b>1,243</b>	<b>5,441</b>	<b>330</b>	<b>59,703</b>

**Note 13.5 Donations of property, plant and equipment**

During 2023/24 the Department of Health and Social Care transferred to the Trust at no cost £549k of mobile mechanical ventilators. The transfer has been recognised as a donation of plant and machinery assets with income of £549k recognised. These assets have been depreciated following being brought into use, and have a net book value of £526k at 31 March 2024.

**Note 14 Revaluations of property, plant and equipment**

All land and buildings (other than leasehold improvements) are restated to fair value by way of professional valuations. Annually an independent Chartered Surveyor reviews the values of the land, non specialised assets and market values, to identify if a full revaluation is required. If it is deemed that market values do not warrant revaluation over the long term a full revaluation will be provided at least every five years. The Trust's assessment at 31 March 2024 is that market values have not moved sufficiently since the last full revaluation performed at 31 March 2023 to require a full revaluation and so no revaluation has been performed.

Land and Buildings were last re-valued at 31 March 2023 by Montagu Evans LLP an Independent Chartered Surveyor. The 31 March 2023 valuation was prepared in accordance with the RICS Valuation Standards, insofar as these terms are consistent with the requirement of HM Treasury, the National Services and the Department of Health and Social Care.

The Trust's estate comprises non-specialised assets held for service delivery as ambulance / emergency vehicle response stations consisting of sheltered garages connected to offices and staff welfare facilities, as such the value in existing use is interpreted as market value for existing use. Full market valuations are based on comparable rentals values achieved in similar property locations for industrial or office properties and the revaluation inputs can be corroborated by observable market data.

The market value by reference to observable rental values and rental yields was used in arriving at fair value for the operational assets subject to the additional special assumptions that:

- a) no adjustment has been made on the grounds of a hypothetical "flooding of the market" if a number of properties were to be marketed simultaneously;
- b) in the respect of the Market Value of non-operational asset only the NHS is assumed not to be in the market for the property interest;
- c) regard has been had to appropriate lotting to achieve the best price.

The revaluation model set out in IAS 16 was applied to value the capital assets to fair value.

No significant changes in accounting estimates for useful economic life or valuation methodology were made in the preparation of the 31 March 2023 valuation as compared with previous valuations.

2022/23 revaluation movements: Reconciliation of revaluation changes in market values from note 13.1 to the primary statements:

Revaluation net impairments and reversal - surplus - £1,905k - Note 5.1 included in operating expenses

Revaluation net impairments and reversal - reserves - £(55)k - Other comprehensive Income / SOCIE revaluation reserves.

**Note 15 Leases - East of England Ambulance Service NHS Trust as a lessee**

This note details information about leases for which the Trust is a lessee.

Leases are primarily for the leasing of land and buildings from which Trust activities are operated, and the leasing of operational vehicles comprising the fleet of Ambulances, response vehicles, and leased cars.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives.

**Note 15.1 Right of use assets - 2023/24**

	<b>Property (land and buildings) £000</b>	<b>Plant &amp; machinery £000</b>	<b>Transport equipment £000</b>	<b>Total £000</b>	Of which: leased from DHSC group bodies £000
<b>Valuation / gross cost at 1 April 2023 - brought forward</b>	<b>27,343</b>	<b>-</b>	<b>34,363</b>	<b>61,706</b>	<b>10,682</b>
Transfers by absorption	-	-	-	-	-
Additions	1,878	8,742	4,959	<b>15,579</b>	-
Remeasurements of the lease liability	185	-	705	<b>890</b>	14
Disposals / derecognition	(44)	-	(1,684)	<b>(1,728)</b>	-
<b>Valuation/gross cost at 31 March 2024</b>	<b>29,362</b>	<b>8,742</b>	<b>38,343</b>	<b>76,447</b>	<b>10,696</b>
<b>Accumulated depreciation at 1 April 2023 - brought forward</b>	<b>2,484</b>	<b>-</b>	<b>10,708</b>	<b>13,192</b>	<b>142</b>
Transfers by absorption	-	-	-	-	-
Provided during the year	2,615	604	11,949	<b>15,168</b>	125
Disposals / derecognition	(44)	-	(1,434)	<b>(1,478)</b>	-
<b>Accumulated depreciation at 31 March 2024</b>	<b>5,055</b>	<b>604</b>	<b>21,223</b>	<b>26,882</b>	<b>267</b>
<b>Net book value at 31 March 2024</b>	<b>24,307</b>	<b>8,138</b>	<b>17,120</b>	<b>49,565</b>	<b>10,429</b>
<b>Net book value at 1 April 2023</b>	<b>24,859</b>	<b>-</b>	<b>23,655</b>	<b>48,514</b>	<b>10,540</b>
Net book value of right of use assets leased from other NHS providers					10,270
Net book value of right of use assets leased from other DHSC group bodies					159

**Note 15.2 Right of use assets - 2022/23**

	Property (land and buildings) £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	231	-	231	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	26,488	32,545	59,033	10,509
Additions	279	2,358	2,637	173
Remeasurements of the lease liability	359	(349)	10	-
Disposals / derecognition	(14)	(191)	(205)	-
<b>Valuation/gross cost at 31 March 2023</b>	<b>27,343</b>	<b>34,363</b>	<b>61,706</b>	<b>10,682</b>
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	22	-	22	-
IFRS 16 implementation - adjustments for existing subleases	-	-	-	-
Provided during the year	2,476	10,758	13,234	142
Disposals / derecognition	(14)	(50)	(64)	-
<b>Accumulated depreciation at 31 March 2023</b>	<b>2,484</b>	<b>10,708</b>	<b>13,192</b>	<b>142</b>
<b>Net book value at 31 March 2023</b>	<b>24,859</b>	<b>23,655</b>	<b>48,514</b>	<b>10,540</b>
<b>Net book value at 1 April 2022</b>	-	-	-	-
Net book value of right of use assets leased from other NHS providers				10,381
Net book value of right of use assets leased from other DHSC group bodies				159

**Note 15.3 Reconciliation of the carrying value of lease liabilities**

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 23.1.

	2023/24	2022/23
	£000	£000
<b>Carrying value at 31 March</b>	<b>42,771</b>	-
IFRS 16 implementation - adjustments for existing operating leases		53,781
Lease additions	15,579	2,637
Lease liability remeasurements	890	10
Interest charge arising in year	613	453
Early terminations	(250)	(134)
Lease payments (cash outflows)	(16,065)	(13,976)
<b>Carrying value at 31 March</b>	<b>43,538</b>	<b>42,771</b>

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 5.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

**Note 15.4 Maturity analysis of future lease payments**

	Total	Of which	Total	Of which
		leased from DHSC group bodies:		leased from DHSC group bodies:
	31 March 2024	31 March 2024	31 March 2023	31 March 2023
	£000	£000	£000	£000
<b>Undiscounted future lease payments payable in:</b>				
- not later than one year;	12,562	179	13,982	177
- later than one year and not later than five years;	17,376	716	18,965	711
- later than five years.	20,839	14,494	20,214	14,562
<b>Total gross future lease payments</b>	<b>50,777</b>	<b>15,389</b>	<b>53,161</b>	<b>15,450</b>
Finance charges allocated to future periods	(7,239)	(5,217)	(10,390)	(5,211)
<b>Net lease liabilities at 31 March 2024</b>	<b>43,538</b>	<b>10,172</b>	<b>42,771</b>	<b>10,239</b>
<b>Of which:</b>				
Leased from other NHS providers		10,009		10,079
Leased from other DHSC group bodies		163		160

**Note 16 Investment Property**

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
<b>Carrying value at 1 April - brought forward</b>	<u>700</u>	<u>700</u>
<b>Carrying value at 31 March</b>	<u><u>700</u></u>	<u><u>700</u></u>

**Note 16.1 Investment property income and expenses**

	<b>2023/24</b>	<b>2022/23</b>
	<b>£000</b>	<b>£000</b>
Direct operating expense arising from investment property which did not generate rental income in the period	<u>44</u>	<u>185</u>
<b>Total investment property expenses</b>	<u><u>44</u></u>	<u><u>185</u></u>



**Note 17 Disclosure of interests in other entities**

The East of England Ambulance Service NHS Trust Charitable Funds' Trust Deed established the East of England Ambulance Service NHS Trust as corporate Trustee. The Trust does not consider this charity fund Charity Registration Number 1047987, is material therefore this has not been consolidated in the results of the Trust. The charitable funds supports the provision of healthcare to the population of the East of England, including supporting the operation of community first responder groups, and the welfare of NHS staff.

**Note 18 Inventories**

	<b>31 March 2024</b>	<b>31 March 2023</b>
	<b>£000</b>	<b>£000</b>
Drugs	71	78
Consumables	1,258	1,275
Energy	556	580
<b>Total inventories</b>	<b><u>1,885</u></b>	<b><u>1,933</u></b>

Inventories recognised in expenses for the year were £10,232k (2022/23: £12,089k). Write-down of inventories recognised as expenses for the year were £nil (2022/3: £nil).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £55k of items purchased by DHSC (2022/23: £418k), disclosed as income in Note 3.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

**Note 19.1 Receivables**

	<b>31 March 2024</b>	<b>31 March 2023</b>
	<b>£000</b>	<b>£000</b>
<b>Current</b>		
Contract receivables	4,860	15,082
Allowance for impaired contract receivables / assets	(1,085)	(645)
Allowance for other impaired receivables	(632)	(728)
Prepayments	6,124	5,661
PDC dividend receivable	89	573
VAT receivable	1,961	1,310
Other receivables	723	729
<b>Total current receivables</b>	<b><u>12,040</u></b>	<b><u>21,982</u></b>
<b>Of which receivable from NHS and DHSC group bodies:</b>		
All of which is current	<u>2,057</u>	<u>13,458</u>

At 31 March 2023 Contract receivables included £12,123k in regards receivables from NHSE for agreements to fund the 2022/23 pay award. There is £nil equivalent at 31 March 2024.

**Note 19.2 Allowances for credit losses**

	2023/24		2022/23	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
<b>Allowances as at 1 April - brought forward</b>	<b>645</b>	<b>728</b>	<b>656</b>	<b>758</b>
Changes in existing allowances	440	(96)	(11)	(30)
<b>Allowances as at 31 Mar 2024</b>	<b>1,085</b>	<b>632</b>	<b>645</b>	<b>728</b>

The majority of contract receivables arise from delivery of patient care activities arising with Integrated Care Boards, as commissioners for patient care services, as Department of Health & Social Care entities these are not considered to expose the Trust to credit losses.

**Note 20 Non-current assets held for sale and assets in disposal groups**

	2023/24	2022/23
	£000	£000
<b>NBV of non-current assets for sale and assets in disposal groups at 1 April</b>	-	43
Assets sold in year	-	(43)
<b>NBV of non-current assets for sale and assets in disposal groups at 31 March</b>	<b>-</b>	<b>-</b>

Assets held for sale at 1 April 2022 related to a single station location sold in 2022/23

**Note 21 Cash and cash equivalents movements**

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2023/24	2022/23
	£000	£000
<b>At 1 April</b>	<b>29,715</b>	<b>29,701</b>
Net change in year	(2,073)	14
<b>At 31 March</b>	<b>27,642</b>	<b>29,715</b>
<b>Broken down into:</b>		
Cash at commercial banks and in hand	27	81
Cash with the Government Banking Service	27,615	29,634
<b>Total cash and cash equivalents as in SoFP</b>	<b>27,642</b>	<b>29,715</b>
<b>Total cash and cash equivalents as in SoCF</b>	<b>27,642</b>	<b>29,715</b>

**Note 22.1 Trade and other payables**

	<b>31 March 2024</b>	<b>31 March 2023</b>
	<b>£000</b>	<b>£000</b>
<b>Current</b>		
Trade payables	15,592	11,768
Capital payables	3,331	2,689
Accruals	26,684	35,688
Receipts in advance and payments on account	1,355	1,549
Social security costs	6,260	5,773
Pension contributions payable	4,317	3,900
Other payables	400	867
<b>Total current trade and other payables</b>	<b><u>57,939</u></b>	<b><u>62,234</u></b>
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	<u>876</u>	<u>494</u>
Non-current	<u>-</u>	<u>-</u>

Accruals includes £5,828k in regards to annual leave untaken at 31 March 2024 (31 March 2023: £6,477k).

Accruals at 31 March 2023 included £12,123k in regards to the 2022/23 component of the March 2023 confirmed Agenda for Change pay offer for the non-consolidated Pay Award, comprising a 2% of basic pay non-consolidated payment along with a tiered cash payment based on 5 tiers covering the spectrum of Agenda for Change bandings, to all staff in post at the end of March 2023, there is £nil equivalent at 31 March 2024. .

**Note 23.1 Borrowings**

	<b>31 March 2024</b>	<b>31 March 2023</b>
	<b>£000</b>	<b>£000</b>
<b>Current</b>		
Lease liabilities	<u>11,922</u>	<u>13,982</u>
<b>Total current borrowings</b>	<u><b>11,922</b></u>	<u><b>13,982</b></u>
<b>Non-current</b>		
Lease liabilities	<u>31,616</u>	<u>28,789</u>
<b>Total non-current borrowings</b>	<u><b>31,616</b></u>	<u><b>28,789</b></u>

**Note 23.2 Reconciliation of liabilities arising from financing activities**

	<b>Lease Liabilities</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>
<b>Carrying value at 1 April 2023</b>	<b>42,771</b>	<b>42,771</b>
<b>Cash movements:</b>		
Financing cash flows - payments and receipts of principal	(15,572)	<b>(15,572)</b>
Financing cash flows - payments of interest	(493)	<b>(493)</b>
<b>Non-cash movements:</b>		
Additions	15,579	<b>15,579</b>
Lease liability remeasurements	890	<b>890</b>
Application of effective interest rate	613	<b>613</b>
Early terminations	(250)	<b>(250)</b>
<b>Carrying value at 31 March 2024</b>	<b>43,538</b>	<b>43,538</b>

	<b>Lease Liabilities</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>
<b>Carrying value at 1 April 2022</b>	-	-
<b>Cash movements:</b>		
Financing cash flows - payments and receipts of principal	(13,697)	<b>(13,697)</b>
Financing cash flows - payments of interest	(279)	<b>(279)</b>
<b>Non-cash movements:</b>		
Impact of implementing IFRS 16 on 1 April 2022	53,781	<b>53,781</b>
Additions	2,637	<b>2,637</b>
Lease liability remeasurements	10	<b>10</b>
Application of effective interest rate	453	<b>453</b>
Early terminations	(134)	<b>(134)</b>
<b>Carrying value at 31 March 2023</b>	<b>42,771</b>	<b>42,771</b>

**Note 24.1 Provisions for liabilities and charges analysis**

	<b>Pensions: early departure costs</b>	<b>Pensions: injury benefits</b>	<b>Legal claims</b>	<b>Other</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>At 1 April 2023</b>	<b>215</b>	<b>4,261</b>	<b>1,303</b>	<b>8,355</b>	<b>14,134</b>
Change in the discount rate	(4)	(254)	-	-	(258)
Arising during the year	51	543	68	391	1,053
Utilised during the year	(40)	(263)	(10)	(5)	(318)
Reversed unused	-	(622)	-	(4,066)	(4,688)
Unwinding of discount	4	98	-	-	102
<b>At 31 March 2024</b>	<b>226</b>	<b>3,763</b>	<b>1,361</b>	<b>4,675</b>	<b>10,025</b>
<b>Expected timing of cash flows:</b>					
- not later than one year;	40	263	-	4,675	4,978
- later than one year and not later than five years;	186	990	-	-	1,176
- later than five years.	-	2,510	1,361	-	3,871
<b>Total</b>	<b>226</b>	<b>3,763</b>	<b>1,361</b>	<b>4,675</b>	<b>10,025</b>

	<b>31 March 2024</b>	<b>31 March 2023</b>
	<b>£000</b>	<b>£000</b>
Current value of provisions	<b>4,978</b>	<b>7,966</b>
Non-Current value of provisions	<b>5,047</b>	<b>6,168</b>
<b>Total</b>	<b>10,025</b>	<b>14,134</b>

**Pensions: Early Departure Costs, and Pensions: Injury benefits:**

These provisions relate to payments to the NHS Pension Agency for Early Retirements and Injury Benefit Awards and are based on amounts paid by the NHS Pensions Agency and average life expectancy for the individuals concerned. As these amounts are known with reasonable certainty there is no related balance in contingent liabilities. The discount rate used to calculate the values associated with settling these liabilities over time changed from 1.7% to 2.45% this year, resulting in the £258k decrease to the provision, and leading to an increase in liability as this unwinds.

**Legal Claims:**

The legal provision is for claims made against the Trust by employees and members of the public. Due to the nature of these provisions there is considerable uncertainty concerning when the provisions are likely to be realised. These claims also give rise to a contingent liability (see Note 25).

**Other Provisions:**

HMRC have notified the Trust that they challenge our treatment of the employment status of GPs paid by the Trust for working in the Out of Hours Service prior to the end of that service in 2015. The Trust believe the treatment is correct and are disputing the HMRC position. A provision of £4,595k is included in other provisions (2023: £4,253k).

Provisions includes £nil (2023: £2,135k) for the estimated annual leave provision arising from overtime costs effect on annual leave payments to be made to staff. Review of overtime worked and the period of possible claims has been inspected to derive the amount and timing of this liability, at 31 March 2024 the settlement of these costs are occurring in the normal course of business. Provisions includes £nil (2023: £1,932k) of provision recognised in relation to COVID related sickness absence costs, calculated from inspection of records for sickness absences and working hours. At 31 March 2024 the requirements determining these absence related costs have been removed.

**Note 24.2 Clinical negligence liabilities**

At 31 March 2024, £31,001k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of East of England Ambulance Service NHS Trust (31 March 2023: £9,671k).

**Note 25 Contingent assets and liabilities**

	<b>31 March 2024</b>	<b>31 March 2023</b>
	<b>£000</b>	<b>£000</b>
<b>Value of contingent liabilities</b>		
NHS Resolution legal claims	(69)	(85)
<b>Gross value of contingent liabilities</b>	<b>(69)</b>	<b>(85)</b>
Amounts recoverable against liabilities	-	-
<b>Net value of contingent liabilities</b>	<b>(69)</b>	<b>(85)</b>
<b>Net value of contingent assets</b>	<b>-</b>	<b>-</b>

**Note 26 Contractual capital commitments**

	<b>31 March 2024</b>	<b>31 March 2023</b>
	<b>£000</b>	<b>£000</b>
Property, plant and equipment	22,943	7,872
Intangible assets	641	1,633
<b>Total</b>	<b>23,584</b>	<b>9,505</b>



## **Note 27 Financial instruments**

### **Note 27.1 Financial risk management**

International Financial Reporting Standard 7 (IFRS 7) requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with Integrated Care Boards and the way those Boards are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

#### **Foreign Currency risk**

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust has few overseas suppliers and invoices and terms of trade are in sterling. The Trust therefore has low exposure to currency rate fluctuations.

#### **Interest rate risk**

The Trust currently holds no borrowings other than those arising from leasing operational assets with borrowings recognised under IFRS16. To raise other borrowings, the Trust would borrow from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS England. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

#### **Credit risk**

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers, as disclosed in the trade and other receivables note. Other debtors balances with NHS England are not considered to be exposed to credit risk.

#### **Liquidity risk**

The Trust's operating costs are incurred under contracts with Integrated Care Boards, which are financed from resources voted annually by Parliament. Cash flow management is undertaken to plan the timing of financial obligations. The Trust funds its capital expenditure from funds obtained within its prudential external financing limit. The Trust is not, therefore, exposed to significant liquidity risks.

**Note 27.2 Carrying values of financial assets**

<b>Carrying values of financial assets as at 31 March 2024</b>	<b>Held at amortised cost</b>	<b>Total book value</b>
	<b>£000</b>	<b>£000</b>
Trade and other receivables excluding non financial assets	3,866	<b>3,866</b>
Cash and cash equivalents	27,642	<b>27,642</b>
<b>Total at 31 March 2024</b>	<b>31,508</b>	<b>31,508</b>

<b>Carrying values of financial assets as at 31 March 2023</b>	<b>Held at amortised cost</b>	<b>Total book value</b>
	<b>£000</b>	<b>£000</b>
Trade and other receivables excluding non financial assets	14,438	<b>14,438</b>
Cash and cash equivalents	29,715	<b>29,715</b>
<b>Total at 31 March 2023</b>	<b>44,153</b>	<b>44,153</b>

**Note 27.3 Carrying values of financial liabilities**

<b>Carrying values of financial liabilities as at 31 March 2024</b>	<b>Held at amortised cost</b>	<b>Total book value</b>
	<b>£000</b>	<b>£000</b>
Obligations under leases	43,538	<b>43,538</b>
Trade and other payables excluding non financial liabilities	44,396	<b>44,396</b>
<b>Total at 31 March 2024</b>	<b>87,934</b>	<b>87,934</b>

<b>Carrying values of financial liabilities as at 31 March 2023</b>	<b>Held at amortised cost</b>	<b>Total book value</b>
	<b>£000</b>	<b>£000</b>
Obligations under leases	42,771	<b>42,771</b>
Trade and other payables excluding non financial liabilities	54,912	<b>54,912</b>
<b>Total at 31 March 2023</b>	<b>97,683</b>	<b>97,683</b>

**Note 27.4 Maturity of financial liabilities**

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	<b>31 March 2024</b>	<b>31 March 2023</b>
	<b>£000</b>	<b>£000</b>
In one year or less	56,958	68,894
In more than one year but not more than five years	17,376	18,965
In more than five years	20,839	20,214
<b>Total</b>	<b>95,173</b>	<b>108,073</b>

**Note 27.5 Fair values of financial assets and liabilities**

Book value (carrying value) is a reasonable approximation of fair value.

**Note 28 Losses and special payments**

	2023/24		2022/23	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
<b>Losses</b>				
Cash losses	-	-	-	-
Fruitless payments and constructive losses	-	-	-	-
Bad debts and claims abandoned	-	-	2	6
Stores losses and damage to property	5	6	7	47
<b>Total losses</b>	<b>5</b>	<b>6</b>	<b>9</b>	<b>53</b>
<b>Special payments</b>				
Compensation under court order or legally binding arbitration award	1	51	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	29	239	36	168
Special severance payments	2	20	3	57
Extra-statutory and extra-regulatory payments	-	-	-	-
<b>Total special payments</b>	<b>32</b>	<b>310</b>	<b>39</b>	<b>225</b>
<b>Total losses and special payments</b>	<b>37</b>	<b>316</b>	<b>48</b>	<b>278</b>
Compensation payments received				

**Note 29 Related parties**

During the year none of the Department of Health Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with East of England Ambulance Service NHS Trust.

The Department of Health and Social Care is the parent department and is regarded as a related party. During the year East of England Ambulance Service NHS Trust has had a significant number of material transactions with the Department, NHS England and with other entities for which the Department is regarded as the parent Department. The Health and Social Care Act 2022 saw the rearrangement of entities relevant to the Trust, with Clinical Commissioning Groups (CCGs) demising from 30 June 2022 and Integrated Care Boards (ICBs) coming into existence and taking over the commissioning roles previously undertaken by CCGs. For example :

NHS Suffolk and North East Essex ICB, NHS Bedfordshire, Luton and Milton Keynes ICB, NHS Cambridgeshire & Peterborough ICB, NHS Coventry and Warwickshire ICB, NHS Hertfordshire and West Essex ICB, NHS Mid and South Essex ICB, NHS Norfolk and Waveney ICB, NHS North East London ICB, NHS Northamptonshire ICB, NHS South East London ICB, NHS South West London ICB

NHS Resolutions

NHS Business Services Authority

NHS Supply Chain / Supply Chain Coordination Limited

NHS Pensions

NHS England has merged with and assumed the functions of Health Education England from 1 April 2023, and NHS Digital from 1 February 2023

In addition the Trust has had a number of material transactions with other government departments and other central and local government bodies.

The requirement to disclose the compensation paid to management, expense allowances and similar items paid in the ordinary course of the trust's operations will be satisfied by the disclosures made in the notes to the accounts and in the Remuneration Report.

The Trust provides administrative and management services to the Trust's related Charitable Fund totalling £79k. All members of the Trust Board act on behalf of the Trust in its capacity as the Trustee of the Charitable Trust. At 31 March 2024 the Trust has a receivable recorded from the Charity of £20k.

**Note 30 Events after the reporting date**

There are no events which have been identified after the end of the reporting period which require disclosure here or adjustment to the financial statements of the Trust.

**Note 31 Better Payment Practice code**

	2023/24	2023/24	2022/23	2022/23
<b>Non-NHS Payables</b>	<b>Number</b>	<b>£000</b>	<b>Number</b>	<b>£000</b>
Total non-NHS trade invoices paid in the year	47,957	202,831	48,052	184,937
Total non-NHS trade invoices paid within target	<u>42,379</u>	<u>177,243</u>	<u>42,900</u>	<u>161,502</u>
Percentage of non-NHS trade invoices paid within target	<u>88.4%</u>	<u>87.4%</u>	<u>89.3%</u>	<u>87.3%</u>
<b>NHS Payables</b>				
Total NHS trade invoices paid in the year	279	4,739	248	4,417
Total NHS trade invoices paid within target	<u>236</u>	<u>4,319</u>	<u>223</u>	<u>4,055</u>
Percentage of NHS trade invoices paid within target	<u>84.6%</u>	<u>91.1%</u>	<u>89.9%</u>	<u>91.8%</u>

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

**Note 32 External financing limit**

The trust is given an external financing limit against which it is permitted to underspend

	2023/24	2022/23
	<b>£000</b>	<b>£000</b>
Cash flow financing	<u>(12,345)</u>	<u>(13,046)</u>
<b>External financing requirement</b>	<b><u>(12,345)</u></b>	<b><u>(13,046)</u></b>
External financing limit (EFL)	<u>(12,345)</u>	<u>(13,046)</u>
<b>Under spend against EFL</b>	<b><u>-</u></b>	<b><u>-</u></b>

**Note 33 Capital Resource Limit**

	2023/24	2022/23
	<b>£000</b>	<b>£000</b>
Gross capital expenditure	31,106	13,020
Less: Disposals	(384)	(276)
Less: Donated and granted capital additions	<u>(549)</u>	<u>-</u>
<b>Charge against Capital Resource Limit</b>	<b><u>30,173</u></b>	<b><u>12,744</u></b>
Capital Resource Limit	<u>30,173</u>	<u>13,930</u>
<b>Under spend against CRL</b>	<b><u>-</u></b>	<b><u>1,186</u></b>

**Note 34 Adjusted financial performance**

	2023/24	2022/23
	<b>£000</b>	<b>£000</b>
Reconciliation of performance measures:		
Surplus for the period	<b>889</b>	<b>1,915</b>
Remove net impairments not scoring to the Departmental expenditure limit	-	(1,905)
Remove I&E impact of capital grants and donations	(479)	55
Remove net impact of inventories received from DHSC group bodies for COVID response	<u>77</u>	<u>(8)</u>
<b>Adjusted financial performance surplus</b>	<b><u>487</u></b>	<b><u>57</u></b>

**Note 35 Breakeven duty financial performance**

	2023/24
	<b>£000</b>
Adjusted financial performance surplus / (deficit) (control total basis)	487
Remove impairments scoring to Departmental Expenditure Limit	-
Add back non-cash element of On-SoFP pension scheme charges	-
Add back incremental impact of IFRS 16 on PFI revenue costs in 2023/24	-
IFRIC 12 breakeven adjustment	<u>-</u>
<b>Breakeven duty financial performance surplus</b>	<b><u>487</u></b>

**Note 36 Breakeven duty rolling assessment**

NHS England (previously through NHS Improvement) has provided guidance that the first year for consideration for the breakeven duty should be 2009/10. \* Periods prior to 2009-10 have been consolidated to provide the cumulative breakeven position. The Trust is subject to a three year period for recovery of any deficit incurred. The application of breakeven duty means that if a cumulative surplus or deficit is reported (greater than a materiality threshold of 0.5% of operating income), it should normally be recovered within the subsequent two financial years. NHSE have approved a 5 year recovery period for the Trust's accumulated deficit meaning this should be recovered by 2025/26.

	<b>1997/98 to 2008/09</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Breakeven duty in-year financial performance		757	2,364	3,121	4,175	379	1,251	158
Breakeven duty cumulative position	1,745	2,502	4,866	7,987	12,162	12,541	13,792	13,950
Operating income		228,076	222,389	226,874	235,499	237,725	245,982	232,190
<b>Cumulative breakeven position as a percentage of operating income</b>		1.1%	2.2%	3.5%	5.2%	5.3%	5.6%	6.0%
	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Breakeven duty in-year financial performance	(9,989)	1,790	(2,071)	50	24	(9,723)	57	487
Breakeven duty cumulative position	3,961	5,751	3,680	3,730	3,754	(5,969)	(5,912)	(5,425)
Operating income	247,134	266,929	281,740	324,171	402,193	400,345	421,611	440,136
<b>Cumulative breakeven position as a percentage of operating income</b>	1.6%	2.2%	1.3%	1.2%	0.9%	(1.5%)	(1.4%)	(1.2%)

## **INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST**

### **Opinion**

We have audited the financial statements of East of England Ambulance Service NHS Trust for the year ended 31 March 2024 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 36, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted International Financial Reporting Standards as interpreted and adapted by HM Treasury's Financial Reporting Manual: 2023-24 as contained in the Department of Health and Social Care Group Accounting Manual 2023 to 2024 and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to the National Health Service in England.

In our opinion the financial statements:

- give a true and fair view of the financial position of East of England Ambulance Service NHST Trust as at 31 March 2024 and of the Trust's expenditure and income for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023 to 2024; and
- have been prepared properly in accordance with the National Health Service Act 2006.

### **Basis for opinion**

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Conclusions relating to going concern**

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period up to 30 June 2025.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Trust's ability to continue as a going concern.



## **Other information**

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the annual report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

## **Opinion on other matters prescribed by the Code of Audit Practice**

In our opinion:

- other information published together with the audited financial statements is consistent with the financial statements; and
- the parts of the Remuneration Report and Staff Report identified as subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2023 to 2024.

## **Matters on which we are required to report by exception**

The Code of Audit Practice requires us to report to you if<sup>1</sup>:

- in our opinion the governance statement does not comply with NHS England's guidance; or
- we issue a report in the public interest under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- we make a written recommendation to the Trust under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have nothing to report in these respects.

In respect of the following, we have matters to report by exception:

**Referral to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014**

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At 31 March 2024, East of England Ambulance Service NHS Trust reported a surplus against its incoming resources for the financial year of £0.487 million in its draft accounts but with a cumulative deficit at 31 March 2024 of £5.425 million. The Trust is expected to report a cumulative deficit in the financial year ending 31 March 2026 which will result in failure to meet its break-even duty over a rolling five year period.

Under Paragraph 2 (1) of Schedule 5 of the 2006 Act, an NHS Trust shall ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to its revenue account.

On 28 May 2024, NHS England agreed to extend the break-even rolling period from three years to five years.

We therefore referred a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

### **Responsibilities of the Directors and Accountable Officer**

As explained more fully in the 'Statement of directors' responsibilities in respect of the accounts', set out on page 3, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they either intend to cease operations of the Trust, or have no realistic alternative but to do so.

As explained in the 'Statement of the chief executive's responsibilities as the accountable officer of the trust', as the accountable officer of East of England Ambulance Service NHS Trust, the chief executive is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State and for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

### **Auditor's responsibility for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

### **Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud**

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting



one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006, the Health and Social Care Act 2012 and the Health and Care Act 2022, as well as relevant employment laws of the United Kingdom. In addition, the Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.
- We understood how East of England Ambulance Service NHS Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, the head of internal audit, and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Trust's board minutes, through enquiry of employees to verify Trust policies, and other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.
- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance (through improper recognition of revenue in manual accruals) and inappropriate capitalisation of revenue expenditure and management override of controls to be our fraud risks.
- To address our fraud risk around the manipulation of reported financial performance through improper recognition of revenue, we reviewed the Trust's manual year end income accruals, challenging assumptions and corroborating the income to appropriate evidence.
- To address our fraud risk of inappropriate capitalisation of revenue expenditure we tested the Trust's capitalised expenditure to ensure the capitalisation criteria were properly met and the expenditure was genuine.
- To address the presumed fraud risk of management override of controls, we implemented a journal entry testing strategy, assessed accounting estimates for evidence of management bias and evaluated the business rationale for significant unusual transactions. This included testing specific journal entries identified by applying risk criteria to the entire population of journals. For each journal selected, we tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at <https://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.



## **Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources**

We have undertaken our review in accordance with the Code of Audit Practice 2020, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in May 2024, as to whether the Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under section 21(2A)(c) of the Local Audit and Accountability Act 2014 (as amended) to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice does not require us to refer to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resource if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

## **Certificate**

We certify that we have completed the audit of the accounts of East of England Ambulance Service NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 (as amended) and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General.

## **Use of our report**

This report is made solely to the Board of Directors of East of England Ambulance Service NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014 (as amended) and for no other purpose. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors, for our audit work, for this report, or for the opinions we have formed.

*E. Jackson*

*Ernst & Young LLP*

*Elizabeth Jackson (Key Audit Partner)*

*Ernst & Young LLP (Local Auditor)*

*Luton*

*19 June 2024*