NHS
East of England
Ambulance Service
NHS Trust

Annual Report and Accounts 2024-25

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#WeAre EEAST

Annual Report and Accounts 2024-25

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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.

Introduction

Welcome from our chair

One of the best things about being on the board of EEAST is having the opportunity be out and about to meet staff and patients. I thought I would start this year's report with a couple of stories from the board about what we saw and heard from you over the year.

I joined a crew who collected a patient from hospital to take him to a hospice. As we sat and talked in the back of the ambulance, I realised that the EEAST staff had the enormous responsibility of caring for this gentleman on what would probably be the last journey he would ever make. At the other end of the scale, one of my board colleagues was with a crew as they were called out to a woman in labour, and he had the privilege of being present as a new life was safely brought into the world by EEAST staff.

These stories (and everything in between) sum up what it is like to be part of EEAST, and they frame my reflections on our work over the last year.

Firstly, our staff and their experience of working at EEAST are paramount to us as a board and in this report, we share some of the work we have been doing to improve our staff welfare and culture. Our flagship programme, "Time to Lead" aims to give our managers the skills and capacity to address what has historically been an area of great concern. We are delivering great results with staff turnover and sickness levels reducing. Also, our staff are telling us they are feeling the benefit – I am immensely proud that EEAST is again the most improved ambulance trust for the third year running in the NHS staff survey.

However, whilst what we are doing is working, we still have a long way to go. I am only too aware of incidents of bullying and harassment, including concerns about sexual safety which have been a part of the culture here at EEAST for too long. I and the entire board are determined to drive these behaviours out and call for everyone's help to do this.

The second area of board focus has been our response times to patients. Over the last year, we have analysed our performance data to ensure we use our resources in the most effective way. The result is our Operational Performance Improvement Plan (OPIP) described later in this report. The impact of this is clear

to see with notable improvements in our category 2 performance in quarter 4 despite longer hospital handovers. Again, whilst we are confident that our plans are working, our response times are still too slow, and we have plans to make even greater improvements over the coming year.

Which brings me to the third area of priority for the board, partnering with our colleagues across the health and care sectors. There are many examples that I could highlight - like our work with acute hospitals to manage handover delays; our mental health response units that regularly achieve an 85% non-conveyance rate; and the continued growth of our unscheduled care hubs in each of our six partner Integrated Care Systems.

We have also developed our new 2025-30 strategy and values. I am proud to say, this was heavily co-produced with our staff, patients and partners with literally thousands of touch points as we developed our thinking. The next stage for the board is to build the multi-year business plans that will deliver it.

Co-production was also key in the recruitment of Neill Moloney as our new Chief Executive. We engaged with staff and stakeholders at every stage from input into the job description to the final interview. Neill replaced Tom Abell who had led EEAST as Chief Executive for 3 years – I'd like to take this opportunity to thank Tom for his hard work and the strong foundations he left us with.

Neill and our strategy will be tested over the next year. It is apparent that the pace of change in the public sector and the NHS is not likely to abate and if anything will accelerate. The next year is going to be busy, but I also believe it will be one of great progress and opportunity. EEAST is well positioned to succeed in what will be a greatly changed health and social care environment.

Finally, I would like to take a moment to thank the many people who have helped and supported me, the board and the organisation over the course of the last year. I have had the pleasure of being out and about and meeting many members of staff, volunteers, community representatives and patients. Thank you for taking the time to talk to me and share your thoughts and experiences – I have learnt something from every conversation.

Mrunal Sisodia
Trust Chair, OBE.

Overview from our chief executive

At the East of England Ambulance Service NHS Trust (EEAST) our unwavering commitment to patient care and staff wellbeing drives every aspect of our operation. We strive to deliver an outstanding service whenever and wherever our patients need it, and to enable and empower our people to work in an organisation which is inclusive, responsive to their wellbeing needs and fosters a culture of excellence. Reflecting on the last year, we recognise the challenges we have faced, and the improvements delivered with the support of our staff, communities and regulators.

We continue to work to reduce our C2 response times to ensure our patients receive the right care, at the right time. We have implemented a range of strategies to support this, such as increasing our collaboration with community providers to support patients to access alternative sources of care, where clinically appropriate through the urgent and emergency care hubs in all counties in partnership with the ICBs.

I'm particularly proud of the unscheduled care co-ordination hub in Norfolk and Waveney which has diverted 62% of their calls from the stack since its launch in September 2023, avoiding unnecessary ambulance responses while improving patient outcomes and system efficiency. In 2024, 46,864 calls were passed via our Access to the Stack process across the Trust.

The single biggest contributor to C2 response times is hospital handover delays. In November 2024 the Trust launched 'Handover 45' with the support of commissioners and acute Trusts. The primary aim is to reduce avoidable harm, in communities because of delayed ambulance response times, which are consequential to delayed handovers of emergency patients at acute trusts. Where handover of patients from the ambulance service to hospitals in 45 minutes has been delivered consistently, avoidable harm has demonstrably reduced.

The Trust continues to deliver on its cultural change journey to support and improve the wellbeing of our people. In the last year, we have restructured our operational directorate to ensure the spans of control for any single manager have reduced to a level which enables them to meet the needs and support requirements of the staff they are responsible for.

We have also launched a new 24-hour, 365 day a year Freedom to Speak Up Service to enable our staff to feel confident to speak up and raise their concerns in a safe, independent, resilient and confidential space. We have enhanced our wellbeing offering with the launch of the Time For Me app to support our staff to pro-actively manage both their mental and physical health and we have also implemented wellbeing rooms across the Trust. These changes are just one step

in ensuring our people are working in an organisation in which they feel supported and empowered by an organisation which listens to their concerns and acts on their feedback.

The annual NHS staff survey showed more staff reporting that they felt they could report experiences of harassment, bullying or abuse following the speak out campaign, staff reporting they had not experienced discrimination from patients and service users and more staff reported there were enough staff to do their job properly which improved following a drive in recruitment across clinical operations. We recognise there is more to do, and we are committed to our journey to excellence.

Over the past year, EEAST's commercial services made significant progress in aligning business units under a unified commercial strategy, focusing on revenue generation, service diversification, and the delivery of measurable social value.

Commercial growth continued to accelerate, and their financial contribution exceeded the initial forecasts. This was reinvested by EEAST to enhance patient care and community health outcomes

As we move into the next year, our commitment to enhancing patient outcomes and fostering a culture of excellence remains steadfast. These improvements would not be possible without the support of our people, volunteers, partners and communities. We are committed to maintaining the highest standards of care for our communities as an organisation which acts with unwavering integrity, and a workforce which is accountable, respectful, and strives to be excellent.

Neill Moloney
Chief Executive Officer

Most people were generally happy with the service they received (as evidenced by the high ratio of compliments to complaints received, and most patients reporting satisfaction on their friends and family test). Where people were unhappy with the service they received, they often felt that improvements could be made around communication or timeliness. Below is a selection of patient quotes which are representative of much of the feedback received over the year.

Compliments:

- "The crew were professional, caring, very friendly and put me at ease. They provided me with re-assurance in a stressful time." (EUC)

- "The crew were punctual professional and very friendly. They went above and beyond to ensure I got home safely." (Patient Transport Service)

- "I was very impressed by the two paramedics who attended me when I was feeling very unwell. They performed a full range of tests and found it unnecessary for me to go to hospital and that I could be treated at home. They were very informative to me and my son/carer." (EUC)

- "The ambulance service responded immediately, the expertise my wife experienced from your crew was exemplary with compassion" (EUC)

- "The ambulance crew that took me to and from my home to hospital were so lovely, very patient, they made me feel at ease. Very professional throughout and made the journey completely stress free' (Patient Transport Service)

- "The call handler was very calm and helpful, they stayed on the line until the paramedics arrived in our house which was really good, thank you" (EUC)

Complaints:

- "One was very kind and helpful, but the other spoke to me like I was 5 years old telling me off for wasting her time." (EUC)

- "Received a phone call 3 hours later saying ambulance will not come anymore and I should call GP in the morning." (EUC)

- "I was very disappointed by the lack of communication; I was not even called or informed that the Patient Transport are running late" (Patient Transport Service)

- "On a call in February when I fell again, I was asked questions delaying help and then told there was at least a 10 hour wait. This is excessive and the Call Handlers need reminding of what is an emergency." (EUC)

- "No organisation. Arrived late missed appt left to wait. 3 hr wait for return transport. Total shambles." (Patient Transport Service)

Overview of Performance

This section provides information on how EEAST performed during 2024 – 2025.

About EEAST

The East of England Ambulance Service (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 2024/25 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 6,000 colleagues operating from over 120 sites and are supported by more than 1,500 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 2024/25, 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 (PTS)

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 2024/25 we undertook 437,647 patient journeys and 41,728 escort journeys – a total of 479,375 NEPTS journeys.

Resilience and specialist 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.

Finance

During the financial year 2024/25 EEAST spent £496.5m, an increase of £54.5m over the previous year 2023/24. There was also an increase in income received of £55.5m to £498.4m (2023/24 £442.9m) which generated a surplus for the year of £1.9m (2023/24 £0.9m). The original financial plan for 2024/25 was to deliver a break-even position.

The income arrangement with our commissioners continued to be via a 'block' income arrangement. The most significant financial change for 2024/25 was the £18.7m full year impact of the investment from the national Urgent and Emergency Care (UEC) funding (2023/24 £12.5m, total recurrent funding £31.2m), to support national ambulance priority areas such as C2 response and hear and treat.

We continued to focus on cost efficiency targets across 2024/25. £16.3m was achieved against our target of £16.2m, although a significant element was on a non-recurrent basis. The cost efficiency target for 2025/26 is planned at £14.9m. Activity is underway to deliver primarily recurrent efficiencies to this value, with a restructuring provision of £1.6m in the 2024/25 accounts to enable this.

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

EEAST has submitted a draft plan for 2025/26 which is based on a balanced budget.

Across 2024/25 EEAST invested £25.0m in capital assets:

£17.9m invested in building projects, including the new Ipswich Hub, £9.5m of which has been funded by DHSC public dividend capital. Other projects included expansion and reconfiguration of Hellesdon EOC and development and refurbishment of other existing sites.

£3.3m was invested in new vehicles and vehicle equipment, including replacement of HART vehicles and mental health vehicles.

£2.1m was invested in medical devices such as Corpuls.

£1.7m investment in IT for the electronic patient care record (ePCR), connectivity and cybersecurity projects.

Disposals reflect the previously capitalised Ambulances for sale and leaseback.

The full financial statements for the year ending 31 March 2025, are presented within the Annual Accounts.

Highlights from 2024-25

April 2024

Paramedics met up with a mother and her baby a year after they assisted with a dramatic birth in the car park of Chelmsford ambulance station.

May 2024

The Defence Employer Recognition Scheme (DERS) re-accredited EEAST with the Gold Award for a further five years for its support for the defence and Armed Forces community.

June 2024

Volunteer Community First Responder, Nathan Liberman was recognised for his 17 years of service to the NHS and the north Norfolk community in the King's Birthday Honours.

July 2024

We welcomed students with autism from Wherry School in Norwich for a work experience placement for the second year running.

August 2024

Shortlisted for the Health Service Journal (HSJ) Awards in the Provider Collaboration of the Year category, for our partnership with regional fire and rescue services in assisting people who have fallen at home.

September 2024

Robert Rous, Vice Lord-Lieutenant of Suffolk officially opened our new multi-million-pound ambulance hub in Bury St Edmunds - the most sustainable and lowest carbon site in the Trust's estate.

October 2024

Essex's first female paramedic, Sally Pattie retired after 44 years with East of England Ambulance Service NHS Trust.

November 2024

Awarded the Inclusive Workplace Award at the British Dyslexia Association Annual Awards.

December 2024

Staff from our Emergency Operations Centres in Norwich and Chelmsford donated over 1,000 gifts to the Salvation Army Christmas Present Appeal.

January 2025

New partnership launched with trained firefighters at London Luton Airport (LLA) to respond to the most serious medical emergencies within the airport boundary.

February 2025

A new community defibrillator was installed at a fire station in Royston, in dedication to Rod Taylor, a long-serving paramedic who managed community defibrillators.

March 2025

Awarded a four-year-old girl from Suffolk a bravery award for calling 999 when her mum became unresponsive at home.

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

Our People

Central to our vision is the steadfast belief that EEAST should not only be a place to work but a community where individuals feel valued, supported, and inspired. We recognise that our success hinges on the wellbeing, engagement, and professional development of everyone within the organisation. Throughout 2024/25, we focused on building a culture that prioritises openness, inclusivity, and collaboration.

Our cultural improvement journey continued to progress throughout 2024/25, with concerted efforts to cultivate an environment that promoted learning, growth, and collaboration. We worked to empower our workforce by enhancing communication channels, providing more accessible leadership support, and fostering a culture of openness. The emphasis was on creating a supportive environment where all staff feel confident and equipped to deliver high-quality care, knowing their contributions are recognised and valued.

A significant part of our cultural journey involved evolving our values. Last year, we began the process of refining our core values, moving from five previous values to three new, clearer values. Over 1,000 colleagues were involved in designing them, and these new values were tested with over 100 colleagues through workshops in November. The result is a more streamlined and actionable set of values:

- We are Accountable
- We are Respectful
- We strive to be Excellent

These values are not only at the heart of our culture but also serve as guiding principles in how we work, interact, and grow together. We are integrating these values into all aspects of our organisation, from how we present them to staff to how they are used in appraisals and beyond.

We employ 6,539 people, 55.45% of our workforce are female and 6.4% of our staff are black or minority ethnic.

Our workforce is made up of 735 people working in support services, 4,173 in accident and emergency operations, 776 in emergency operations centres, 365 in patient transport services, 320 in operational support and estates and 170 in air and special operations.

People Strategy

Our People Strategy was focused on strengthening partnerships, improving communication, and enhancing staff engagement through a series of targeted initiatives. Central to this strategy was a three-year action plan designed to align organisational development with the evolving needs of our workforce.

To support this, we introduced a fixed-term people promise manager role, tasked with overseeing the implementation of the NHS people promise pillars across EEAST. This role was instrumental in fostering collaboration across all levels of the organisation, aiming to improve the experience of working within the NHS.

Since July 2024, the people promise manager engaged in over 1,300 staff contacts, reflecting our ongoing commitment to employee engagement. In addition, a new peer-to-peer recognition platform was developed to help embed a culture of appreciation across the organisation. As part of our involvement in the national people promise exemplar programme, EEAST developed a comprehensive plan for staff reward and recognition.

Significant progress was made in recognising long service. A new booking process was shared with eligible staff, and six award ceremonies took place during March 2025. A formal proposal for the future approach to long-service recognition has been submitted for consideration by EEAST's Executive Team.

Policy development was another area of focus, with revisions to key documents including occupational health, disability and long-term health conditions, professional registrations, and annual leave policies. These updated, published in February 2025, are intended to improve clarity, consistency, and accessibility for all staff.

Our employee engagement efforts have been further enhanced through initiatives such as Emergency Operations Centre (EOC) celebration days, focus groups to support EOC retention, and a comprehensive update to the pensions and retirement intranet pages. Additionally, EEAST introduced a reasonable adjustments advisor role and process to provide better support for staff requiring workplace adjustments.

We successfully completed our year two actions and commenced the longer-term initiatives scheduled for 2024/25 and 2025/26. As we approach the final year of our current people strategy, preparations are underway to review and refresh our strategic priorities moving forward.

We have launched the Green Network and now have 43 Green Champions.

Recruitment and Retention

Between April 2024 and March 2025, EEAST recruited 684 individuals, primarily into frontline roles. This contributed to achieving 3,572 whole time equivalent (WTE) staff within our clinical workforce plan, against a target of 3,587 WTE.

The average time to hire during this period was 12 weeks, compared to a target of 12 weeks.

Course fill rates averaged 82.5%, falling slightly below our target of 85%.

Looking ahead, recruitment efforts will focus on expanding our apprenticeship pathways, with a particular emphasis on training emergency care assistants (ECAs) internally. Additionally, targeted recruitment will continue to address vacancies within our emergency operations centres (EOCs), especially for call handler roles.

To enhance the onboarding experience for new starters, we will be launching a digital corporate induction. This development aims to provide a consistent, engaging, and accessible introduction to EEAST for all new employees.

Our 'career for life' campaign continued throughout 2024/25, featuring online workshops and Q&A sessions for prospective applicants. Feedback from attendees was overwhelmingly positive, indicating strong engagement and interest in EEAST as an employer of choice.

Recruitment processes were further streamlined during the year to reduce delays and improve the candidate experience. A key priority was to increase the diversity of our workforce. Guided by the EEAST inclusivity plan, our recruitment strategies aimed to attract candidates from underrepresented groups. As a result, we achieved 6.44% representation against a target of 7%.

Retention and turnover remained critical challenges across the NHS. EEAST's turnover rate improved steadily, decreasing from 8.74% in April 2024 to 8.44% in March 2025. This positive trend reflects the impact of sustained long-term interventions focused on retention.

Key retention initiatives include:

- Strengthening career progression pathways
- Enhancing leadership development programmes
- Expanding mentoring opportunities
- Improving internal communications to ensure staff feel heard and supported

Feedback from exit questionnaires, stay at EEAST conversations, and focus groups informed targeted action plans to address specific retention concerns, led by our HR Business Partner (HRBP) Team.

Flexible working arrangements and enhanced wellbeing resources continued to be promoted as part of our broader commitment to supporting staff wellbeing and work-life balance.

We were proud to be recognised for our commitment to inclusivity by the British dyslexia association, receiving the inclusive workplace award at its annual awards in 2024. This honour acknowledged our pioneering efforts in creating a neurodiverse-friendly environment and supporting staff with dyslexia. In September 2024, we became the first NHS organisation and emergency service

to achieve the silver quality mark, and we are now working towards achieving the gold standard.

During 2024/25, our enhanced redeployment process successfully retained 28 individuals, ensuring valuable skills and experience remained within the organisation. Looking ahead to 2025/26, we will be introducing team based working, building on the foundations of the time to lead change programme. This initiative was designed to reduce leadership spans of control, promote people-focused leadership, and ensure all frontline staff are supported within clearly defined team structures.

Staff Survey and Staff Experience

The National Staff Survey remained a crucial tool for understanding the experiences, perceptions, and concerns of our workforce. During 2024/25, EEAST achieved a significantly higher response rate than in previous years, reflecting increased staff engagement and a growing culture of feedback. Fieldwork was conducted during October and November 2024, with participation from nearly 50% of our workforce.

Survey results were communicated transparently across the organisation and informed the development of tailored, local action plans focused on key improvement areas such as communication, workload management, and professional development. EEAST maintained its position as the top-performing Trust for the third consecutive year in terms of overall improvement across all survey questions.

In recognition of this sustained progress, EEAST received a certificate from NHS England, acknowledging consistent improvement across all seven NHS people promise elements, as well as the key themes of staff engagement and morale, over two consecutive years.

In addition to the national staff survey, staff experience was continually measured through regular feedback mechanisms, including pulse surveys, focus groups, and engagement forums. This ongoing dialogue ensured that staff feel heard, valued, and involved in shaping the working environment.

Our commitment to meaningful engagement was further supported by our staff networks and sector-level change networks, which played a central role in creating inclusive, responsive forums for staff voice. These activities were a core part of our broader culture-based work, which integrated a range of initiatives aimed at improving and sustaining a positive organisational culture. Progress was actively measured and monitored to ensure long-term impact.

Notably, 97% of responses in the most recent survey either remained consistent or showed improvement compared to the previous year—underscoring the effectiveness of our people-centred approach.

In line with our commitment to supporting all staff communities, we are launching a new armed services network during 2025/26. This initiative will enhance support for our many colleagues with military backgrounds and reinforce our responsibilities as a veterans' aware employer.

Appraisal and Leadership Development

We are committed to fostering a culture of continuous growth, meaningful feedback, and strong leadership. During 2024/25, we continued to strengthen our appraisal process to ensure it was supportive, consistent, and aligned with both individual and organisational objectives. Clear guidance and toolkits were provided to managers to support preparation and promote a fair, structured approach to performance conversations.

A key milestone last year was the completion rate of 87% for annual appraisals—a significant step toward our goal of ensuring every member of staff receives regular, quality feedback and development planning. To support this, we introduced the Staff Circle platform, a simple and user-friendly system designed to facilitate more meaningful and compassionate conversations. It also enabled improved tracking of appraisal completion, objective setting, and personal development planning.

In future, it will support us in identifying workforce-wide training needs and ensuring development opportunities are relevant and impactful.

To promote consistency and values-based reflection, we also introduced a values self-assessment framework. This tool encouraged staff to align their behaviours and development goals with EEAST's core values.

Leadership development remained a cornerstone of our people strategy. During 2024/25, we expanded our leadership development framework—a structured programme designed to equip leaders with the skills to lead with confidence, empathy, and inclusivity. Training included mental health awareness, inclusive leadership, and conflict resolution.

By March 2025, 67% of our senior leaders at a Band 7 and above had participated in phase 1 of the programme. Phase 2 is now being delivered locally to newly appointed team leaders, as well as to leaders across support services, emergency operations centres, and corporate services. Executive directors are scheduled to begin their sessions in June 2025, with Phase 3 of the framework planned for launch later in the year.

In support of compliance and statutory responsibilities, a focused campaign in targeted improvements in statutory and mandatory eLearning. This initiative has already resulted in a measurable uplift in compliance rates which stands at 93.53%.

As part of the continuous evolution of our appraisal process, we will be launching training from April 2025 to support leaders in conducting effective,

high-quality appraisal conversations. This training aims to further embed compassionate leadership and ensure every conversation contributes positively to the employee experience and professional development.

We believe that working with us is more than a job—it's a career for life. Through our ongoing investment in leadership and development, we aim to ensure all staff are supported to thrive, grow, and fulfil their potential.

Safety at Work

Creating a safe, supportive, and inclusive working environment remained a top priority for EEAST. Throughout 2024/25, we implemented a range of initiatives aimed at improving both psychological and physical safety for our workforce.

A key development was the introduction of the managing stress at work policy, accompanied by practical risk assessment templates to support teams in identifying and mitigating work-related stress. Additionally, our welfare wagons continued to play a vital role in offering respite and wellbeing support for staff operating in high-pressure environments.

We also took steps to strengthen physical safety measures across the Trust by reviewing workplace environments for potential hazards, reinforcing compliance with health and safety regulations, and increasing training on conflict resolution and violence prevention to protect staff from harm.

During 2024/25, a significant focus was placed on addressing and reducing sexual harassment in the workplace. As part of this work, we introduced a comprehensive sexual safety policy, launched new e-learning modules on sexual harassment, and ran proactive communication campaigns to raise awareness and drive cultural change.

To monitor progress and identify areas for further improvement, we conducted our annual workplace behaviour survey in February 2025. The results showed:

- A 2% decrease in reported experiences of sexual harassment
- A 20% reduction in reports of bullying and harassment compared to the previous year
- Rates of bullying, harassment, or discrimination related to protected characteristics stabilised between 3–10%

To support and sustain this progress, we established a sexual safety working group during 2024/25, which leads the rollout of a Trust-wide awareness campaign in 2025. This work supports EEAST's pledge under the sexual safety charter and will be underpinned by the continued implementation of supportive toolkits, guidance, and targeted communications.

Our focus remains clear: to foster a workplace where every individual feels safe, respected, and empowered to speak up.

Health and Wellbeing

The health and wellbeing of our staff remained a core priority throughout 2024/25, with a continued focus on mental health support, staff engagement, and building resilience across the organisation. A wide range of initiatives were implemented or enhanced to create a safe, supportive, and responsive environment for all colleagues.

Key Developments during 2024/25

Expansion of support networks

We increased the number of TRiM practitioners, mental health first aiders, wellbeing champions, and menopause mentors available across the Trust. A refreshed wellbeing champions programme was launched and embedded into local teams, supported by monthly all staff champion check-ins to ensure ongoing peer support and collaboration.

Occupational Health

In January 2025, we successfully launched an internal occupational health service, designed to improve efficiency, accessibility, and responsiveness. This marked a significant step toward providing more personalised and timely support for staff.

Policy Development

A new managing stress at work policy was approved, with an accompanying individual stress risk assessment template published in March 2025.

Health and Wellbeing Service Group

A dedicated service group has been established and meets monthly to coordinate strategic wellbeing efforts and share best practice.

Mental health awareness training

Delivered in partnership with MIND, our mental health awareness training exceeded its annual targets and continues to be offered into 2025/26. As of March 2025, we have had 328 attendees.

We procured a new mental health first aid provider with 173 mental health first aiders now operational. Big Dog, Little Dog (BDLD), which received excellent feedback.

A mental health awareness video, produced in collaboration with Magneto and Trust staff, was previewed at the people services away day in March 2024 and officially launched at the welfare wagon event in May 2024.

Digital Innovation

We launched the "Time for Me" wellbeing platform and app, powered by Hapstar, on 1st June 2024. This tool offers staff centralised access to health and wellbeing resources, self-help tools, and support networks.

Welfare Wagons

Now fully operational and deployed across the region, we have six welfare wagons in place—each equipped with refreshments, fridges, water units, and external power lines. These vehicles offer vital support at hospital handovers and at station locations, providing a safe space for conversation and signposting to wellbeing services. The programme has grown to include 40 trained volunteers, with more being recruited.

Audits and Evaluation

An internal audit of our health and wellbeing efforts, conducted by TIAA in May 2024, provided valuable insights to inform ongoing improvements.

Suicide Prevention and Trauma Support

We completed a new suicide prevention support guide for managers, along with a standard operating procedure for prevention and postvention support.

A full review of our TRiM (trauma risk management) service is underway, with expert support from Professor Jennifer Wild (University of Canberra) and The Ambulance Staff Charity (TASC).

Spiritual and Cultural Support

We are exploring the recruitment of a pastoral support officer to lead a team of volunteers from multiple faiths, providing a more inclusive alternative to the traditional chaplaincy model and better meeting the diverse needs of our workforce.

Communication and Engagement

We launched a new wellbeing network and accompanying monthly newsletter, helping staff stay informed, connected, and engaged with our wellbeing agenda.

Looking Ahead to 2025/26

As we move into 2025/26, our focus will shift from expansion to quality and sustainability. We aim to:

- Continue promoting the Time For Me platform, driving registration and regular usage through ongoing communications and content updates.
- Maintain momentum in welfare wagon utilisation, expanding our volunteer base and optimising deployment based on staff needs.

- Launch the health and wellbeing passport and directory of support, aligned with the Trust's Time to Lead initiative, by the end of March 2025.
- Ensure the success and effectiveness of our new in-house occupational health team through ongoing monitoring and collaborative working.

Our work in 2024/25 reflects a strong and sustained commitment to the wellbeing of our people—ensuring they are supported, valued, and empowered to thrive at every stage of their career.

Staff Experience

Providing staff with opportunities to share their experiences, insights and views is an integral part of a positive employee experience. Annual and quarterly staff surveys along with forums of engagement provided by staff networks and our local sector change networks, supported a culture of listening, engaging and supporting our colleagues. It was an essential component of our organisation development plan, which combined multiple initiatives to improve, measure and monitor our cultural improvement.

Annual Staff Survey 2024

The NHS National Staff Survey provided an annual opportunity for staff to share how they feel about their experience of working at EEAST. We conducted fieldwork during October and November 2024 which generated participation of nearly 50% of our workforce.

Our national staff survey results showed that EEAST remained the number one ambulance trust, for the third consecutive year, for the rate of improvement shown across all survey questions. 97% of our responses were either the same or had shown improvement compared to the previous year.

The national staff survey results have been shared widely across the Trust and teams have been working on a 'Listening into action' programme designed to engage and co-create action plans following staff survey feedback.

Safety at work

We focused heavily on improving the safety of staff at work. One area of focus was on reducing the sexual harassment of staff, through proactive communication campaigns, introducing a new sexual safety policy and implementing new e-learning modules on sexual harassment.

We conduct an annual workplace behaviour survey to help measure rates of harassment, discrimination and bullying within the Trust. In the latest survey,

issued in February 2025, we saw rates of sexual harassment declining 2% from the previous year, bullying and harassment declined 20% from the previous year and our rates of discrimination, bullying or harassment related to a protected characteristic stabilising between 3-10%.

Education and Training

EEAST had 726 staff on an apprenticeship during the last year. 360 completed in the year resulting in a 93% achievement rate, which was a significantly favourable position on the average achievement rate across all industries of 54%, and above the government target of 67%.

Our paramedic degree apprenticeship resulted in 36% achieving a first-class honours degree and a further 53% achieving an upper second-class award classification. Across our apprentice Emergency Medical Technician programmes 38% achieved a distinction, 38% achieved merit and 24% achieved a pass.

We launched a second paramedic degree apprenticeship with the University of Bedfordshire to complement our offer from the University of Cumbria. The Trust secured £5 million in levy donation from outside organisations to support the development of our people.

We also worked with our five local universities to offer 250,000 hours of placement activity to student paramedics on placement with us. We have delivered over 400 emergency driving courses and delivered update training to staff across the region.

£631,000 was invested in CPD development programmes for our staff, with over 380 specialist resuscitation programmes delivered with our Critical Care Air Ambulance charity partners. We upgraded our estates with a brand-new training facility at the Bury St Edmunds hub in Suffolk.

EEAST has been approved as an independent education provider of apprenticeships and is starting delivery of our in-house emergency care assistant and emergency contact handler apprenticeship programmes. With partners we are developing an industry specific clinical leadership degree which will launch in September 2025.

We are developing a new education site to deliver more paramedic degree apprenticeships and have 150 spaces to enhance the skills of experienced emergency care assistants to support them to qualify as emergency medical technicians. There are a further 150 spaces for experienced emergency medical technicians to upskill to become paramedics.

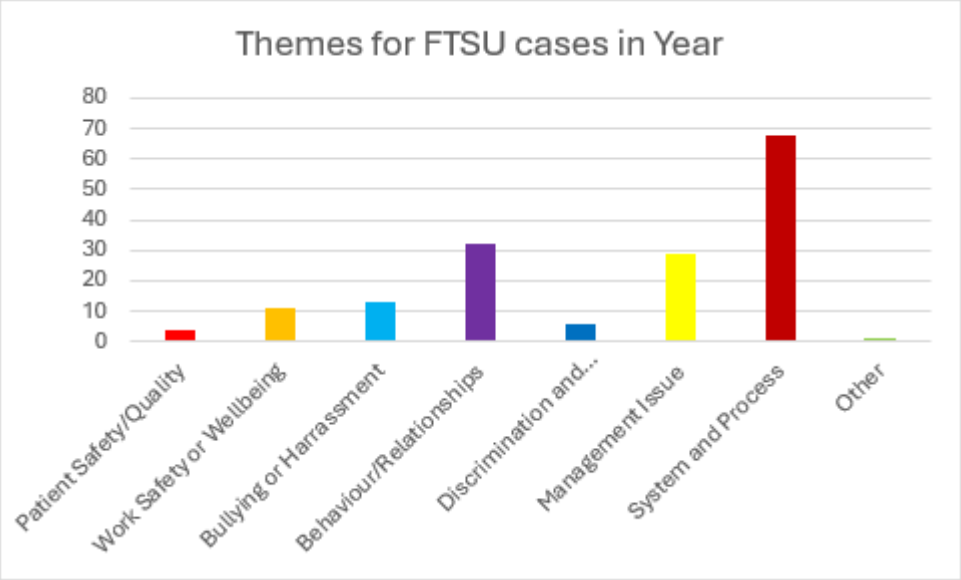
Colleague Experience: Freedom to Speak Up

During August 2025, the Trust transitioned to an external Freedom to Speak Up provider, the Guardian Service.

The Guardian Service has delivered comprehensive support to all EEAST staff 24 hours per day, seven days per week, since August. This service maintained complete confidentiality or anonymity, with guardians accommodating staff consultations through multiple channels: in-person meetings, Microsoft Teams conferences, or telephone calls to address any Freedom to Speak Up concerns.

Over the last three years, EEAST's FTSU team managed 661 cases. Of the 37 received in Quarter 1 of 2024, 32 have been managed and closed at the point of transfer and the remaining 5 active cases were passed to the Guardian Service with permission from those involved.

During the period of August 2024 to February 2025, Trust personnel raised 144 concerns via the Guardian Service. The primary themes identified among these concerns were system and procedural issues, behavioural and interpersonal challenges, and management-related matters.



Analysis of reporting preferences indicates that 45.83% of staff who raised concerns through the Guardian Service requested complete anonymity. Additionally, 29.86% authorised escalation with their names disclosed, while 12.50% opted for anonymous escalation of their concerns.

The Trust's two dedicated Guardians will often visit various stations and other locations. They maintain regular consultations with the Board to discuss prevalent themes of concerns, exemplary practices, and strategic recommendations. They report to the Board every other month and quarterly to the Raising Concerns Forum.

Our Volunteers

Volunteers and Co-Response

A variety of volunteering opportunities were available across EEAST. These included community engagement groups, welfare wagon volunteers, research volunteers, military co-responders, community first responders, emergency responders. All our volunteers undertake diverse roles and opportunities within EEAST and provide a valuable service for staff and patients.

Over the past year, we have integrated our volunteers onto a single management platform, so that they all have access to the same resources. This platform has been funded through the East of England Charity, to enable access to all volunteers in turn improving communication flow and ability. This has been a fundamental part of the standardisation volunteering and the development of the volunteer hub. This has enabled standardised safer recruitment and the development of role descriptions for all roles.

Community First Responders

Community First Responders are volunteers trained and equipped to provide care to patients in the community. This can be through the lifesaving care of patients or supporting non-injured patients within the community who have fallen and need some assistance in getting up. Over the past year we have trained over 130 new volunteers to respond within the community. Our Community First Responders have provided over 230,000 hours of provision across the regions, attending over 26,110 patients through the year, including over 20 patients who have been successfully discharged from hospital following a cardiac arrest. During the year we have upskilled our volunteers to be able to deliver blood sugar testing for patients in the community. Through a partnership with NHS Charities Together we have been able to upskill our volunteers to provide non injury falls capability with training and lifting equipment, and cars to enable them to respond to communities where there may not be a voluntary response available.

Military Co-Responders

Our 100 military co-responders delivered care across the region to over 2,077 patients, and provided 4,895 hours from their bases of RAF Marham, Honington, Wyton and Henlow. Over the year, we provided continuing professional development sessions for these volunteers to enable them to respond either, using an ambulance or a rapid response vehicle, to a wide cohort of patients whilst recruiting new responders into the teams.

Fire Service Co-Response

EEAST continued to develop its collaborative activity across the region with county-based Fire and Rescue services supporting EEAST, at medical calls. Fire crews predominantly attend cardiac arrest calls in rural areas and arrived ahead

of EEAST crews at 70% of incidents. EEAST in collaboration with the Fire service will continue to build on the model to improve the response we can provide to our patients across the region.

Emergency Responder Scheme

Working in partnership with the Beds & Herts Emergency Critical Care Scheme we launched a new volunteering opportunity for people to be part of a new team of volunteers which can respond to patients in a rapid response vehicle under emergency response driving conditions with additional clinical skills greater than that of a Community First Responder. These teams also attended trauma related incidents such as road traffic accidents, unlike a Community First Responder.

This team of 30 volunteers has delivered 1,938 hours and attended 730 patients on behalf of EEAST. We will be expanding our partnership with another critical care charity to expand this provision across the region with the view of proving onward development opportunities across the region for clinical volunteers.

EEAST Heart

Our volunteers provided community education through EEAST Heart and have provided training to over 6,700 people and attended county and local shows, fetes and events to promote the ambulance service, volunteering and training in basic life support, and raising funds for our charity to provide more equipment and support for the provision across the region.

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

Patient Safety

Since launching the patient safety incident response framework (PSIRF) in September 2023, the patient safety team has reviewed a total of 98 patient safety events, not inclusive of system delay incidents of which there were a further 55 delay incidents meeting the moderate, severe or fatal level of harm. System delays continued to be reviewed through the urgent and emergency care forums with the Integrated Care Boards within each sector across the region.

In the past year, the patient safety team completed two thematic reviews (PSII's)

- Missed ST elevation Myocardial infarctions
- Non conveyance incidents.

The team has embraced the PSIRF methodology by engaging with patient, staff and relatives that have been involved in, or affected by incidents.

All reports completed have been shared within EEAST, with patients and families, external stakeholders and the national ambulance risk and safety forum (NARSF). The feedback on the work EEAST produced has been positive. The non-conveyance report resulted in enquiries from other services relating to the 'safe discharge care bundle' and they intend to implement similar processes in their organisation.

This report included a patient story from a discovery interview and was praised by the quality governance committee for the way the data was presented, and how patients had been part of the development of the recommendations.

Following our the initial PSIRF plan for the past year, we are implementing a review of the reporting data from the past 12 months to support the preparation of the PSIRF plan for the financial year 2025/26, which was approved at the executive clinical group in January 2025. The four PSII themes in the plan are:

- Medication errors – IM adrenaline 1:1000
- Discharge of abdominal pain in the prehospital setting
- Resuscitation decisions – decisions not to start resus and decisions to stop once resus has commenced
- Patient injury whilst in the care of EEAST, due for completion in April 2025

PSII reports are complex, including data from many reported incidents and including views and information from staff, patients and relatives. The aim for

2025/26 is to complete one PSII per quarter. If during the year issues or challenges are identified through incident reporting trends the plan may change, the PSIRF plan is a fluid document which can be amended with additional themes if necessary. The important element at the centre of this is to learn and improve the standards of care, safety and experience of patients.

Reporting

Reporting from patient safety events was completed on a monthly or every other month basis, submitted via the quality report and to the patient safety and experience group, the compliance and risk group and the quality governance committee. Patient safety data was also shared nationally via NARSF monthly.

Incident Review Panel

The panel met at least once, and up to three times per week, to discuss incidents and assess the level of harm EEAST may have contributed towards an incident, to identify the patient safety or health and safety harm incidents and complaints that are key to organisational learning.

Harm was assessed using the learning from patient safety events guidance set out by NHSE. The panel comprised of a multidisciplinary group of senior clinical colleagues and was attended by subject matter experts who provided a balanced and independent view of specific clinical matters, as required.

Action Setting Group

The action setting group met twice per month, to review reports and recommendations from safety reviews and ensure that SMART actions were set to drive organisational improvement and avoid recurrence of incidents in the future. This group also monitored the previously set actions to ensure timely manner completion.

Learning from Deaths

Learning from deaths workload was completed by clinical staff on alternate working duties, supported by the head of patient safety, as EEAST was mandated to complete 40 structured judgement reviews per quarter. Compliance on this figure was exceeded in each quarter of 2024/25, and to date. The completion of structured judgement reviews allowed for the identification of emerging themes and trends which may require further review as well as highlighting areas of excellence.

System delay process trial

In quarter three of 2024, the head of patient safety worked jointly working with patient safety colleagues at the Suffolk and North East Essex Integrated Care Board to trial a new system delay review process. The success of this has led to the intention to expand this across the region throughout 2025 and allows all members of the health economy to review incidents reflective of the PSIRF approach and allows for wider learning.

Sharing learning

Learning was shared across EEAST through a monthly newsletter "Safety Matters", a popular publication shared via the communications team to all staff in the Trust. In the coming year there are plans to utilise the JRCALS+ app to provide clinical updates. Additionally patient safety updates are sent to staff by email or placed on the intranet. Safety Matters videos and podcasts are also available on Trust's You Tube channel.

Engagement

The patient safety team held engagement events across the region during 2024/25, delivering patient safety training to existing staff and new recruits to the organisation and newly appointed managers.

Patient Safety Partners

EEAST had two patient safety partners that attended a variety of meetings as representatives of the community, who also met with safety and experience teams and ICB colleagues. This role was mandated for organisations under the PSIRF guidance.

Reporting System

EEAST used the Datix system to report incidents and during October 2024, moved to Datix DCIQ, access to previous reports on the previous datix system remained accessible for reporting purposes. This version of the product provides greater opportunities to use the information recorded to identify key themes and trends. The system also records complaints and legal claims and inquests allowing the links to be made across these connected elements of our work.

Non-Emergency Patient Transport Services

Last year, EEAST provided non-emergency patient transport services (NEPTS) across Hertfordshire, West Essex, Bedfordshire, Luton and North East Essex.

Our non-emergency patient transport team consists of highly trained healthcare professionals, drivers, and support staff who are committed to delivering exceptional care. They provided accessible and comfortable transportation for patients who were unable to travel to medical appointments independently.

We understand that the journey to and from medical appointments can be stressful, especially for those with mobility challenges or health concerns. That's why we've tailored our services to prioritise the patient's comfort and safety. Our vehicles are equipped with medical equipment and staffed by caring professionals who ensure patients receive the care they deserve during their journey.

Delivery

Our patient transport service has over 350 team members across our three contracts, with a fleet of over 130 vehicles. During 2024/25 our patient transport service delivered over 401,188 journeys, including escorts.

CallEEAST, our contact centre, managed all patient screening and bookings by telephone and online. During 2024/25 we received 333,878 telephone bookings and 21,502 online bookings. One focus for the year ahead will be to look at using our online systems to increase the volume of online bookings which will further improve bookings. Our control rooms situated in Bedford, Stevenage and Chelmsford managed the coordination and dispatch to patients and queries those patients had via the phone.

As well as our pre-planned and ‘on the day’ journeys for patients of various mobility types who attended medical appointments, the patient transport service played a crucial role in supporting the wider system flow with transfers and discharges from hospital. Last year, 15% of our total journeys were discharges, this was an increase from the previous year, where 13.5% of all journeys were discharges.

Performance

Last year, EEAST introduced an improved management structure for the patient transport service, with the appointment of a dedicated contract manager for each contract, including oversight from the contracts lead. This investment brought contractual and financial stability and enhanced working relationships between EEAST and our commissioners. Each contract was monitored through monthly contract review meetings to measure performance against agreed key

performance indicators (KPIs) and shared innovative approaches to improve our service and patient experience.

2024/25 was a year of transformation for our patient transport service. We collaborated with Integrated Care Board partners to design a sustainable, system focused service which prioritised patient needs over commercial targets and supported regional improvements in health care. This work was managed over several programme boards and significant progress has been achieved with EEAST looking forward to the introduction of these new contracts over 2025/26.

The design of each service contract is unique, based on journeys undertaken by each mobility type, over time. EEAST developed a new patient transport service modelling application that allows for statistical modelling of activity to estimate workforce and vehicle requirements.

Mapping tables were used to map vehicle mobility types to variables such as number of staff per vehicle, average speed travelled and loading and unloading times. These variables were combined with the average mileage estimates to calculate average journey times. This model has been crucial in the co-design work to allow us to conduct scenario planning and to determine the parameters within which the contracts should operate to be effective.

EEAST is looking forward to continuing this innovative and collaborative approach to patient transport services in the year ahead to continue to strive to improve efficiencies and deliver high quality care for all our patients.

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

EEAST's performance was challenged over the 2024/25 financial year, prompting the development of the Organisational Performance Improvement Plan (OPIP) to drive measurable improvement.

The OPIP set out a clear framework underpinned by a series of key assumptions across demand, capacity, and efficiency. In terms of demand, the plan anticipated a 3.10% growth in face-to-face responses over two years. For capacity, the assumptions included timely delivery of the clinical workforce plan, a 12-week period for staff to become work-effective, and controls on weekly abstractions, turnover (not exceeding 10.5%), and operational overtime (averaging 4,300 hours/week).

The plan also relied on consistent private ambulance support, providing an average of 5,051 hours/week. Under efficiency, EEAST aimed to limit hospital handover delays to 3,000 lost hours per week, maintain Job Cycle Time (JCT) below 2 hours and 19 minutes, and closely monitor Vehicle Off Road (VOR) metrics. These assumptions formed the foundation for tracking and enhancing operational performance through OPIP.

Response Times:

The table displays mean response times for different emergency categories over a 12-month period (March 2024 – March 2025). The total column summarises the overall average response time for each category.

Key Observations:

- Category C1 (Most Urgent Cases) maintained a consistent response time, averaging around 9 minutes across all months, with a total of 00:09:08.
- Category C2 (Urgent but Less Critical Cases) showed fluctuations, peaking at 00:57:20 in December 2024 but averaging 00:42:39 overall.
- Category C3 (Less Urgent Cases) had response times ranging from 01:39:49 to over 3 hours, with an overall mean of 02:20:43.
- Category C4 (Non-Urgent Cases) consistently had the longest response times, exceeding 3 hours in multiple months, with an overall mean of 03:32:21

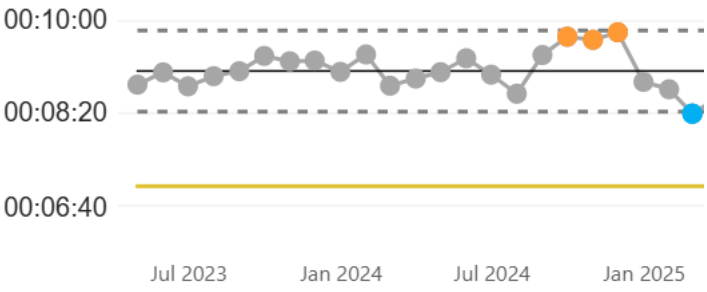
March 2025 saw the best response times for the year in all categories.

- C1: 00:08:32
- C2: 00:32:47
- C3: 01:38:57
- C4: 02:30:00

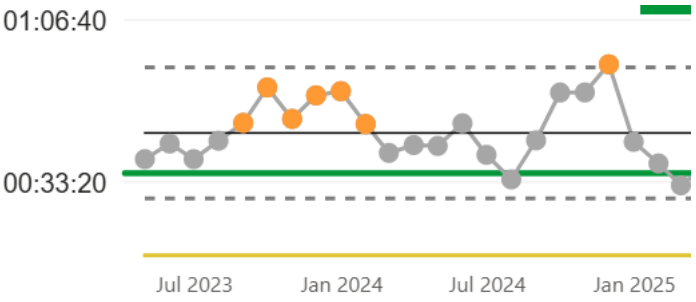
The worst response times were recorded in December 2024; this was expected due to seasonal pressures including increased demand.

	Mar24	April 24	May 24	June 24	July 24	Aug 24	Sept24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Total
C1	00:08:49	00:08:57	00:09:04	00:09:19	00:09:01	00:08:40	00:09:22	00:09:42	00:09:39	00:09:47	00:08:53	00:08:45	00:08:32	**00:09:08**
C2	00:39:06	00:40:43	00:40:32	00:45:11	00:38:42	00:33:38	00:41:41	00:51:32	00:51:33	00:57:20	00:41:23	00:36:55	00:32:47	**00:42:39**
C3	01:57:19	02:05:57	02:21:08	02:30:49	02:05:17	01:45:51	02:22:05	03:03:39	03:04:59	03:30:03	02:05:12	02:02:55	01:38:57	**02:20:34**
C4	02:42:18	03:07:56	03:22:05	03:51:50	02:52:40	02:42:56	02:55:28	04:24:56	04:30:20	05:11:51	03:22:51	03:29:18	02:30:00	**03:32:21**

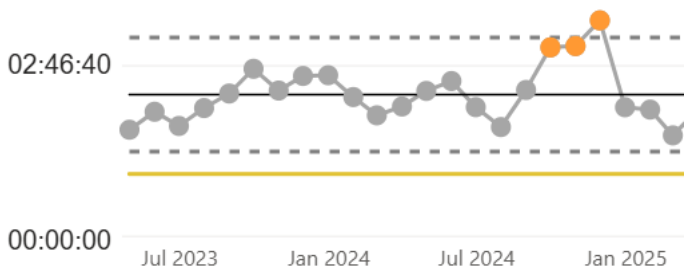
C1 Response Times



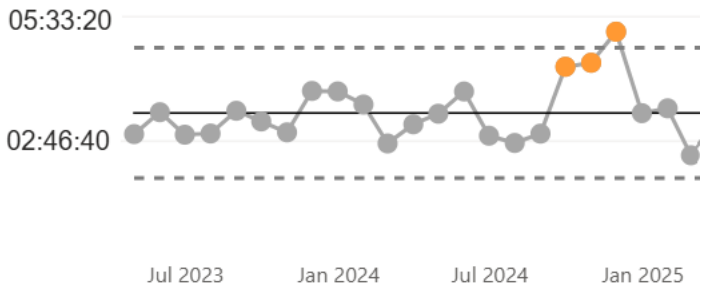
C2 Response Times



C3 Response Times



C4 Response Times



Operational Resourcing

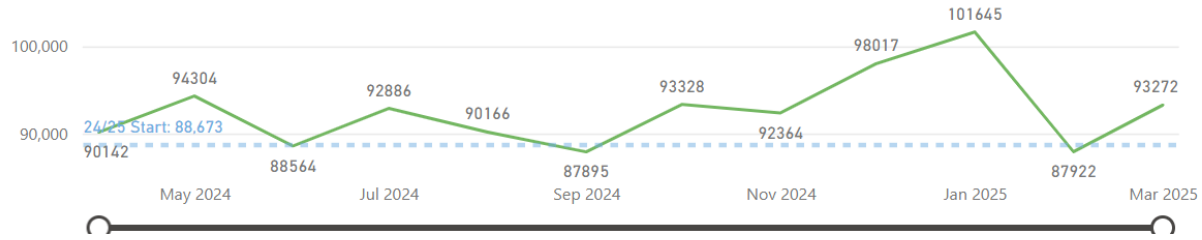
Key Observations

- The weekly patient-facing staff hours have fluctuated throughout the year.
- The target for 24/25 was set at 88,673 hours, which was exceeded in multiple months.
- The highest recorded PFSH was 101,645 hours in January 2025, indicating peak workforce availability. This is planned throughout the winter months.
- The lowest was 87,895 hours in September 2024, slightly below the target.

Workforce availability is improving. The total patient-facing staff hours has increased in March 2025 compared to February, suggesting efforts to increase staffing levels are working.

Bedfordshire and Luton have significantly lower staffing hours compared to other regions, which is in line with the lower population (therefore, demand) in the sector.

Fluctuations exist but 9 out of the 12 months for 24/25 remained above target: While some months (e.g., September 2024) dipped below target, overall staffing levels have remained strong, particularly in early 2025.



Over the past year, EEAST has implemented several initiatives to enhance staffing levels and workforce effectiveness:

Recruitment and Retention Efforts:

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

Implementation of the 'Time for Me' Wellbeing Platform:

In May 2024, EEAST launched 'Time for Me,' a platform powered by Hapstar, to support mental health and wellbeing. With nearly 700 employees and volunteers registered, over 60,000 wellbeing data points have been captured, enabling targeted support and early intervention.

Adoption of the NHS Long Term Workforce Plan:

EEAST aligns with the NHS Long Term Workforce Plan, focusing on expanding education, training, and recruitment to ensure a sustainable and resilient workforce.

Implementation of E-Rostering and Effective Job Planning:

EEAST uses electronic rostering and effective job planning to ensure appropriate staffing levels, enhancing productivity and patient care.

Call Pick Up

Key Observations:

Mean Call Pick-Up Time)

- Best performance: February 2025 (00:00:04) – indicating fast response times.
- Worst performance: December 2024 (00:00:11) – slower response times.
- Target: 00:00:10, meaning most months are within or near target.

95th Percentile Call Pick-Up Time

- The slowest response was recorded in December 2024 (00:01:03).
- The fastest response was February 2025 (00:00:33).
- The target is 00:00:40, meaning some months exceed this.

Percentage of Calls Exceeding 2 Minutes

- Best month: February 2025 (0.61%), indicating excellent performance.
- Worst month: February 2024 (2.35%), where more calls took over 2 minutes to be answered.
- Target: 6%, meaning all months are performing well within acceptable limits.

Trends & Insights:

- Overall Improvement: Call pick-up times have improved over time, with recent months showing faster response times.
- December 2024 Struggles: This month had the slowest call pick-up times, due to seasonal demand increases.
- Performance Close to Targets: Most months meet or are very close to target metrics, indicating effective operational management.

EEAST has undertaken several initiatives to enhance call pick-up times and overall responsiveness.

Workforce expansion:

In the past year, EEAST has significantly increased its staffing levels, recruiting 717 new personnel, including 139 call handlers. This strategic expansion has led to notable improvements in call response metrics.

Technological advancements:

EEAST has implemented the Mobile Data and Vehicle Solution (MDVS) program, a national initiative replacing outdated on-ambulance technology. This system enhances communication and data access for frontline staff, supporting quicker and more informed decision-making during emergencies.

Retention and wellbeing initiatives:

Recognising the importance of staff retention, EEAST has focused on fostering a supportive work environment and promoting a culture of well-being. These efforts have led to a decrease in call handler turnover, with average weekly departures dropping from four to just under two. Please see further detail on recruitment & retention in the ‘Our People’ section of this report.

These combined efforts reflect EEAST's commitment to improving emergency response times and enhancing patient care through strategic recruitment, technological innovation, and staff support.

Hear and treat

Key Observations:

Monthly Trend

- The hear and treat percentage has shown a gradual increase over time, starting at 8.70% in May 2024 and rising to 13.15% in March 2025.
- The target for 23/24 was 13%, which has been met in the latest data (March 2025).

Sector performance

- Bedfordshire and Luton had the highest hear and treat % in February 2025 at 15.74%.
- Norfolk and Waveney followed closely at 14.03%.
- The total hear and treat % across all ICBs for February 2025 was 13.15%, showing improvement.
- Suffolk and North East Essex had the lowest hear and treat % at 11.30%.

Conclusion

Our hear and treat % is steadily increasing, showing effective intervention strategies. Some ICBs outperform others, suggesting opportunities to support lower-performing regions.

The 24/25 targets are being met, which is a positive indicator of operational efficiency.

Over the past 12 months, EEAST has implemented several initiatives to enhance its Hear & Treat services, aiming to provide timely and appropriate care while optimising resource utilisation:

Introduction of the Unscheduled Care Coordination Hub (UCCH):

In September 2023, EEAST, in collaboration with NHS Norfolk and Waveney Integrated Care Board (ICB) and Integrated Care 24, launched the UCCH. This initiative focuses on reviewing 999 calls to coordinate alternatives to ambulance dispatches, enabling patients to receive appropriate care at home and freeing up ambulance capacity for other emergencies.

Since its inception, the UCCH has successfully diverted calls from the ambulance service, improving patient outcomes and system efficiency. The UCCH's efforts were recognised with the 'Best Contribution to the Improvement of Urgent and Emergency Care' award at the HSJ Partnership Awards 2025.

Implementation of the Single Point of Access (SPA) Scheme:

Building upon the UCCH framework, EEAST introduced the SPA scheme, allowing clinicians to make a single phone call to:

- Consult with a clinician to determine the most appropriate care pathway for a patient.
- Review and adjust patient medications through discussions with senior clinicians.
- Enrol patients into 'virtual ward' care, providing hospital-equivalent treatment at home.

Organisational Performance Improvement Plan (OPIP)

EEAST has prioritised increasing Hear & Treat rates as a key component of its OPIP. This focus is designed to improve response times for Category 1 and Category 2 patients by efficiently managing demand through enhanced telephone triage and clinical assessment services. The OPIP also emphasises reducing job cycle times and utilising community care pathways to avoid unnecessary hospital admissions.

Job Cycle Time

Job cycle time (JCT) represents the total time taken to assist a single patient. The shorter the time taken the more patients can potentially be assisted. The largest part of the JCT is typically the **on-scene** times and these are within our control. Reducing on-scene times is crucial for providing care that aligns with the standards of other UK ambulance services and ultimately benefits the patient.

Completed actions include:

- Roll out of Organisational Information portal (OIP), This action allows the visibility of individual performance and is planned for rollout alongside a framework of performance appraisals. OIP has now been rolled out Trust wide and is monitored locally by the management teams and progress reviewed through the regular OPIP meetings.

- Delivery of bespoke training on 'quality efficiencies on scene' to all operational areas. This action ensures that staff are briefed on the positive patient benefits to shortened on scene times.

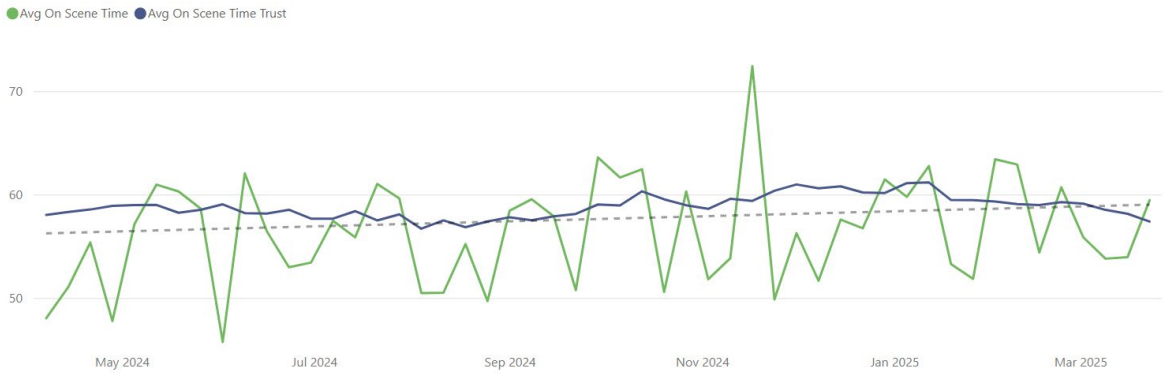
- Education programme on clinical best practice on scene decision making. Led by the clinical leads, this education programme is designed to support staff outside of the normal on scene time ranges. All sectors have produced plans to roll out education.

The below graph tracks average On Scene Time (OST) in minutes, which represents the duration emergency response vehicles spend at the scene of an incident before leaving.

- The average OST shows fluctuations, with an increasing trend observed towards late 2024 and early 2025.

- Saturday and Sunday have the highest OST, suggesting weekend pressures impact response efficiency. This is due to increased demand and reduced admission avoidance options.

- Wednesday has the lowest OST, which due to resource allocation driven by rota design (rest days after covering weekend shifts). It is also common that alternative care pathways are more accessible on Wednesdays, the increased demand on Mondays and Tuesdays, caused by limited weekend service provision, eases by midweek, allowing for quicker referrals and reduced OST.



EEAST has implemented several initiatives aimed at reducing on-scene times and enhancing patient care.

EEAST has introduced two innovative stroke care schemes:

Video Triage.

Ambulance clinicians can connect via FaceTime with senior stroke consultants while on scene, enabling rapid decision-making. This approach has reduced the time from hospital arrival to scanning from 22 minutes to 2 minutes, and from arrival to treatment from 66 minutes to as little as 9 minutes in the fastest cases.

Mobile Stroke Unit

This specialised ambulance is equipped with advanced diagnostic tools, including a CT scanner, allowing for immediate blood analysis and stroke diagnosis on-site. Early identification facilitates faster treatment decisions and reduces delays associated with hospital transfers.

Incident Messaging Technology

EEAST has implemented the Mobile Data and Vehicle Solution (MDVS) program, a national initiative replacing outdated on-ambulance technology. This system enhances communication and data access for frontline staff, supporting quicker and more informed decision-making during emergencies.

Enhanced Connectivity

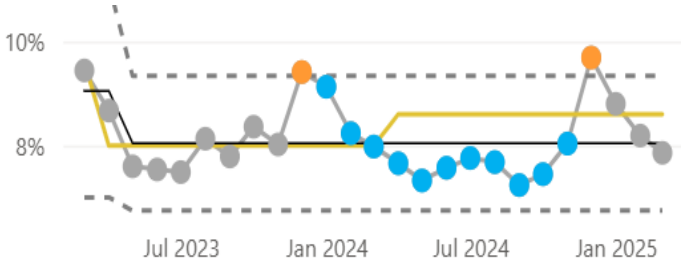
EEAST is piloting the Hybrid Connex system, which combines 4G, 5G, and satellite connections to ensure continuous communication for ambulance crews, even in areas with poor cellular coverage. Reliable connectivity enables faster access to patient information, supports real-time consultations with specialists, and improves navigation to incident locations, all contributing to reducing on-scene times.

These initiatives reflect EEAST's commitment to leveraging technology and strategic partnerships to improve response efficiency and patient outcomes.

Sickness levels have fluctuated over the past 12 months, with expected peaks observed in August and December 2024. These peaks are linked to school holiday periods and a rise in seasonal illnesses. The most common causes of absence across EEAST have been mental health-related conditions, musculoskeletal issues, and chest and respiratory illnesses.

The most noticeable peak was 11.20% in December 2024. The highest sickness rates are observed in Norfolk & Waveney (up to 12.43%) and Mid & South Essex (up to 12.40%), with the lowest recorded in Bedford and Luton (5.31%)

To improve sickness absence rates, several measures have been implemented including reviewing shift patterns, improved wellbeing and managerial support and enhanced flu and COVID-19 vaccination programs to reduce seasonal illnesses.



Out of Service

Key Objectives:

Reduce weekly total out of service (OOS) hours – Measure total out of service time as a percentage of vehicle hours for DSA & RRV vehicle types.

Improve (reduce) cohorting out of service hours – focuses on the time lost due to cohorting.

Performance Summary

- The overall average OOS percentage for the year 25/26 is 7.88%.
- Out of the 7.88%, the average cohorting OOS percentage (4.9) is 1.02%.
- The highest OOS percentage was 9.14% in January 2025, while the lowest was 7.12% in July 2024.
- Cohorting OOS percentage peaked at 1.68% in December 2024 and remained below 1.5% for most months. However, EEAST's target is 0% for cohorting but due to increased arrival to handover times, it has become a necessity at certain acute hospitals.
- The OOS percentage has shown an increasing trend towards early 2025. This is correlated to an increase in cohorting and recovery from the festive period.

Cambridgeshire and Peterborough and Norfolk and Waveney are particularly high-risk areas, with OOS rates nearing 12%. These are also the two areas with the highest cohorting numbers.

EEAST has implemented several strategies to reduce ambulance out-of-service times, ensuring quicker responses to emergencies:

Implementation of the "Handover 45" Policy

Collaboration with Hospital Partners

EEAST works closely with hospitals to streamline patient admissions and reduce handover delays. By enhancing communication and coordination, they aim to minimise the time ambulances spend waiting to transfer patients, thereby increasing availability for other emergencies.

Deployment of Alternative Response Vehicles

To ensure that resources are used effectively, EEAST utilises various types of response vehicles, including rapid response cars and community first responder units. These vehicles can often reach patients more quickly and handle certain

emergencies without the need for ambulance transport, thereby keeping ambulances available for more critical cases.

Implementation of Automatic Stand-Downs for Meal Breaks

EEAST has introduced an automatic stand-down process for meal breaks, ensuring that crews are marked as out of service (OOS) within five minutes of arriving at the station for their designated break. This system guarantees that all staff receive the appropriate downtime, supporting their well-being while maintaining operational efficiency. By standardising meal breaks, EEAST enhances workforce resilience and ensures a balanced approach to staff welfare and service delivery.

Hospital Handovers

Key Objectives:

Reduce Arrival to Handover (A2H) Delays – Measure time from ambulance arrival at the hospital to patient handover.

Reduce Handover to Clear (H2C) Delays – Measure time from patient handover to when the ambulance is ready for the next call.

Performance Summary

- Target for A2H is 15 minutes our average is 38:04 minutes
- Target for H2C is 15 minutes our average is 15:00 minutes.
- Worst A2H Performance was January 2025 at 50:01 minutes
- Worst H2C Performance was November 2024 at 16:43 minutes
- Arrival to Handover (A2H) delays are significantly above the target, with no month meeting the goal. This metric is out of EEAST's control and replies on support from the acute hospitals to improve.
- Handover to Clear (H2C) improved in early 2025, gradually aligning with the target. Geofencing/auto-clear functionality were implemented in December 2024 to enhance Handover to Clear (H2C) times. Since its introduction, a notable improvement has been observed, the automation of the ambulance "clear" status has streamlined the H2C, reducing delays and ensuring a quicker return to service.

EEAST has implemented several strategies to address and reduce patient handover delays at hospitals:

Implementation of Ambulance Handover Units

In collaboration with local hospitals, EEAST has introduced Ambulance Handover Units to facilitate quicker patient transfers. For instance, at Southend Hospital, a 12-patient capacity unit was established to expedite handovers, allowing ambulance crews to return to service more promptly. This initiative aims to enhance patient care by ensuring timely medical attention and reducing ambulance turnaround times.

Automatic Handover Protocols

EEAST has been working on implementing protocols to automatically hand over patients after a specified period, such as 45 minutes (Handover 45), to enable ambulance crews to respond to other emergencies. This approach is designed to balance the need for timely patient care in hospitals with the necessity of maintaining ambulance availability in the community.

"Handover 45" refers to a policy implemented by EEAST and other ambulance services to address delays in transferring patients from ambulances to hospital emergency departments (EDs). Under this policy, if a patient handover is not completed within 45 minutes, ambulance crews may leave the patient in a designated area within the ED, provided the patient is clinically stable.

Collaboration with Healthcare Partners

EEAST collaborates with regulators, commissioners, and hospitals to reduce handover delays. By implementing handover escalation protocols, the organisations work together to identify and address offloading issues promptly, aiming to accelerate care and minimise delays.

Alternative Care Pathways

To reduce unnecessary hospital admissions and alleviate pressure on emergency departments, EEAST has developed alternative care pathways. These initiatives include the Clinical Assessment Service, which manages a significant proportion of 999 calls through 'hear and treat' methods, providing advice, guidance, or signposting to other services without dispatching an ambulance. Additionally, partnerships with unscheduled care services and the establishment of a single point of contact for referrals to various community services have been implemented.

These efforts reflect EEAST's commitment to improving patient outcomes and ensuring that ambulance resources are utilised effectively to meet the needs of the community.

NHS England has recognised the importance of reducing hospital handover delays, as they can delay assessment and treatment for patients and compromise safety by reducing ambulance availability for emergencies.

Resilience and Specialist Operations

Our resilience and specialist operation team was involved in both responding to, and helping EEAST to prepare if, any untoward, adverse or serious major incidents, or terrorist attacks were to happen. The team engaged during the year with 672 local resilience forum meetings and attended 562 safety advisory group meetings.

Although the total number of meetings had decreased slightly, compared to 2023/24, the length of time these meetings are taking had increased. This was especially the case for the safety advisory groups which are now reviewing multiple events during one meeting, rather than having a different meeting for each event, as had been the case, in some areas, in previous years.

Manchester Arena Inquiry

During 2024/25 the department had a dedicated resilience manager reviewing and implementing the learning which came from both the Manchester Arena Inquiry and the Grenfell Tower Fire Inquiry. However, this post's funding expired on 31 March 2025 and the learning would be embedded into business as usual rather than having a dedicated person looking at it.

EEAST looked at 104 of the 149 Manchester Arena Inquiry recommendations and reported nationally to the association of ambulance chief executives on 77 of them. We worked through the recommendations linking these to the NHS EPRR Core Standards, where appropriate identified gaps in operational practice which we are now working to understand how these gaps can be best filled.

To date the Trust has completed the learning associated with 46 of the recommendations, have 36 in progress and are awaiting a national steer on 22 of the recommendations.

Hazardous Area Response Teams

Hazardous area response teams (HART) respond to patients requiring medical care in any hazardous environment. 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. Over the year, the two teams within the East of England have responded to patients taken unwell or injured in and around water, at height and within confined spaces; not to mention those who have become injured in the middle of muddy fields!

During the 2024/25 financial year, the East of England HART assets responded to 3620 separate incidents across the region. This included HART colleagues supporting partner agencies at protests as well as supporting the police with

medical mitigation where numerous hazardous substances were found in private dwellings.

Specialist Operations Response Team

In addition to the two HART capabilities on duty 24/7, the Trust was required for there to be at least 35 Specialist Operations Response Team (SORT) staff on duty between the hours of 06:00 and 02:00 of each day. During 2024/25 the Trust achieved this 95.2% of the time.

SORT staff are staff who are employed within the Trust, normally on front line duties, but who would volunteer to respond to a major incident to support the Trust with its capabilities of responding to a marauding terrorist attack or following the release of a chemical, biological, radiological or nuclear (CBRN) material.

As well as requiring there to be 35 SORT staff on duty the Trust is also required to have 290 staff trained at any one time in the SORT key elements.

EEAST maintained the number of SORT trained staff, however, to allow this to occur the Trust had to self-fund a small number of additional staff's training, thus allowing a small buffer for staff who leave the team at short notice or who are off work and not able to complete their regular revalidation training.

Exercises

We ran multiagency exercises bringing partners from police, fire, health and other agencies together with us to respond to a potential marauding terrorist attack occurring. For these exercises, we used a disused hospital as a "fictitious town". During the 20 exercises, which predominantly ran during September and October 2024, just over 1,700 emergency service responders improved their clinical and command skills and gained a better understanding of how an incident of this nature would be managed and care delivered to those in need.

The exercise has generated over 80 learning points, those relating to the Ambulance Service will be reviewed and implemented into business as usual. One of the learning points was to build a tabletop exercise for the wider health economy looking at the catastrophic impact an incident of this nature would have. This has now been completed and is helping build the resilience of the wider health responders, rather than just the Ambulance Service.

While we hope these skills are never needed within the East of England, recent high profile media coverage has shown us that people, living within the region, have planned to carry out such attacks, which if had been seen through, would have had catastrophic consequences.

Core Standards

Each year English NHS trusts complete a statutory annual self-assessment and review 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.**

However, the Trust did record that it was non-compliant against the requirements to have sufficient resources to allow the Trust to plan, prepare and respond to a Major Incident. This was on the back of the learning from the Manchester Arena Inquiry where the Trust has requested additional funding, but unfortunately not yet received any.

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.

Digital Development

Investment and improvement of our digital infrastructure

A key achievement last year was the successful upgrade of EEAST's digital internet-based telephony platform. Not only did this provide a reliable communications medium for patients, but the system also underpinned the Trust's hybrid working model where EEAST clinicians were able to operate from any location.

As part of the NHS Ambulance Radio Programme, EEAST completed successful migration to the new national mobile data vehicle system (MDVS) which meant installing new communications equipment in over 650 emergency vehicles. The Trust also migrated to a new control room system (CRS) and implemented touch screen technology at all three emergency operational centre (EOC) rooms.

Digital innovation

The Trust introduced robotic process automation last year within the emergency operational centres to direct patients that had a specific condition directly to the most appropriate care pathway. "Marvin" our virtual assistant runs 24 hours a day, seven days a week and has supported over 20 patients per month to receive alternative appropriate care rather than an ambulance being dispatched.

The Trust is planning to achieve a minimum 25% increase in robotic process automation activity in the coming year with expansion to non-clinical areas.

Supporting our people and patients

During 2024-25 EEAST invested in Apple iPad technology with software that digitally records treatment when attending patients and made that information available to receiving hospitals. Three years into that programme EEAST successfully refreshed 5,000 Apple iPads with replacement new devices over a four-month period. In addition, our front-line staff now have access to over 20 clinical applications and resources, such as the national patient record locator, in real time enabling decision making and improving patient outcomes.

Cyber security

EEAST continued to invest in robust protection, identification and recovery countermeasures as the external cyber threat continued to evolve. The Trust produced over two and a quarter million emails and sent an average of three hundred and sixty thousand emails every month. To support this both inbound and outbound active monitoring was established. The Association of Ambulance Chief Executives commissioned an external assessment of ambulance trusts cyber security capabilities late 2024, EEAST was above the national average. The areas for improvement recommendations have been included in the Trust's planning for the coming year.

Data innovation

EEAST successfully introduced the NHS national ambulance data set into the Trust's electronic patient record. The data collected supported all stakeholders by providing several benchmarking opportunities to improve efficacy of patient care. The data will identify best practice to drive organisational and clinical improvement as well as gaps in service provision to support better commissioning of services to support patients' onward care with the most appropriate care provider.

Section 4: Be excellent collaborators and innovators as system partners

Commercial partnerships

Over the past year, EEAST's commercial services made significant progress in aligning business units under a unified commercial strategy, focusing on revenue generation, service diversification, and the delivery of measurable social value.

Commercial growth continued to accelerate, and financial contributions exceeded initial forecasts, this growth was underpinned by increased market presence through websites and social media, operational improvements, and strengthened governance frameworks. Through ensuring commercial sustainability, surplus revenue was reinvested by EEAST to enhance patient care and community health outcomes.

CallEEAST

CallEEAST maintained strong operational performance over the past year, it consistently met contractual key performance indicators (KPIs) and achieved a 53% revenue increase year-on-year. The service successfully expanded its portfolio, secured new partnerships with Mid and South Essex Integrated Care Board (MSE ICB), GP surgeries, and private sector organisations.

CallEEAST launched the innovative virtual ward out-of-hours monitoring service in collaboration with Suffolk and North East Essex ICB, West Suffolk NHS Foundation Trust, and East Suffolk and North Essex NHS Foundation Trust. This service from implementation to now has seen significant success in providing support to patients out of hours, and both CallEEAST and virtual ward teams communicated effectively to ensure the continued care of patients admitted to the virtual ward, ensuring vital 24/7 support. CallEEAST will continue into 2025-26 with this provision working closely with partners to continue to improve the service.

CallEEAST has had further success collaborating with organisations such as Ergéa, a leading provider of managed equipment services for the NHS and private healthcare sector. Collectively re-designing the out of hours support service enabling health care professionals across the country to access vital equipment support around the clock. We are continuing the collaborative approach to enhance service offering and user experience.

In early 2025, CallEEAST partnered with multiple new GP surgeries across the United Kingdom, to help implement the change to primary care access online, including with a large GP surgery in London to support this transition and to offset the '8am queue' as experienced across the country.

Looking ahead, CallEEAST will continue to scale its operations and explore new revenue streams, continue to collaborate and design services that yield increased patient experience, efficiency and customer experience.

TrainEEAST

TrainEEAST underwent a strategic transformation, improved financial sustainability and market competitiveness. The service strengthened its commercial offering by:

- Implementing a new leadership structure and embedding a clear commercial vision.
- Diversifying its training portfolio, moving towards specialist trauma and paramedic training.
- Expanding corporate partnerships, securing contracts with Hertfordshire Partnership University NHS Foundation Trust, additional NHS Trusts and emergency service colleagues.
- TrainEEAST has grown its team and invested in trainers to optimise the training experience and course offering.

Future initiatives include:

- Access to work programme – supporting neurodiverse learners through in-house coaching.
- Resuscitation Council UK centre status and the provision of RCUK courses across the region.
- Military conversion pathway – enabling ex-military personnel to transition into emergency medical technician (EMT) roles.

These developments position TrainEEAST as a key contributor to EEAST's commercial portfolio while delivering essential workforce training to healthcare providers and commercial organisations.

NPAG

NPAG has expanded its footprint, increasing NHS membership and training offerings. Key achievements include:

- Delivering four conferences:
    - Waste, Energy and Sustainability Conference
    - Theatres and Decontamination Conference
    - Clinical engineering Conference
    - National District Nursing Conference
- Development of a Customer Relationship Management (CRM) system to enhance operational efficiency.

- Growth in facilitated workshops and training, ensuring best practice sharing across NHS organisations.

Through its NPAG networks, EEAST achieved award recognition for its waste management strategy, highlighting the significant value and impact of NPAG collaborations.

With over 700 members across 18 specialist groups, NPAG continues to play a pivotal role in shaping healthcare innovation and efficiency across the UK.

Outlook

As we move into 2025-26, EEAST's commercial services will focus on:

- Expanding commercial partnerships across health and private sectors.
- Driving innovation in contact centre services, digital transformation, and training solutions.
- Maximising social value impact, reinforcing EEAST's role in supporting wider NHS objectives and community resilience.
- Maximising re-investable surplus back into EEAST.

Section 5: Be an environmentally and financially sustainable organisation

Sustainability

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

Our green champions network has 43 active members and continued to grow monthly. Within the network, quarterly meetings were held to give updates on sustainability within the Trust and green champions had the opportunity to present on an initiative they were undertaking. The network had a dedicated MS Teams channel which had weekly posts and channels for discussion. Green champions received a monthly newsletter with training opportunities, webinars, and updates.

Communications and Engagement

Since April 2024, 28 articles have been published on our intranet (East24) which have received a total of just over 8,700 views. Since January 2025, we have published a monthly sustainability and estates newsletter to raise awareness of estates projects, cost saving initiatives and promote sustainability events.

Members of the sustainability team presented at the 27 June 2024 and 31 October 2024 Executive Q&A. This provided an opportunity to reach a wider audience, with positive feedback received on both occasions.

Travel questions were added to the quarterly pulse survey in August 2024, with 1,184 respondents. As expected, most staff commute by car (86.5%), but 20.9% of these journeys are under 5 miles providing opportunities to swap these journeys with active or sustainable travel. Travel questions were also included in the national staff survey at the end of 2024 which showed that only 5% of staff use sustainable and active travel (3,138 respondents). Travel questions will be included in the surveys every other quarter.

Since Easter 2024, we have established regular bank holiday switch off campaigns to raise awareness of energy efficiency. During Easter 2024 bank holiday, we made 3% cost savings in electricity despite increased tariff cost since 2023 and a 13% reduction in consumption. A switch-off campaign did not take place over the early May Bank Holiday, over the late May Bank Holiday switch-off we reduced electricity consumption by 13%. The August bank holiday switch-off saw a 35% reduction in energy consumption resulting in £4,488 of savings. The Christmas and new year switch-off saw a 7% reduction in electricity consumption and a cost saving of £4,182.

We have developed an East24 intranet page focused on sustainability with monthly waste updates, sustainable estates, fleet Trust-procured fuel emissions, Entonox emissions, links to the greener NHS website and more.

Since September 2024, the sustainability team has presented a 10–15-minute slot in monthly staff inductions. This ensured that sustainability was promoted to all new staff, through introducing the NHS net zero targets, waste management and sustainable commuting.

EEAST is leading the sector with two clinical engineering and one Emergency Operations Centre staff in the first cohort of a new 15-month sustainability apprenticeship (Sustainable Healthcare Academy) via LDN Apprenticeships (started September 2024). The sustainability team liaised closely with LDN Apprenticeships to hold an insight session exclusively for Trust staff and to work together to give potential apprentices the knowledge they needed to make an informed decision whether this was the right path for them. There was also an ambulance service only insight session which was arranged after the Trust sustainability team introduced the green environmental ambulance network (GrEAN) to the new apprenticeship and spoke with colleagues at LDN Apprenticeships to inform staff within the network about the opportunity.

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 2024/25 include:

- Whole building refurbishments included upgrading insulation, heating controls and new LED lighting with controls in Thetford and Ampthill.
- LED lighting installed across all six counties with 95% of Trust sites covered, some include controls such as motion sensors.
- We continued to improve the facilities for our workforce to benefit wellbeing and diversity. A multi-use wellbeing and multifaith room was installed at King's Lynn, Chelmsford Lawnside, Stevenage and March.
- Garage heaters were replaced with more efficient systems at Huntingdon, March, Waveney and Cambridge.
- Replaced single glazed windows at Saffron Waldon, Swaffham and Fakenham with A+ rated double glazed versions.
- Solar PV panels to generate electricity along with battery storage were installed at Waveney and Chelmsford EOC. Additional battery storage was installed at Peterborough, Melbourn, Welwyn Garden City and Cromer, and additional PV was installed at Hellesdon EOC.
- Efficient boilers were installed at Hellesdon EOC. The oil-fired heating system at Saxmundham was replaced with a more efficient and lower carbon natural gas boiler.

Bury St Edmunds Hub

The Bury St Edmunds Hub was officially opened on 27 September 2024 and is our first site to achieve the independent environmental assessment BREEAM Excellent. The site has no mains gas supply (using air source heat pumps for heating and hot water), solar PV, covered cycling parking, planting uses native species, wellbeing garden and EV charging bays.

Staff wellbeing is at the heart of the design. The building includes a quiet room, a multi-faith room, a nursing room, a gym and outside wellbeing spaces for relaxation and exercise.

Ipswich Hub

Construction of the new Ipswich Hub continues. The building is watertight and nearing first fix stage.

We have received additional funding approval from the National Energy Efficiency Fund (NEEF) for £138,407 for LED lighting and £108,986 for solar PV panels.

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. In line with other NHS organisations and our legal commitment outlined in the Health and Care Act 2022, the Trust is committed to reaching net zero greenhouse gas emissions for those emissions we can control by 2040 and for those emissions we can influence by 2045.

The NHS baseline year for our net zero targets is 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. We have set an organisational target to reduce absolute emissions we can control by 50% by 2030 (using a 2019/20 baseline). Emissions are measured in tonnes of carbon dioxide equivalent (tCO2e) 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).

We 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 2024/25 have increased to 16,312 tCO2e, 1.2% above 2023/24 levels (22% below 2019/20 baseline, target is 25% below baseline or 15,650 tCO2e, so off track for net zero by 2040). This is the first year we have not met the net zero trajectory for fleet emissions. As fleet fuel consumption makes up our largest single source of emissions, this is a priority area for meeting our net zero ambitions.

We estimate 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

Almost all electricity and gas meters have half-hourly automatic smart meters which ensures more accurate billing. The Trust is also ensuring that all solar PV installations are connected to a central platform to access real-time electricity generation data to quantify energy, cost and carbon savings made monthly. The sustainability team have conducted energy audits at 13 high energy consuming sites to identify potential energy savings projects for our capital programme or for behaviour change campaigns.

Overall, 2024/25 energy emissions are 6% above the previous year, with a 2% decrease in electricity and 13% increase in gas. Emissions at 2,962 tCO_2e are 13% below the 2019/20 baseline, so we are off track for net zero by 2040 (the 2024/25 target was 25% reduction or 2,542 tCO_2e).

Entonox (nitrous oxide) Emissions

We receive monthly Entonox usage data from our supplier which enabled us to measure our nitrous oxide emissions (which totalled 1,403 tCO_2e in 2024/25). This was an 8% reduction compared with last financial year and a 33%

reduction since the 2019/20 baseline, meaning we are well 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, which the College of Paramedics has found represents 25% by volume.

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 25% 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 developing clinical guidance.

Medicines Management have been trialling Penthrox as an alternative analgesic in Norfolk and Waveney from April 2024. Life cycle analysis shows that Penthrox has a significantly lower climate change impact when compared with nitrous oxide (the active ingredient, methoxyflurane, is 4 times more potent than carbon dioxide at trapping heat in the atmosphere).

Electric Vehicle Infrastructure

The Trust has purchased 27 dual 40kW DC electric vehicle chargers and is working with UK Power Networks to get these installed onto sites. We are awaiting delivery of 30 dual 22kW and 35 dual 7.4kW AC chargers which will be installed throughout the East of England following site electrical surveys and discussions with fleet and operations departments. We have also purchased a back-office charge point management system to support the EV infrastructure transformation.

Fleet Electrification

A working group to develop the Trust's fleet electrification strategic plan was launched on 26 February 2025 which will follow the NHS Net Zero travel and transport strategy roadmap. Four key areas have been identified, and senior responsible officers for each area will be accountable for delivering the work plan:

- Developing our infrastructure
- Preparing our people
- Replacing our vehicles

- Deploying our vehicles

We continued to add electric vehicles to our fleet following the successful trials of response vehicles in 2022/23. In 2024/25, 12 Mercedes eVito mental health response vehicles (MHRVs) and 15 Skoda Enyaq rapid response vehicles (RRV) entered service.

We continued to replace the inefficient Mercedes DSA with alternative DSA-type vehicles, including Renault, MAN and Ford.

Purchasing

All Trust 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.

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 support our Net Zero and sustainability aims through:

- Use of the supplier sustainability agreement as a pass or fail element within FTS tenders.
- Use of the Standard 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.

The procurement department has contracted the social value portal to develop the Trust's social value framework following local needs analysis and a series of Trust-wide collaborative workshops to agree themes outcomes and measures.

A social value and sustainable procurement policy is being developed. The new PPN002 social value model requirements published in February 2025 will be incorporated into this policy.

Many estates and facilities contracts are due for renewal and will be reviewed as per our carbon reduction plan and social value requirements. We purchased 100% recycled, FSC and EU Ecolabel accredited paper and double-sided printing is the default option on all our printers. We signed the plastics pledge, and all staff were issued with reusable water bottles, and the heatwave plan has been adjusted to only supply bottled water during protracted or remote incidents.

Resource optimisation

Across the Trust's various departments, teams are collaborating to be more sustainable and efficient in the way they work.

Initiatives from Stores

- Switched to a screen wash manufactured from alcohol hand gel (this was an innovative way to reuse excess hand gel produced during COVID).
- Stores have changed aerosol devices to liquid sprays to remove fluorinated greenhouse gases.
- They are reusing packaging and cardboard boxes rather than disposing of them. New bins to collect cardboard for recycling were introduced at Hellesdon EOC 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, Stores no longer hold excess stock.
- To reduce mileage and carbon emissions from deliveries, they use fewer suppliers for purchasing items. Stores have economical vehicles that are lightweight and can carry a large load.

Processes

- People services have moved all paper payslips to electronic in 2024 and are in the process of doing the same with HR forms and personnel files. The electronic HR forms build is now completed with local testing planned. Once the local testing has been completed, a rework phase will occur to make amendments. The system should be live for a pilot in April 2025. All forms are currently being digitalised.
- We have surveyed each site to determine the utilisation of space, and the Asset Booker app is now live for three sites for hot desks and meeting rooms with more sites being added over time.
- As part of the NHS People Promise, the Trust offers flexible working arrangements. This has a benefit on the health and wellbeing of staff and on our Trust carbon footprint by reducing staff commuting and site energy consumption.

Equipment

- Returning Trust property is a priority area, with a task and finish group established to alter new starter contracts, place HR3 form reminders on managers checklist, devise a communications plan and organise a series of IT amnesty campaigns, with October 2024 promoted as IT Amnesty

Month. In the first amnesty, 82 items were returned with 32 being able to be reused which had a total value of £11,300.

- A uniform task and finish group was established in September 2024 to determine efficient and sustainable procedures for the issue and disposal of uniform. One of the main aims is to introduce a system for re-using uniform as opposed to the current practice of secure disposal, which will save costs and optimise resources.

Waste Management

In January 2024, the Trust introduced an offensive waste stream to clinical waste to save costs and reduce the environmental impact of incinerating clinical waste. The Trust met the national target of 60% in July/August 2024, as expected. Since then, the offensive waste stream has continued to increase to over 70%.

Members of the sustainability team accompanied the facilities manager on various duty of care visits to our waste contractors. We visited the clinical waste Sharpsmart facility in Rainham to see how our bagged clinical waste is processed. We also visited Rookery South which is where Veolia take our general waste to incinerate it to produce energy, meaning that none of our general waste goes to landfill. We also visited the ShredStation facility in Norwich where our confidential paper waste is shredded before the material is delivered to a paper mill to make recycled paper. After uniform is shredded, depending on the fibres and the quality of the uniform, the materials are either recycled into underlay for carpets and cushions or it is incinerated through waste to energy recovery. These visits are always valuable to understand the processes that occur after our waste is taken from sites.

The sustainability team is working with the facilties manager and site contacts to improve segregation and recycling rates at targeted sites. Cromer Ambulance Station was selected for a visit as it had a recycling rate less 10% in April 2024. The site visit included engaging with the Local Operations Manager (LOM) to set out next steps to increase this and now, Cromer is a consistent top 10 performer and their recycling rate is always above the Trust average (25%) and averages at 40%. Members of the Sustainability Team have also engaged with the three EOCs, as these large sites had below average recycling rates. Recycling rates in EOCs are now all above the Trust average of 25%.

Within the Sustainability Pilot Site Project, three of the sites aim improve their recycling rates. One site that has seen success within this project is Peterborough which is one of our largest sites and had a recycling rate below the Trust average. Green Champions and the Sustainability Team worked together to ensure the correct bin bags were placed in bins and to put waste segregation posters next to all bins on site. The recycling rate has been slowly increasing and is now above the Trust average.

Wellbeing Gardens and Biodiversity

We are piloting an initiative at Longwater to bring in community gardening groups to maintain our wellbeing gardens. Costessey Community Gardening Club are currently visiting the site once a month, but this will increase to two visits a month in the spring.

Wellbeing gardens provide a green space for staff to decompress and take time for themselves in amongst the challenging and traumatic times they may face in

their role. These spaces are crucial for staff wellbeing and offer a space to improve biodiversity across the Trust with different species of trees, plants, bug hotels and bird feeders. The Trust has 13 wellbeing gardens with plans to have more at sites including Southend and Peterborough.

The sustainability team coordinated the Trust's first tree planting programme. A total of 420 trees from NHS Forest plus 5 donated trees from a member of staff making a grand total of 425 trees were planted by the end of the 2024/25 planting season, the most of any UK ambulance service! The first 20 trees for an orchard were planted in Hellesdon in November 2024. A hedge of 180 trees was planted in Hellesdon along with five oak trees in January 2025. In March 2025, 20 trees were planted at Potter Heigham, 20 fruit trees for Chelmsford Lawnside and a hedge of 180 trees planted at Cromer.

Looking Forward

Our Green Plan 2021-26 will be reviewed and refreshed in line with the national guidance by July 2025. A task and finish group will be established to devise our next Green Plan for 2026, which will incorporate our Travel Plan.

We plan to conduct energy audits of all sites to enable us to meet our 2025/26 strategic objective of at least a 5% saving on energy consumption in line with the Productivity Mission of the Trust Strategy 2025-30.

We are part of an NHS England trial of electric DSAs, with the first 3 Ford E-Transit vehicles due for conversion and delivery in summer 2025. In line with the NHS Travel and Transport strategy, we will be installing EV chargers at hub sites to be able to support our growing fleet of electric RRVs, MHRVs and the incoming electric DSAs.

After a successful pilot working with Costessey Community Gardening Club, we have begun contacting more community groups for other sites with wellbeing gardens in need of care.

As a part of the sustainability pilot site project, Southend, Cambridge and Peterborough are planning to turn an area of their site into a wellbeing garden. The sustainability team will work with green champions and staff on site alongside the Trust Charity and wellbeing department to ensure the space is used effectively with staff in mind.

After a successful 2024/25 planting season, planning has already begun with 6 sites expressing interest in planting trees and hedges at their site. Initial surveys will be done on these sites in the summer and autumn before the 2025/26 season begins at the end of November. We have set a target to plant at least 500 trees next financial year.

There are plans to install solar PV and battery storage at nine sites around the Trust to help reduce electricity bills to save money and become more self-sufficient.

The sustainability team will work with the facilities manager to look at large sites with low recycling rates and engage with staff and green champions on the site to increase these recycling rates. By focusing on larger sites, we will be targeting those sites with the largest impact on our overall recycling rate. The main reason behind this is that 12 of our sites produce over 40% of the Trust's waste so if these sites and staff can be influenced, then we should see a significant increase in Trust recycling rates.

A task and finish group was set up in 2024/25 to look at how uniform can be reused through a central uniform store with laundering to help reduce waste via our confidential waste contract, as well as save purchasing costs. This initiative will continue in 2025/26.

The sustainability team will increase awareness of sustainability and climate change by growing the green champions network and by visiting sites to speak to staff and gather feedback about sustainability. Feedback from site visits in 2024/25 has been positive, so we will continue to develop our staff engagement initiatives.

Task Force on Climate-related Financial Disclosures (TCFD)

The 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, risk management and metrics and targets pillars for 2024-25. These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in the ARA and in other external publications.

Governance

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 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 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 bi-monthly 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. As of November 2024, the Environment and Sustainability Manager became a member of the bi-monthly Finance and Sustainability Committee which has a direct reporting line to the Board, improving the accountability and governance of the Green Plan.

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.

Risk Management

Our processes for identifying and assessing climate-related risks

The Trust's approach to identifying and assessing risk is set out in the Risk Management Strategy and Policy:

The Trust will identify its significant risks from the following sources

- The investigation of incidents, claims, and complaints.
- Concerns and complaints raised by stakeholders, patients and staff.
- Expertise of managers and other lead personnel.
- Issues raised by Trust committees and groups.
- External organisation reports and inspections.
- External, internal and clinical audits and surveys.
- Carrying out risk analyses or assessment work.
- And any other relevant information.

The following factors will be taken into account when the risk is analysed:

- The full extent of the consequences of the risk.
- The likelihood of the risk occurring.
- Any means by which the risk is currently controlled or mitigated.
- How the Trust will be assured that the risk is being adequately managed.
- Developing further mitigating controls/accepting the risk.

Following analysis of the risk, the risk lead, in conjunction with other relevant people inside or outside the Trust, will consider the circumstances identified and decide whether further mitigating controls are necessary.

The Trust's Sustainability Team work with external experts including ICB partners and the Centre for Sustainable Healthcare to progress our understanding of environmental risks affecting healthcare establishments.

The Environment and Sustainability Manager is working with the Risk Manager to add climate-related risks to the Trust risk register. Recommendations were made at the February 2025 Finance and Sustainability Committee meeting to add climate change and sustainability risks to the Board Assurance Framework (BAF). At the March 2025 Trust Board meeting, members agreed to suspend the BAF whilst this is aligned to the new strategic direction following publication of the Trust Strategy 2025-30. The new BAF is likely to be released in June 2025.

Table 1: Climate-related risks on the Trust Risk Register

Risk category and ref	Risk	Residual score	Mitigations and controls
Strategic Risk (STR0005)	SR4: If we do not resolve long standing organisational inefficiencies, we will be unable to deliver an effective, sustainable, value for money service to public.	12 I (4),L (3)	QCIP programme, leadership and governance infrastructure Sustainability and Green Plan with KPIs monitored
Strategic Planning (SP0002)	Risk that inadequate climate change mitigation and adaptation will compromise the services we deliver to the public.	16 I (4),L (4)	Trust Green Plan Winter Plan and Adverse Weather Cards Monitoring and reporting progress on Green Plan to stakeholders Energy auditing programme and capital programme Business Continuity Plans
EPRR and Specialist Operations (EPR0001)	If the Trust fails to comply with the Civil Contingencies Act 2004, the NHS Act 2006 and the Health and Care Act 2022 then the Trust will be in breach of legislation and its statutory obligations as a Category 1 responder.	15 I (5),L (3)	Engagement by EEAST at local resilience fora Business Continuity Plans Annual Trust wide business continuity management exercises Winter Plan and Adverse Weather Cards
Estates (EST0004)	IF we do not install EV infrastructure THEN we will not be ready for the phase out of diesel and petrol vehicles RESULTING IN the Trust not being able to comply with our statutory accident and emergency service.	12 I (3),L (4)	Liaison with UK Power Networks regarding EV infrastructure installations EV infrastructure consultant EV charge point management system Dynamic load balancing required Fleet Electrification Plan (in development)

Our processes for managing climate-related risks

Risks identified by the organisation which require management are added to a risk register. Managers are responsible for managing risks which impact their objectives within the organisation. The risk register assesses and scores the risk

based on the likelihood and impact (1-5, with the highest risk score of 25). Each risk must have controls identified and planned steps to reduce the risk score associated wherever possible.

Risk registers are carefully managed within the organisation. Risks rated 1 to 12 should be managed at directory/sector level and held on the Directory Risk Register. Risks rated 12 to 15 should be reported to the Deputy Director, Head or Service Manager, and the Director should be made aware with risks held on the Corporate Risk Register. Risks rated above 15 should be reported to the Director immediately and the Board made aware; it should be considered whether these should be escalated to the BAF if the risk impact will be experienced in more than one directorate/sector.

Oversight of the risk register is held by the appropriate Deputy Director or Head of Department and are reviewed and at all team meetings. Moderate risks (rated 8 to 12) are presented for oversight at relevant governance groups. The Sustainability Working Group is the governance group responsible for oversight of climate-related and sustainability risks. High risks (rated 15 to 25) are presented for challenge and assurance and at the monthly Compliance and Risk Group with an escalation process to the Executive Leadership Team.

The Sustainability Team identifies risks associated with the delivery of the Green Plan and maintaining compliance with environmental legislation. These risks are most closely aligned to mitigation risks pertaining to the climate. Secondly, the risks of short-term extreme weather events, especially flooding and heatwave, are identified within the Emergency Preparedness Resilience and Response risk register. These climate-adaptation risks have been identified as enduring and ongoing. The Trust has limited ability to tackle the root cause of these risks and so the risk is managed within our preparedness and business continuity processes.

We are planning a comprehensive review of climate-related risks on our risk register, with climate change and sustainability-related risks added to the BAF with specific climate risks identified which acutely impact service areas/localities placed on the Directory Risk Registers and the Corporate Risk Register.

How processes for identifying, assessing and managing climate-related risks are integrated into our overall risk management approach

The Trust manages climate-related risks and issues in much the same way as any other risks or issues, as set out in the Risk Management Strategy and Policy.

Metrics and Target

The metrics we use to assess climate-related risks and opportunities in line with our strategy and risk management process.

The Trust produces a dashboard report (Integrated Performance Report) which is reviewed monthly by the Executive Leadership Team (ELT). This dashboard contains metrics that connect to climate-related risks:

- Purchased electricity, natural gas and water consumption per square metre (kWh/m^2).
- Combined utilities emissions per square metre ($kgCO_2e/m^2$)
- Average miles per litre of fleet fuel

The Trust holds a regular Accountability Forum led by a panel of senior leaders to provide assurance to ELT. At the second Estates Forum held on 1/11/24, Sustainability was a key focus for the meeting. The Forum requested data and timeframes on how we could achieve net zero targets, particularly for fleet.

As an NHS organisation we are not required to disclose or develop processes to disclose scope 1, scope 2 and scope 3 emissions. Emissions estimates for NHS England are provided by NHS England. However, as a Trust we continue to improve the data acquisition, analysis and reporting of our emissions. We have significant gaps in Trust-derived data, including hybrid working, non-telematics fleet, business travel, staff commuting, supply chain and medicines.

The targets we use to manage climate-related risks and opportunities and performance against targets

In line with other NHS organisations and our legal commitment outlined in the Health and Care Act 2022, the Trust is committed to reaching net zero greenhouse gas emissions for those emissions we can control by 2040 and for those emissions we can influence by 2045. We have set an organisational target to reduce absolute emissions we can control by 50% by 2030 (using a 2019/20 baseline). Each month the Trust monitors and has set annual absolute emission targets for our three largest emission sources (see Section 5):

- Fleet emissions (Trust-procured fuel)
- Purchased electricity and natural gas emissions
- Nitrous oxide emissions from Entonox consumption

Section 6: Delivering our strategic goals

As a health care provider, we operate in a context of ever-changing needs. We know that by 2040, a third of people in the east of England will be over 60, and many of these people live in rural or coastal areas. With more patients having more complex needs and living in harder to reach locations this will increase demand for our services. This is not just a challenging future we must prepare for - it is a reality that already impacts our service.

So, even with the improvements we've made in recent years, we recognise the need to continue to evolve how we deliver our service to respond effectively to the needs of our communities in the east of England.

As highlighted in last year's report, EEAST sought to address these challenges, through the introduction of a Clinical Strategy 2023-26, this document sat alongside the People and the Sustainability Strategies. The organisation still however lacked a single coherent narrative that would tie the three strands together.

We are pleased to say that the EEAST Strategy 2025-30 was launched in May 2025. The strategic framework developed not only provides a new vision for our future but outlines the missions, values and behaviours required to get us there.

We're excited about the improvement journey we're on, and how this strategy sets our path for the next five years. It is important to highlight too that this ambition was designed by our people, patients and partners, following EEAST's most significant engagement programme to date.

Developing the strategy

The development of our new Trust strategy took place over three phases, namely:

1. Diagnose and Forecast
2. Define options and prioritise
3. Deliver and evolve

Phase 1: A full review of our policies, performance and health data, as well as stakeholder insights to tell us what was changing.

We reviewed our policies, our Trust performance between 2020 and 2025, and health and demographic data for the east of England. Looking at these together, we produced insights into the nature and location of services that EEAST delivers. This gave us evidence about the increasing complexity we face in responding to an ageing population, living at the edges of our region. This has led us to focus on:

- Working together with our partners to enhance performance and improve patient outcomes.

- Tailoring care to the conditions our patients need an emergency response to.
- The role of Hear & Treat and our approach to delivering this.
- Culture, values and productivity.
- The role of technology in innovating our processes.

Phase 2: Our online engagement programme to hear from our people, patients and partners

We used this analysis to create four big questions. These were then posed to our people, patients and partners over a six-month period. Questions explored what it means to be an ambulance service and what we can do to improve. We also looked at what it's like to work at EEAST and how we treat one another. We received more than 12,000 ideas, comments and votes from 2,042 people using an online moderated platform. We used these insights to develop the EEAST Strategy 2025-30. What we heard:

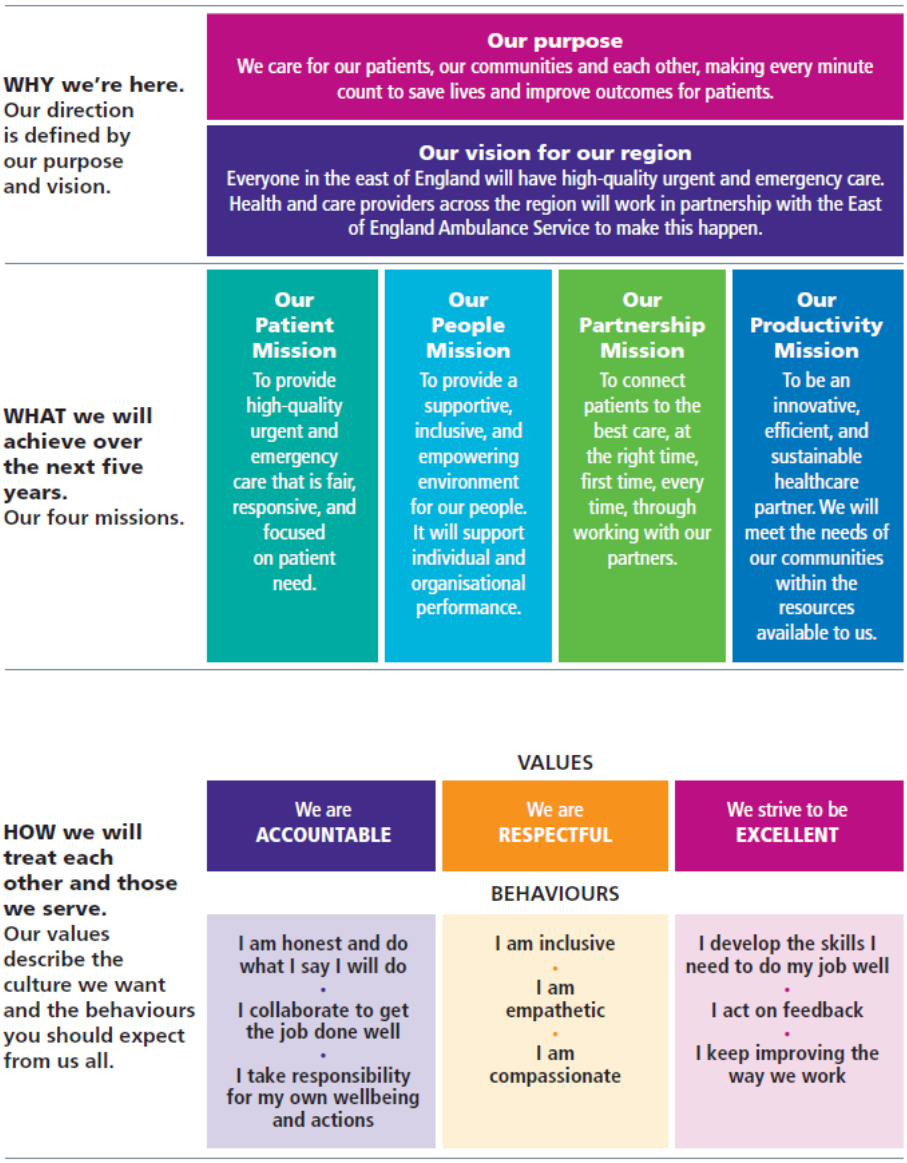
- We need a clear purpose and vision of the future with everyone pulling in the same direction, with clearly defined partnerships and measurable outcomes.
- We need to make achieving our goals everyone's job.
- We need everyone to embrace continuous learning and new ways of doing things.
- We need clear and shared behavioural expectations.
- We need clear plans to deliver.

Phase 3: Consisted of the write-up and communication of the EEAST Strategy 2025-30

The Trust Values and Behaviours, and the Trust Strategy were shared at EEAST leadership development days in September 2024 and April 2025 respectively. The final version of the strategy document was launched in May 2025.

The EEAST Strategic Framework

The EEAST Strategy 2025-30 talks to saving lives, investing in people and working with partners. The framework outlined below talks to the intended direction of the organisation, what needs to be done in the next five years in order to reach our destination, and what values and behaviours will support us along the way.



Continuous evolution

To achieve our vision, we must have effective processes and approaches to how we run our organisation.

Effective planning: how we organise our planning and investments to deliver our aims.

- We will align everything we do with delivering our missions within the resources we have. For example, how we can use our estate to deliver patient care more effectively. It will enable us to work better as multi-disciplinary teams focused on outcomes.

Organisational and personal governance: how we hold ourselves to account as individuals and as an organisation.

- Our purpose, vision, missions and values will guide our actions, at all levels. Our governance framework will support us to ensure everything we do helps to achieve our missions, and that we deliver what we say we'll deliver.

Designing and delivering change: how we improve the way we deliver services to patients and how we run our business.

- We will capture insights from our patients, people and partners and involve them in delivering change. We will use technology to work and innovate better and to deliver and embed change.

Next steps

While we are excited at the prospect of embarking on this new journey, the hallmark of any good strategy is to make certain that the actions the organisation will take are aligned to the intended direction of the strategy. To this end, we will look to expand our four missions and develop an operating model that will give us the best chance at success.

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

Neill Moloney, Chief Executive Officer
June 2025

Section 7: Accountability report

Directors report

The Board

Our Board of Directors met in public on six occasions between 01 April 2024 and 31 March 2025 with all meetings being quorate. No scheduled meetings were stood down during the year. The Board met in private ten times to discuss confidential matters; all decisions made were reported to the in public Board meeting. Extraordinary meetings were held to approve the Annual Report and Accounts, and an Annual General Meeting was held in September 2024.

Our Trust Board voting members consist of our Chair, five Non-Executive Directors, the CEO and four Executive Director members, as the corporate decision-making body of the Trust. Accountable for all strategic, operational, and financial decision-making, the Board has powers to delegate and decide to exercise any of its appropriate functions through a sub-Committee. Our Board was supported by two non-voting Executive Directors and three Associate Non-Executive Directors during the year.

The Chair is responsible for ensuring the Board of Directors focus 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 2024-25.

The Trust had a new Chief Executive Officer formally taking over accounting officer responsibilities from September 2024. Also, there were changes to the following executive roles: Chief of Clinical Operations (the role is currently covered on interim basis), Director of Corporate Affairs and Performance (the role is currently vacant and being reviewed), Director of Integration (the executive role has been dissolved with its portfolios absorbed by other directorates).

Board Sub-committees

The Board delegated certain powers to our sub-Committees, except for executive powers, and each of these sub-Committees was chaired by a Non-Executive Director, working in conjunction with a lead Executive Director, reporting directly into the Board providing assurance over key matters. They also escalated emerging issues for the Board's attention.

The Board has established six sub-Committees which worked together to support cross-reporting and consideration of assurance to support the Board by:

Providing advice on strategic development and performance within terms of reference

- Gaining assurance and providing oversight on key aspects of strategic goals
- Undertaking specific responsibilities as approved by the Board

Each sub-Committee had formal terms of reference, approved by the Board and set out in the Standing Orders, establishing the roles and responsibilities of our sub-Committees. The terms of reference were reviewed as part of a formal annual Committee effectiveness review with recommendations for areas for development being approved by the Board. Each sub-Committee had a business planner to help direct the focus of assurance.

Audit and Risk Committee

The audit and Risk Committee provided the Board with a means of independent and objective review of financial and corporate governance, internal control, assurance processes and risk management across the whole of the Trust's activities both generally and in support of the Annual Governance Statement.

Membership and attendance

- George Lynn (Chair), Non-Executive Director (4 of 5)
- Chris Brook, Non-Executive Director (2 of 5)
- Omid Shiraji, Associate Non-Executive Director (4 of 5)
- Victoria Corbishley, Associate Non-Executive Director (1 of 1)

The Director of Finance is a standing attendee at the Audit Committee. All other Non-Executive Directors (excluding the Chairman) are invited to attend as are the External Auditors, Internal Auditors and Counter Fraud Lead. 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.

Nominations, Remuneration and Terms of Service Committee

The Nominations, Remuneration and Terms of Service committee determined appropriate remuneration and terms of service for the Chief Executive and other Executive Directors and regularly reviewed the structure, size and composition (including the skills, knowledge and experience) required of the Board and made recommendations to the Board or NHSE as appropriate, about any changes.

Membership and attendance

- Catherine Glickman (Chair), Non-Executive Director (6 of 6)
- Mrunal Sisodia, Non-Executive Director, Trust Chair (3 of 6)
- Wendy Thomas, Non-Executive Director (4 of 6)
- Julie Thallon, Non-Executive Director (4 of 6)
- George Lynn, Non-Executive Director (1 of 6)
- Chris Brook, Non-Executive Director (1 of 6)
- Omid Shiraji, Associate Non-Executive Director (5 of 6)

Quality Governance Committee

The Quality Governance Committee provided assurance to the Board that there was an effective system of quality governance and internal control across clinical activities to ensure patients are treated with compassion, dignity and respect. Provided assurance that the essential standards of quality and safety are being delivered by the Trust. Also provided assurance that the processes for the governance of quality are embedded throughout the organisation to improve the experience of patients.

Membership and attendance

- Catherine Glickman, Non-Executive Director (Chair) (5 of 5)
- Wendy Thomas, Non-Executive Director (5 of 5)
- Julie Thallon, Non-Executive Director (4 of 5)
- Victoria Corbishley, Associate Non-Executive Director (5 of 5)
- Omid Shiraji, Associate Non-Executive Director 4 of 5)
- Melissa Dowdeswell, Chief of Clinical Operations (2 of 4)
- Simon Chase, Chief Allied Health Professional / Director of Quality (5 of 5)
- Simon Walsh, Medical Director (4 of 5)

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

Finance and Sustainability Committee

The Finance and Sustainability Committee provided assurance to the Board that financial performance was delivered in accordance with the agreed strategy, plans and trajectories. Providing assurance on the delivery and performance of the sustainability strategy also overview and scrutiny in any areas of finance and sustainability referred to it by the Board.

Membership and attendance

- Chris Brook (Chair), Non-Executive Director (5 of 6)
- Julie Thallon, Non-Executive Director (6 of 6)
- Omid Shiraji, Associate Non-Executive Director (3 of 6)
- Kiran Mahil, Associate Non-Executive Director (0 of 0)
- Kevin Smith, Director of Finance (6 of 6)
- Kate Vaughton, Director of Integration (1 of 2)

Other members of staff are invited to attend as required.

Performance Committee

The Performance Committee provided assurance to the Board that operational performance was delivered in accordance with the agreed strategy, plans and trajectories. It provided overview and scrutiny in any areas of operational performance referred to it by the Board.

Membership and attendance

- Julie Thallon (Chair), Non-Executive Director (4 of 5)
- Wendy Thomas, Non-Executive Director (5 of 5)
- George Lynn, Non-Executive Director (3 of 5)
- Chris Brook, Non-Executive Director (1 of 5)
- Melissa Dowdeswell, Chief of Clinical Operations (4 of 4)
- Kate Vaughton, Director of Integration (1 of 2)
- Darren Meads, Interim Chief of Clinical Operations (1 of 1)

The Chairman, Chief Executive Officer and Non-Executive Directors are invited to attend. Other Trust Directors and managers and health professional staff attend for specific items.

People Committee

The People Committee provided assurance to the Board on the quality and impact of the people strategy and the effectiveness of people management in the Trust. This included but was not limited to recruitment and retention, training, appraisals, employee health and wellbeing, learning and development, employee engagement, reward and recognition, organisational development, leadership, workforce development, workforce spend and workforce planning and employee culture, diversity and inclusion.

Membership and attendance

- Wendy Thomas (Chair), Non-Executive Director (4 of 5)
- Catherine Glickman, Non-Executive Director (4 of 5)
- George Lynn, Non-Executive Director (3 of 5)
- Kiran Mahil, Associate Non-Executive Director (1 of 5)
- Marika Stephenson, Director of People Services (4 of 5)
- Dr Hein Scheffer, Director of Strategy, Culture and Education (5 of 5)

Other members of staff are invited to attend as required.

The Board as Charity Trustee

The East of England Ambulance Service NHS Trust Charitable Funds Charity (The Charity) is registered with the Charities Commission for England and Wales (Registered charity number 1047987) and operates to raise funds to support the staff, volunteers, and local communities of the east of England, strengthening the provision of outstanding care to patients.

The Corporate Trustee is the sole Trustee, and it acts through the Board of Directors. Individual directors act as 'agents' of the Trustee and are not individual trustees. The Corporate Trustee is legally responsible for all the Charity's activities.

Charitable Funds Committee

The Charitable Funds Committee was responsible for managing and monitoring the charitable funds held by the Trust on behalf of the Corporate Trustee.

Membership and attendance

- Chris Brook (Chair), Non-Executive Director (4 of 5)
- George Lynn, Non-Executive Director (3 of 5)
- Omid Shiraji, Associate Non-Executive Director (1 of 1)
- Kevin Smith, Director of Finance (4 of 5)

Other members of staff are invited to attend as required.

Board Voting Directors

- Mrunal Sisodia: Trust Chair
- Wendy Thomas: Senior Independent Director. Chair, People Committee
- George Lynn: Non-Executive Director. Chair Audit Committee
- Catherine Glickman: Non-Executive Director. Chair, Quality Governance Committee. Chair, Remuneration and Nomination Committee.
- Chris Brook: Non-Executive Director. Chair, Charitable Funds Committee. Chair, Finance and Sustainability Committee.
- Julie Thallon: Non-Executive Director. Chair, Performance Committee
- Tom Abell: Chief Executive Officer (to 07 August 2024)
- Neill Moloney: Chief Executive Officer (from 2 September 2024)
- Kevin Smith: Director of Finance
- Marika Stephenson: Director of People Services (to 22 September 2024) Chief People Officer (from 23 September 2024) and Deputy Chief Executive (from 21 January 2025)
- Melissa Dowdeswell: Chief of Clinical Operations (to 21 March 2025)
- Simon Chase: Chief Paramedic and Director of Quality.

Non-voting Directors

- Simon Walsh: Medical Director
- Dr Hein Scheffer: Director of Strategy, Culture and Education 9to 31 October 2024). Director of Strategy and Transformation (from 1 November 2024)
- Kate Vaughton: Director of Integration and Deputy Chief Executive Officer (to 1 September 2024)
- Jo Cripps: Interim Director of Corporate Affairs and Performance (to 27 September 2024)
- Kiran Mahil, Associate Non-Executive Director
- Victoria Corbishley, Associate Non-Executive Director
- Omid Shiraji, Associate Non- Executive Director

Declaration of Interest

The Trust is committed to transparency as such all members of the Board are required disclose any existing or potential interest that may be conflicted with their roles. 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 within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

Annual 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 2025 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Risk management is recognised by the Trust as an integral part of good management practice, informing decision making and facilitating business planning process. The aim of risk management is to support the Trust's vision and values by promoting a consistent and integrated approach across all parts of the organisation ensuring we are aware of our risks and are responsive not averse. All employees of the Trust must appreciate the importance of Risk Management, and their personal responsibility for the identification, prevention and control of risk.

Trust Board is responsible for providing strategic leadership to risk management throughout the Trust, including leading by example by adopting an open culture of risk awareness and continual learning. Trust Board is also responsible for ensuring robust internal controls are in place, which includes the provision of effective systems for managing risk, ratifying the risk policy and overseeing its effectiveness through receipt of sub-committee reports.

The Compliance and Risk Group provides assurance to the Audit Committee. The group foster an open, anticipatory, adaptive and proactive risk-aware culture in which people are actively engaged, ensuring risk is kept under prudent control on behalf of the Board and in accordance with the Board's risk appetite, maintaining an effective control system and minimising over exposure to threats. The group also provides horizon scanning, check and challenge and keeping material risk under review and improving organisational resilience.

To improve and embed risk management culture and awareness staff are provided with training on the risk principles and management framework tools to support them in making informed decisions.

The risk and control framework

The Risk Management policy sets out the Trust's approach to risk, acceptable appetite thresholds, roles/responsibility, monitoring and accountability arrangements on risk management.

The policy outlines principals on how we identify, evaluate, assess and monitor risks. The aim is to ensure that risk management is comprehensive covering all parts of the Organisation, recurrent not just one-off exercise but something that is maintained and kept up to date, integrated not just as an add-on but part of all operations and systems, suitable not a 'one size fits all' instead principles,

policies and practices that can be adapted to any activity and being proportional maintaining a sense of perspective and proportion between benefits and risks.

Trust revised governance structures increased scrutiny and focus on risk oversight. The Audit Committee has the primary responsibility in providing assurance to the Board regarding effectiveness of the Trust's system of integrated governance, risk management and internal control. Each of the Trust's four Committees (Finance and Sustainability, Quality Governance, People, Performance and Compliance and Risk Group have responsibility for the oversight of specific risks associated to their respective remit.

Risk Leadership

The Trust Board has overall accountability for the effective and efficient management of the Trust and for ensuring the Trust adheres to the principles of good governance. The Chief Executive is accountable officer for the management of risk, responsible for maintaining sound internal control systems that supports achievement of the Board's policies, objectives, whilst safeguarding funds and assets. Director of Governance supports the Chief Executive in the role as accounting officer of the Trust and has responsibility for risk in relation to 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 appropriate to their authority and duties, in line with the Trust's Risk Management Policy and complimenting guidance. The frequency and level of risk management training is identified through training needs assessments, ensuring that individual members of staff have the relevant training to equip them for their duties and level of responsibility.

Training staff is also embedded within the Corporate Induction, as well as annual refresher via e-learning mandatory training requirements. Quarterly training and support is given to management teams to help standardise approach to risk management. Risks registers are held on the Insight Risk System which allows for risk identification, management, and escalation in line with the Trust's risk management policy. In addition, a range of complimentary policies to risk are in place and available to staff via the Trust's intranet.

Risk is an important tool in identifying and managing learning across the Trust. Risk specialists attend governance groups to facilitate learning and horizon scanning for new and emerging risks, which is also informed by external reports including internal audit, NHSE and related regulatory recommendations.

Risk Management Strategy and Risk Appetite

The Board recognises that risk is inherent in the provision of healthcare, therefore has a defined approach in place to identify context ensuring that the Trust understands and is aware of risks it is prepared to accept in pursuing delivery of its objectives by providing clarity on acceptable levels of risk the Trust is willing and unwilling to take through defining its risk appetite. The Trust use risk appetite as a facilitating tool for decision making where there is uncertainty on outcomes in pursuit of value. Considered risks will be taken were for example, long term benefits out-weighs any short-term losses.

The Trust wide risk appetite statement is supported by individual directorates appetite statements outlining accepted tolerance thresholds levels and underpinning governance. This approach facilitates safe service planning, provide assurance to regulators and maximise opportunities through a balanced risk taking versus reward.

Quality Governance Arrangements

The Trust's quality governance and leadership structure ensures that the quality and safety of care is being routinely monitored across all services. The development of this continues to embed to ensure that there is an underpinning role culture to support the delivery of an effective and efficient governance framework. The Trust 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 quality impact assessment processes.
- Data quality checks within the processes for publishing and using performance information.

The Trust have a robust quality performance framework to streamline assurance flow through our committee structures. Risk management processes and reporting mechanisms are in place to review and challenge performance and variation. The Trust operate a culture of open and transparent reporting of incidents and risks.

Data Security Risks

The reporting and management of both data and security risks are supported by ensuring that all staff are reminded of their data security responsibilities through education and awareness. Data security training forms part of mandatory training requirements. Mandatory staff training is supported by a

range of additional measures used to manage and mitigate information risks, including, physical security, data encryption, access controls, audit trail monitoring, departmental checklists and spot checks. The effectiveness of these measures is reported to the Information Governance Group and Finance Committee as well as the Trust's SIRO. This includes details of any personal data-related Serious Incidents, the Trust's annual Data Security and Protection Toolkit score and reports of other information governance incidents and audit reviews.

Significant Risks

Material risks in ability to operate efficiently, effectively and economically are outlined in the BAF which is reviewed at each of the Board sub-committees with assurance concerns escalated via Audit Committee to Board. The BAF provides a cohesive and comprehensive view of assurance across the risk environment. An opportunity to identify gaps in assurance needs that are vital to the organisation and addressing them. BAF risks are reviewed annually in alignment with any changes to revised risk appetite and strategic objectives.

In-year, the risks were reviewed, reassessed 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	Staff burnout remains concerning across the Trust however, 2024/25 internal targets for Health and Wellbeing to support staff progressed well towards target, recruitment numbers are TRiM Practitioners at 188, Mental Health First Aiders at 173 and Wellbeing Champions at 276. Currently 787 people signed up to the Time for Me App and TRiM process under improvement review.
	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	The Trust published and implemented the inclusivity and governance plan which is monitored through People Committee. Leadership Development Programme has been successfully implemented with high attendance on core skills. However, bullying and harassment employment relations cases continue to fluctuate in line with employment relations case volume.

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	C2 performance remain a concern, however, the trust has started to see some consistent positive improvements. This has been assisted by reduction in the average arrival to handover times.
3: Be excellent collaborators and innovators as system partners	SR3 If we do not ensure we have the ability to plan, influence and deliver across our systems to secure change, we will not be able to meet the needs of our public and communities	Clinical strategy implementation plan and strong integration with system partners remain core components of East's 2025/30 strategy approach. The risk has slightly reduced due to progress in Trust engagement with key partnership working groups across all ICBs
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	Lessons learnt from 2024-25 business planning process have been incorporated and embedded into 25/26 process to improve culture of ownership of efficiencies and budget management. It is now highly likely that the Trust will achieve its financial plan for 2024-25.
All Goals	SR5 If we do not clearly define our strategic plans, we will not have the agility to deliver the suite of improvements needed	2025/30 East strategy has been approved by the Board and supported by revised transformation governance arrangements to improve reporting and accountability through introduction of Portfolio and Programme Boards.
	SR6 If we do not deliver sustainable regulatory compliance and develop positive relationships, we will have limited ability to deliver our strategy	Regulatory warning notices were issued against the Trust, interventions have been put in place to strengthen risk monitoring, oversight and accountability. Accountability Forums, Transformational Portfolio Board and Board sub-Committees

		continues to provide oversight support on regulatory compliance.

Governance Compliance Risks

The Trust remain 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 had two warning notices associated with the s29a closed in 2024/25. There remain three open actions from the original s29a warning notice. The CQC issued a further warning notice in January 2025 and a section 64 warning notice for failing to meet requirements relating to staff training, staffing levels in Emergency Operation Centres, in adequate investigation of controlled drug incidents, call wait times, the culture of the service and acting on information from staff to develop and improve the service.

The Trust also received a notification of contravention from the Health and Safety Executive, concerns cited included the identification of risks and controls to prevent work related stress, in adequate systems to enable managers to support staff, staff awareness of policies and procedures, weaknesses in systems for monitoring and reviewing of work-related stress measures. The Trust continues implementing improvement plans which are monitored via the Rapid Quality Review Meeting.

Accountability forums and revised transformation governance through the formation of portfolio/programme boards with board sub-committee continue to provide oversight and assurance to board. Leadership workshops and training programmes on culture also continues to be implemented to support alignment with Trust values and behaviours across the Trust.

Well Led Framework

The Trust Board has continuously reviewed its effectiveness through a blended approach including not limited membership skills and experience competencies, a Board development plan bringing together opportunities for Board members to develop technical skills and knowledge as individual members and collectively as a board.

The Trust has seen improvement on culture, leadership development capacity and capability. The Trust had three equality diversity inclusive surveys each to understand the experiences of diverse staff, with feedback being provided to leadership teams via leadership briefing and communications.

The Trust reviewed and changed governance structure to reflect the changing needs of the organisation. This was further reviewed in Q3 2024/25, and small changes were made to ensure that the structure was effective and working as required. This structure has a clear mapping of metrics, risks, operational groups and transformation projects to board/committee. Board leadership has evolved with newly appointed Non-Executive Directors and the Chief Executive Officer to reflect the changing needs of the organisation especially in digital, logistics, organisational development and transformation areas.

External company, Guardian Service Ltd was appointed to deliver Freedom to Speak Up Service providing the organisation with a more comprehensive, independent and resilient service for 24/7 365 days the year.

Embedding of Risk Management

Risks are linked to our strategy and are reviewed as part of a dynamic use of our Corporate and Directorate Risk Registers. Risk management is embedded throughout key activities in the organisation, including:

- Transformation programmes
- 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 should have approved quality impact assessment, with mitigations where risks are identified.
- 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 and Compliance Risk Group has oversight of risk management ensuring it is embedded
- All risk registers are managed via an electronic database. Escalation of risk is achieved through the governance structures and processes.

Workforce Strategies and Staffing Systems

Progress against the workforce plan is monitored through 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 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 in the Trust.

Compliance with CQC Registration Requirements

The Trust remain not fully compliant with the registration requirements of the Care Quality Commission. The Trust was rated overall as requires improvement in July 2022 inspection. Two warning notices associated with the s29a warning notice were closed in 2024/25. There remain three open actions from the original s29a warning notice. The CQC issued a further warning notice in Jan 2025 and a section 64 warning notice for failing to meet requirements relating to staff training, staffing levels, in adequate investigation of controlled drug incidents, call wait times, the culture of the service and acting on information from staff to develop and improve the service.

The Trust also received a notification of contravention from the Health Safety Executive, concerns cited included identification of risks and in adequate controls to prevent work related stress, weak systems in place to enable managers to support staff, lack of awareness on policies and procedures, weaknesses in systems for monitoring and reviewing work-related stress measures.

The Trust continues implementing improvement plans which are monitored via the Rapid Quality Review Meeting.

The Trust undertook self-assessments against the Quality statements defined within the criteria of the CQC well-led review. The Trust Chair holds and maintains the 'Fit and Proper Persons Test Register' for the Board. Annual checks are carried out to ensure all those listed are fit and proper against the requirements defined by the Care Quality Commission. The Trust remain 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 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.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

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 coming years. The Trust has several inclusivity network groups across the Trust with budget allocations to promote their work and reporting to People Committee for assurance.

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.

The Trust is undertaking several initiatives to ensure compliance including not limited, use of cleaner energy in its new hubs and electric vehicles. This is supported by a robust strategy and robust governance provide assurance and measure performance. During the year Trust Board had a development workshop to net-zero and sustainability to enhance understanding on their leadership obligations.

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

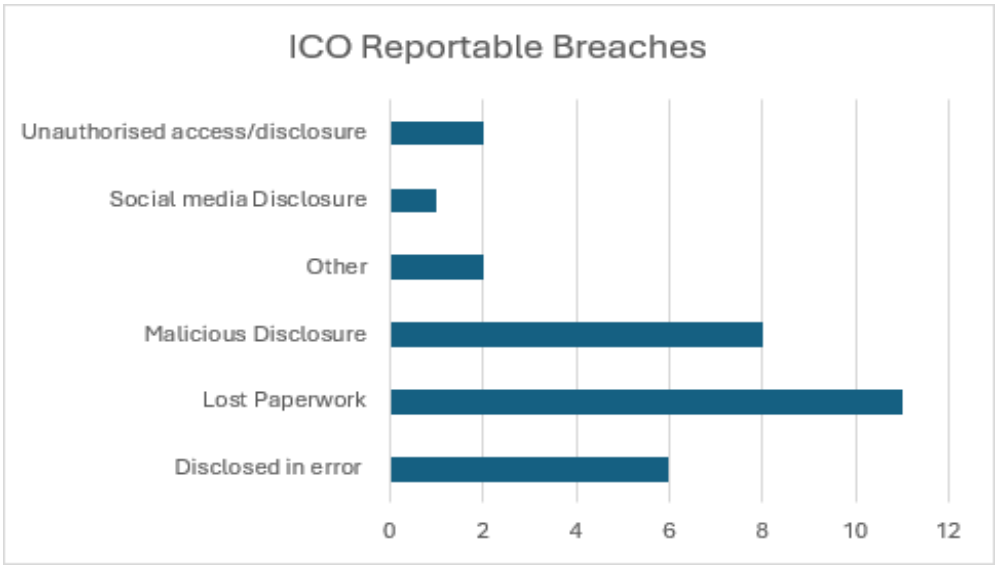
The Trust's Productivity and Efficiency approach relies on embedding a value for money culture within the organisation, through financial training and awareness, multi-professional working, an open and transparent approach around our challenges, advanced partnership working, using research, learning and best practice.

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 Finance and Sustainability Committee. The Committee is supported by a number of sub-groups that provides assurance on the Trust's efficiency and productivity programmes. Delivery reviews are supported by quality impact assessments.

External auditors are required as part of their annual audit to satisfy themselves 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 2024-2025 there were a total of 30 cases 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 of the cases, being satisfied with the investigation and actions taken by the Trust. Any recommendations provided by the ICO are monitored at the Trust's Information Governance Group and Audit Committee. An overview of the 30 incidents is as follows:



Following several incidents the Trust reported to the ICO, the ICO and the Trust agreed for a consensual audit to be carried out on the Trust's data protection and freedom of information obligations. The audit consisted of a review on the following areas: Governance and Accountability, Subject Access Requests, Freedom of Information Requests and Organisational Awareness. EEAST were provided an assurance level of Reasonable across all areas, with an agreed action plan based on the ICO recommendations. This action plan is monitored at Information Governance Group.

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 processes in place to ensure that data is 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 Performance 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
- Transition to the Data Lake – a single source of our data that cannot be manipulated.

Key risks to the 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 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 and groups.
- The Trust's Standing Orders, Reservation of Powers to the Trust Board, Scheme of Delegation, Standing Financial Instructions and Trust Board Governance Assurance Framework.

The Trust has a well-established expenditure control process. The requirement to use purchase orders for all applicable spend is also embedded. Both processes, together with the use of the authorised delegation limits and procurement requirements in the Trust's Standing 12 Financial Instructions (SFIs), ensure that the Trust minimises unnecessary spend and ensures that value for money is considered before spending is incurred.

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 Trust reviewed its governance structures strengthening assurance oversight and scrutiny effectiveness. Board and Sub-Committees effectiveness are undertaken on annual basis. This also saw introduction of new Portfolio and Programme Board/s governance improving assurance effectiveness on change programmes and delivery of strategic objectives The Trust also undertook a skills and experience competence review to support development of board and committee members.

Summary of activities

The Board meets in public six times a year with a focus on patient voice and service user feedback, questions from the public, staff, student and volunteer voice. It also focuses on finance and performance reports and the Board Assurance Framework. Detailed reports have been received on a broad range of strategic and governance issues during the year.

To support the Board of Directors in fulfilling its duties effectively, Sub-Committees are formally established with Board approved terms of reference. The remit and terms of reference of these committees have been reviewed during the year to ensure continued robust governance and assurance. The importance of the triangulation of understanding, challenge and assurance

between committees is recognised and reflected through cross-membership and reporting between committees and through the receipt of highlight reports to the Board of Directors.

The Board reviews its commitment to the codes of conduct and accountability for NHS Boards annually and is compliant with the codes of good practice for Boards, as applicable to a provider service NHS Trust of Corporate Governance Code. Committees in the corporate governance structure undertake an annual review of effectiveness ensuring that there are fit for purpose in the preceding year.

The Audit and Assurance Committee

The Audit Committee has non-executive director membership. It meets four times a year and reports to the Board annually on its work in support of the Annual Governance Statement. The primary roles of the committee are to independently monitor and review our internal control systems, risk management arrangements, and provide independent advice and assurance to our Trust Board.

Quality Governance Committee

The Quality and Safety Committee is chaired by a non-executive director, has two other non-executive director members and executive directors in attendance. It meets on quarterly basis for discussion and assurance that quality and safety arrangements are in place throughout the Trust and that they are working effectively. The committee has oversight of internal audits related to quality and safety. It also receives updates on any quality summits, and assurance from all key areas within its remit.

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 2024/25 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

17 internal audit reviews had been carried out with 7 receiving Reasonable Opinion, 3 Limited with 3 being Advisory and another 3 at Completion Stage at the time of writing the Annual Governance Statement. The Audit Committee has considered the outputs of this work when endorsing the 2024/25 AGS.

Head of Internal Audit's Annual Opinion states: 'TIAA is satisfied that, for the areas reviewed during the year, East of England Ambulance 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 and is not an opinion on all elements of the risk management, control and governance processes or the ongoing financial viability or your ability to meet financial obligations which must be obtained by East of England Ambulance Trust from its various sources of assurance'.

Significant In-Year Matters

The Trust had an unannounced Care Quality Commission inspection in November 2024; no formal report has been issued yet. In January 2025 the Trust was issued with a Section 29A Warning Notice and a Section 64 (Regulation 17) under the Health and Social Care Act 2008, and below areas were recommended for improvement:

- The service did not ensure staff kept up to date with their mandatory training.
- Waiting times for calls were below national standards which meant the service did not ensure people could access the service when they needed it.
- The service did not have enough staff to keep service users safe from avoidable harm and or to provide the right care and treatment.
- The service had cultural issues across the three emergency operations centres sites and the emergency and urgent care sites.
- Not all controlled medicine incidents were properly investigated, appropriate action taken and recorded to mitigate further risks or lessons identified to improve future practice.
- Ambulance station areas did not all adequately act on information about staff opinion of the service to develop and take actions for improvement.

The Trust also received a notification of contravention from Health and Safety Executive on managing the causes of work-related stress, lack of systems in place to enable and encourage managers to support their staff, employees were unaware of policies and procedures, or experiencing difficulties in where to

access information and weakness in systems for the monitoring and reviewing of work-related stress measures

Conclusion

I can confirm that there is **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 safe care and treatment and good 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 2025-26.

Neill Moloney, Chief Executive Officer
June 2025

Remuneration Report

Trust Board Nominations, Remuneration and Terms of Service committee (Remuneration Committee)

The Nominations, Remuneration and Terms of Service committee (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. Committee Membership shall be appointed by the Board and shall consist of all Non-Executive Directors, which will include the Chair of the Trust.

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 for Health and Social Care. 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 that 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 – subject to audit'
Salary and Allowances

Name	Title	2024-25						2023-24					
		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)
Senior Managers in post at 31 March 2025													
Mrunal Sisodia - OBE	Trust Chair	45-50	NIL	NIL	NIL	NIL	45-50	40-45	NIL	NIL	NIL	NIL	40-45
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	10-15	NIL	NIL	NIL	NIL	10-15	5-10	NIL	NIL	NIL	NIL	5-10
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	10-15	NIL	NIL	NIL	NIL	10-15	5-10	NIL	NIL	NIL	NIL	5-10
Chris Brook	Non Executive Director	10-15	NIL	NIL	NIL	NIL	10-15	5-10	NIL	NIL	NIL	NIL	5-10
Omid Shiraji	Associate Non Executive Director	10-15	NIL	NIL	NIL	NIL	10-15	0-5	NIL	NIL	NIL	NIL	0-5
Kiran Mahil	Associate Non Executive Director	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Victoria Corbishley	Associate Non Executive Director	0-5	NIL	NIL	NIL	NIL	0-5	NIL	NIL	NIL	NIL	NIL	NIL
Neill Moloney	Chief Executive Officer	110-115	NIL	NIL	NIL	NIL	110-115	Appointed to the Trust during 2024/25					
Kevin Smith	Director of Finance	135-140	3700	NIL	NIL	10.0-12.5	150-155	130-135	5800	NIL	NIL	NIL	135-140
Dr Simon Walsh	Medical Director	105-110	NIL	NIL	NIL	NIL	105-110	95-100	NIL	NIL	NIL	NIL	95-100
Marika Stephenson	Chief People Officer and Deputy CEO	155-160	7500	0-5	NIL	40.0-42.5	210-215	135-140	7500	0-5	NIL	30-32.5	175-180
Hein Scheffer	Director of Strategy and Transformation	150-155	NIL	0-5	NIL	50.0-52.5	205-210	140-145	NIL	NIL	NIL	42.5-45.0	185-190
Simon Chase	Chief Paramedic/ Allied Health Professional and Executive Director of Quality	135-140	1000	NIL	NIL	167.5-170.0	305-310	30-35	2300	NIL	NIL	177.5-180.0	210-215
Senior Managers who left the Trust Board in 2024-25													
Tom Abell *	Chief Executive Officer	70-75	2300	10-15	NIL	65.0-67.5	150-155	195-200	6000	NIL	NIL	47.5-50 *	250-255 *
Kate Vaughton	Director of Integration and Deputy Chief Executive Officer	115-120	6000	NIL	NIL	67.5-70.0	190-195	130-135	8700	NIL	NIL	NIL	135-140
Melissa Dowdeswell	Chief of Clinical Operations	145-150	NIL	NIL	NIL	35.0-37.5	185-190	140-145	NIL	NIL	NIL	40-42.5	185-190
Joanne Cripps	Interim Director of Corporate Affairs and Performance	60-65	NIL	NIL	NIL	67.5-70.0	130-135	05-10	NIL	NIL	NIL	NIL	05-10

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.
* Tom Abell's 2023/24 disclosed All pension related benefits figure has been recalculated and restated from the band 457.5-460.0 as a result of newly provided Pension values from NHS Pensions Agency Greenbury details for 31 March 2024, with consequential change to the Total (a-e) band from 660-665.

The following Senior Managers served for part of the financial year 2024/25:

Neill Moloney — Appointed to the Trust Board 3 September 2024

The following Senior Managers have resigned from the Trust Board in the Financial Year Ended 2024/25

Mr Tom Abell — Resigned from the Trust Board on 10 August 2024
Ms Joanne Cripps — Resigned from the Trust Board on 28 September 2024
Ms Katherine Vaughton — Resigned from the Trust Board on 17 January 2025
Ms Melissa Dowdeswell — Left the Trust Board on external secondment from 24 March 2025

Signed on behalf of East of England Ambulance Service NHS Trust on 19 June 2025:

Mrunal Sisodia OBE,
Chair of Trust Board

Neill Moloney,
Chief Executive Officer

Salary and Pension entitlements of senior managers – subject to audit
Pension Benefits

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 2025 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2025 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2024 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2025 £'000	Employer's contribution to stakeholder pension £'000
Chief Executive Officer	Neill Moloney	NIL	NIL	70-75	205-210	1580	30	1729	NIL
Director of Finance	Kevin Smith	0-2.5	NIL	75-80	100-105	1351	26	1484	NIL
Chief People Officer and Deputy CEO	Marika Stephenson	2.5-5	NIL	5-10	NIL	87	26	138	NIL
Director of Strategy and Transformation	Hein Scheffer	2.5-5	NIL	40-45	NIL	622	49	732	NIL
Chief Paramedic/ Allied Healh Professional and Executive Director of Quality	Simon Chase	7.5-10	17.5-20	50-55	135-140	893	171	1140	NIL
Chief Executive Officer	Tom Abell *	2.5-5	0-2.5	40-45	0-5	520 *	49	614	NIL
Director of Integration and Deputy Chief Executive Officer	Kate Vaughton	2.5-5	2.5-5	40-45	100-105	725	63	852	NIL
Chief of Clinical Operations	Melissa Dowdeswell	2.5-5	NIL	30-35	NIL	352	18	413	NIL
Interim Director of Corporate Affairs and Performance	Joanne Cripps	2.5-5	NIL	25-30	NIL	312	53	393	NIL

The Medical Director chose not to be covered by the pension arrangements during the reporting year.
As non-executive members do not receive pensionable remuneration, there are no entries in respect of pensions for non-executive members.
* Tom Abell's 2023/24 Cash equivalent transfer value, pension and lump sum has been recalculated as a result of newly provided Pension values from NHS Pensions Agency Greenbury details for 31 March 2024, cash equivalent transfer value at 31 March 2024 was previously stated at £801,000.

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

	2024/25		2023/24	
Percentage change in remuneration:	**Highest paid director**	**Employees of the Trust**	**Highest paid director**	**Employees of the Trust**
Salary and allowances	(2.5%)	2.3%	5.3%	7.8%
Performance pay and bonuses	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 2023/24. 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 2024/25 NHS pay award, details of which are contained in the NHS Employers' Pay Advisory notice 02/2024 published 20 August 2024, which had the effect of increasing pay by 5.5%. The overall average salary has increased by less than this award percentage as a result of the interaction with the payment in June 2023 of non-consolidated and backlog payments arising from the May 2023 implementation of the 2022/23 pay award. Non-consolidated pay is not recurrently paid or included in ongoing pay rates with this payment temporarily increasing pay in 2023/24.

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 2023/24 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 having the effect of a 5% increase in pay rates, along with the non-consolidated and backlog payments from the implementation in arrears of the 2022/23 pay award.

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 2024-25 was £190-195k, (2023-24: £195-200k). The relationship to the remuneration of the organisation's workforce is disclosed in the table below. The midpoint of the highest

paid Director's disclosed remuneration range of £190-195K (2023/24: £195-200k) is used for the ratio calculations. This banding is 4.70 times (2023/24: 4.94 times) the median remuneration of the workforce, which was £40,935 (2023/24: £39,978).

There is no change to the highest paid director, being the Chief Executive Officer, as compared to 2023/24.

2024-25	25th percentile	Median	75th percentile
Total remuneration (£)	32,400	40,935	52,616
Salary component of total remuneration (£)	32,400	40,935	52,616
Pay ratio information	5.94	4.70	3.66

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

In 2024/25 nil (2023-24 nil) employees received remuneration in excess of the highest paid director. Remuneration ranged from £22k-183k (2023:24: £21k - £160k). 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 2.4% from 2022/23 to 2023/24. The change in the median salary value is attributable to the effects of the 2024/25 NHS pay award details of which are contained in the NHS Employers' Pay Advisory notice 02/2024, and the interaction with the prior year non-consolidated and backlog payments in June 2023 arising from the 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 2025. These agency costs are annualised based on the expenditure on that individual in the week ending 31st March 2025.

Staff Report - subject to audit

Senior Managers

Pay Band	Number Employed	
	2024-25	2023-24
Executive directors	10	10
Agenda for change Band 9	-	-
Secondment at nil cost to the Trust	-	-
	10	**10**

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

Staff Numbers

Staff Numbers	2024-25			2023-24
	Permanent Number	Other Number	Total Number	Total Number
Average Staff Numbers				
Medical and dental	1	-	1	1
Ambulance staff	2,079	-	2,079	1,960
Administration and estates	1,392	14	1,406	1,260
Healthcare assistants and other support staff	2,575	42	2,617	2,549
Nursing, midwifery and health visiting staff	150	-	150	78
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	-	8	8	-
Healthcare science staff	-	-	-	-
Social care staff	-	-	-	-
Other	-	1	1	34
Total average numbers	6,197	65	6,262	5,882
Of the above - staff engaged on capital projects	-	-	-	-

Staff Costs

Staff Costs	2024-25			2023-24		
	Permanently employed £000s	Other £000s	Total £000s	Permanently employed £000s	Other £000s	Total £000s
Salaries and wages	276,737	-	**276,737**	240,837	-	**240,837**
Social security costs	29,456	-	**29,456**	27,189	-	**27,189**
Apprenticeship Levy costs	1,369	-	**1,369**	1,264	-	**1,264**
Employer Contributions to NHS BSA - Pensions Division	56,931	-	**56,931**	43,805	-	**43,805**
Other pension costs	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-
Temporary staff	-	4,710		-	6,271	**6,271**
Total employee benefits	**364,493**	**4,710**	**369,203**	**313,095**	**6,271**	**319,366**
Employee costs capitalised	-	-	-	-	-	-

Staff Report continued - not subject to audit

Staff Composition

Staff Composition	2024-25			2023-24		
	Total	Male	Female	Total	Male	Female
All staff	**6,672**	**2,965**	**3,707**	**6,432**	**2,940**	**3,492**
Senior Managers	**10**	**6**	**4**	**10**	**5**	**5**

NHS Sickness Absence Figures for NHS 2024-25 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 2024	Adjusted FTE days lost to Cabinet Office definitions	FTE-Days Available	Average Sick Days per FTE	FTE-Days recorded Sickness Absence
Period covered: January to December 2024	5,688	105,957	2,075,987	18.6	171,886

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
Staff Turnover rate for all staff groups of the Trust for the period January to December 2024: 9.2% (January to December 2023: 8.8%).

	2024-25 Number	**2023-24 Number**
Number of persons retired early on ill health grounds	13	15
	£000s	**£000s**
Total additional pensions liabilities accrued in the year	527	807

Staff Policies applied during the year:

The policies of the Trust are available on the website and can be found at: https://www.eastamb.nhs.uk/policy-library. The particular policies aimed at the considerations of disabled persons and increasing diversity and inclusion are as follows:

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 disabled persons during the period when they were employed by the Trust.

Learning and Development Policy

The Learning and Development policy supports the training, career development and promotion of disabled persons employed by the Trust.

Additional Learning Needs Policy

The Additional Learning Needs Policy supports the Trust's commitment to making reasonable adjustments to support any
employee who has a disability, or an additional learning need associated with their disability, enabling them to undertake their role and duties.

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

	2024-25 Number	**2023-24 Number**
Consultancy	1,139	896

Compensation and exit packages- subject to audit

Reporting of other compensation schemes - exit packages 2024-25

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	8,081	0	0	1	8,081	0	0
£10,000 - £25,000	0	0	0	0	0	0	0	0
£25,001 - £50,000	0	0	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	1	121,776	0	0	1	121,776	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	1	962,389	1	962,389	1	962,389
Total	**2**	**129,857**	**1**	**962,389**	**3**	**1,092,246**	**1**	**962,389**

Two compulsory redundancies have arisen from the reorganisation of management positions. 1 special severance payments where HM Treasury approval has been received have occurred.

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	0	0	4	33,245	4	33,245	1	5,000
£10,000 - £25,000	0	0	6	86,549	6	86,549	1	15,000
£25,001 - £50,000	0	0	17	621,491	17	621,491	0	0
£50,001 - £100,000	1	84,884	19	1,256,760	20	1,341,645	0	0
£100,001 - £150,000	0	0	1	113,105	1	113,105	0	0
£150,001 - £200,000	0	0	1	152,500	1	152,500	0	0
>£200,000	0	0	0	0	0	0	0	0
Total	**1**	**84,884**	**48**	**2,263,651**	**49**	**2,348,535**	**2**	**20,000**

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.

Other Exit Packages 2024-25

Other Exit packages - disclosures (Exclude Compulsory Redundancies)	Number of exit package agreements	Total Value of agreements	2023/24 Number of exit package agreements	2023/24 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	0	0	46	1,800
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	37	444
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non contractual payments requiring HMT approval *	1	962	2	20
Total	**1**	**962**	**85**	**2,264**
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	1	962	0	0

Note * this includes any non-contractual severance payment following judicial mediation and amounts relating to non-contractual payments in lieu of notice.

1 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 2025, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2024	0
Of which, the number that have existed:	
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 2024 and 31 March 2025, for more than £245 per day and that last for longer than six months.

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2024 and 31 March 2025.	0
Of which, the number that have been:	0
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 2024 and 31 March 2025:

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 2025

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.

Neill Moloney
Chief Executive Officer

Date 19 June 2025

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

Neill Moloney
Chief Executive Officer
19 June 2025

Kevin Smith
Finance Director
19 June 2025

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Statement of Comprehensive Income

	Note	2024/25 £000	2023/24 £000
Operating income from patient care activities	2	489,343	432,921
Other operating income	3	7,296	7,215
Operating expenses	5,6	(493,915)	(440,830)
Operating surplus/(deficit) from continuing operations		**2,724**	**(694)**
Finance income	8	1,536	2,206
Finance expenses	9	(1,716)	(1,057)
PDC dividends payable		(899)	(171)
Net finance costs		**(1,079)**	**978**
Other gains	10	235	605
Surplus for the year		**1,880**	**889**
Total comprehensive income for the period		**1,880**	**889**

Statement of Financial Position

	Note	31 March 2025 £000	31 March 2024 £000
Non-current assets			
Intangible assets	11	6,809	6,265
Property, plant and equipment	12	77,129	65,542
Right of use assets	15	63,014	49,565
Investment property	16	-	700
Total non-current assets		**146,952**	**122,072**
Current assets			
Inventories	18	1,689	1,885
Receivables	19	15,984	12,040
Cash and cash equivalents	20	30,174	27,642
Total current assets		**47,847**	**41,567**
Current liabilities			
Trade and other payables	21	(60,221)	(57,939)
Borrowings	22	(14,779)	(11,922)
Provisions	23	(7,991)	(4,978)
Total current liabilities		**(82,991)**	**(74,839)**
Total assets less current liabilities		**111,808**	**88,800**
Non-current liabilities			
Borrowings	22	(43,817)	(31,616)
Provisions	23	(3,663)	(5,047)
Total non-current liabilities		**(47,480)**	**(36,663)**
Total assets employed		**64,328**	**52,137**
Financed by			
Public dividend capital		89,979	79,668
Revaluation reserve		4,745	4,745
Other reserves		(1,413)	(1,413)
Income and expenditure reserve		(28,983)	(30,863)
Total taxpayers' equity		**64,328**	**52,137**

The notes on pages 15 to 54 form part of these accounts.

Name Neill Moloney
Position Chief Executive
Date 19 June 2025

Statement of Changes in Taxpayers Equity for the year ended 31 March 2025

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024 - brought forward	**79,668**	**4,745**	**(1,413)**	**(30,863)**	**52,137**
Surplus/(deficit) for the year	-	-	-	1,880	**1,880**
Public dividend capital received	10,311	-	-	-	**10,311**
Other reserve movements	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2025	**89,979**	**4,745**	**(1,413)**	**(28,983)**	**64,328**

Statement of Changes in Taxpayers 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
Taxpayers' and others' equity at 1 April 2023 - brought forward	**78,514**	**4,745**	**(1,413)**	**(31,752)**	**50,094**
Surplus/(deficit) for the year	-	-	-	889	**889**
Public dividend capital received	1,154	-	-	-	**1,154**
Other reserve movements	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2024	**79,668**	**4,745**	**(1,413)**	**(30,863)**	**52,137**

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

	Note	2024/25 £000	2023/24 £000
Cash flows from operating activities			
Operating surplus / (deficit)		2,724	(694)
Non-cash income and expense:			
Depreciation and amortisation	5.1	26,902	24,253
Income recognised in respect of capital donations	3	-	(549)
(Increase) / decrease in receivables and other assets		(3,972)	9,458
(Increase) / decrease in inventories	18	196	48
Increase / (decrease) in payables and other liabilities		(3,623)	(4,937)
Increase / (decrease) in provisions	24	1,216	(4,211)
Other movements in operating cash flows		-	(342)
Net cash flows from / (used in) operating activities		**23,443**	**23,026**
Cash flows from investing activities			
Interest received		1,536	2,206
Purchase of intangible assets		(2,605)	(1,559)
Purchase of PPE and investment property		(16,478)	(11,887)
Sales of PPE and investment property		4,448	739
Net cash flows from / (used in) investing activities		**(13,099)**	**(10,501)**
Cash flows from financing activities			
Public dividend capital received		10,311	1,154
Capital element of lease rental payments		(16,467)	(15,572)
Interest paid on lease liability repayments		(785)	(493)
PDC dividend (paid) / refunded		(871)	313
Net cash flows from / (used in) financing activities		**(7,812)**	**(14,598)**
Increase / (decrease) in cash and cash equivalents		**2,532**	**(2,073)**
Cash and cash equivalents at 1 April - brought forward		**27,642**	**29,715**
Cash and cash equivalents at 31 March	20	**30,174**	**27,642**

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 2024/25 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 £1,880k 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 2026. This includes the first quarter of the 2026/27 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 2026 on pay and non-pay costs are anticipated to be matched by inflationary increases to funding in the 2026/27 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 2026 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 2025. 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). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

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 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 apprenticeship service 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.

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 the 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 the 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 2025.

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 (ie 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.

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.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.9 Property, plant and equipment - continued

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:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	8	50
Leasehold improvements	5	50
Plant & machinery	5	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 controlled by the Trust. They are capable of being sold separately from the rest of the trust's business or arise from contractual or other legal rights. Intangible assets 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, eg application software, is capitalised as an intangible asset where it meets recognition criteria.

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 the table below:

	Min life Years	Max life Years
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.

Between 2020/21 and 2023/24 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. Distribution of inventories by the Department ceased in March 2024.

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, ie, 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 or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Note 1.14 Financial assets and financial liabilities - continued

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.

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 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

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.

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 2025:

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.40% in real terms (prior year: 2.45%).

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 23.2 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 24 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 24, 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 2024/25.

Note 1.23 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2024-25. These Standards are still subject to HM Treasury FReM adoption.

IFRS 17 Insurance Contracts – The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. Application of this standard from 2025/26 is not expected to have a material impact on the financial statements.

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:

- Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measure under a previous revaluation will be taken forward as deemed historic cost.
- Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets wi be classified according to whether they are held for their operational capacity.

These changes are not expected to have a material impact on these financial statements.

Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:

- A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in th intervening years.
- Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a moder equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.

The impact of applying these changes in future periods has not yet been assessed. PPE and right of use assets currently subject to revaluation have a total book value of £37.645m (being land and buildings) as at 31 March 2025. Assets valued on an alternative site basis have a total book value of £nil at 31 March 2025.

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 2025 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 23.1. A discount rate of 2.40% (2023/24: 2.45%) 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 2025 from review of holiday leave entitlements, taken leave and pay rates. The carrying value of the accrual is £6,791k in regards to annual leave untaken at 31 March 2025 (31 March 2024: £5,828k) included within Note 21 under accruals.

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

Note 2.1 Income from patient care activities (by nature)	2024/25	2023/24
	£000	£000
Ambulance services		
Service Delivery funding from Integrated Care Boards and commissioners*	457,232	409,074
Other income	9,632	10,548
All services		
Additional pension contribution central funding**	22,479	13,299
Total income from activities	**489,343**	**432,921**

*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/

**Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

Note 2.2 Income from patient care activities (by source)

	2024/25	2023/24
Income from patient care activities received from:	£000	£000
NHS England	22,837	15,443
Integrated care boards	460,730	412,198
Other NHS providers	1,808	1,484
Local authorities	199	130
Injury cost recovery scheme	506	467
Non NHS: other	3,263	3,199
Total income from activities	**489,343**	**432,921**
Of which:		

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

Note 3.1 Other income - 2024/25

	2024/25		
	Contract income	Non-contract income	Total
	£000	£000	£000
Education and training	3,920	-	**3,920**
Revenue from operating leases		215	**215**
Other income	3,161	-	**3,161**
Total other operating income	**7,081**	**215**	**7,296**

Note 3.2 Other income - 2023/24

	2023/24		
	Contract income	Non-contract income	Total
	£000	£000	£000
Education and training	4,027	-	**4,027**
Receipt of capital grants and donations and peppercorn leases		549	**549**
Charitable and other contributions to expenditure		55	**55**
Revenue from operating leases		219	**219**
Other income	2,365	-	**2,365**
Total other operating income	**6,392**	**823**	**7,215**

* Charitable and other contributions to expenditure includes £0k (2023/24: £55k) in relation to the value of DHSC centrally procured consumable items of personal protective equipment and supplies in relation to the COVID-19 response £44k (2023/24: £132k) 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

	2024/25	2023/24
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	215	219
Total in-year operating lease income	**215**	**219**

Note 4.2 Future lease receipts

	2025	2024
	£000	£000
Future minimum lease receipts due in:		
- not later than one year	191	190
- later than one year and not later than two years	89	96
- later than two years and not later than three years	12	27
- later than three years and not later than four years	12	18
- later than four years and not later than five years	12	8
- later than five years	30	26
Total	**346**	**365**

Note 5.1 Operating expenses

	2024/25	2023/24
	£000	£000
Staff and executive directors costs	367,462	319,294
Remuneration of non-executive directors	139	131
Supplies and services - clinical (excluding drugs costs)	6,406	7,217
Supplies and services - general	4,030	4,186
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,750	1,644
Consultancy costs	1,139	896
Establishment	12,728	11,618
Premises	8,357	8,402
Transport (including patient travel)	44,971	45,292
Depreciation on property, plant and equipment and right of use assets	24,841	22,273
Amortisation on intangible assets	2,061	1,980
Movement in credit loss allowance: contract receivables / contract assets	(169)	440
Movement in credit loss allowance: all other receivables and investments	198	(96)
Change in provisions discount rate(s)	16	(258)
Fees payable to the external auditor		
audit services- statutory audit	225	131
other auditor remuneration (external auditor only)	-	-
Internal audit costs	71	71
Clinical negligence	2,903	2,734
Legal fees	1,311	992
Insurance	3,895	4,319
Research and development	-	-
Education and training	4,121	4,113
Expenditure on short term leases	398	534
Expenditure on low value leases	-	-
Redundancy	1,741	72
Losses, ex gratia & special payments	1,257	242
Other	4,064	4,603
Total	**493,915**	**440,830**

Note 5.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2,000k (2023/24: £2,000k).

Note 6 Employee benefits

	2024/25 Total £000	2023/24 Total £000
Salaries and wages	276,737	240,837
Social security costs	29,456	27,189
Apprenticeship levy	1,369	1,264
Employer's contributions to NHS pensions	56,931	43,805
Temporary staff (including agency)	4,710	6,271
Total staff costs	**369,203**	**319,366**
Reconciled to note 5:		
Staff and executive directors costs	367,462	319,294
Redundancy	1,741	72
	369,203	**319,366**

Employer pension contributions increased 3.1% in April 2024 to 23.78% with NHS England administering and settling the difference between the 14.38% collected from employers and paid to the NHS Business Services Authority. These arrangements have operated since the 2019/20 financial year. Notional expenditure and income (in note 2.1) of £22,479k (2023/24: £13,299k) have been recognised.

Note 6.1 Retirements due to ill-health

During 2024/25 there were 13 early retirements from the trust agreed on the grounds of ill-health (15 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £527k (£807k in 2023/24).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 7 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. 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 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 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 Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and 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 (considering recent demographic experience), and to recommend the contribution rate payable by 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 1 April 2024 to 23.7% of pensionable pay. 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.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

Note 8 Finance income

Finance income represents interest received on assets and investments in the period.

	2024/25	2023/24
	£000	£000
Interest on bank accounts	1,536	2,206
Total finance income	**1,536**	**2,206**

Note 9 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2024/25	2023/24
	£000	£000
Interest expense:		
Interest on lease obligations	1,304	613
Total interest expense	**1,304**	**613**
Unwinding of discount on provisions	86	102
Other finance costs	326	342
Total finance costs	**1,716**	**1,057**

Note 10 Other gains / (losses)

	2024/25	2023/24
	£000	£000
Gains on disposal of assets	235	605
Losses on disposal of assets	-	-
Total gains / (losses) on disposal of assets	**235**	**605**
Other gains / (losses)	-	-
Total other gains / (losses)	**235**	**605**

Note 11.1 Intangible assets - 2024/25

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**14,039**	**-**	**14,039**
Additions	2,513	92	**2,605**
Reclassifications	-	-	**-**
Valuation / gross cost at 31 March 2025	**16,552**	**92**	**16,644**
Amortisation at 1 April 2024 - brought forward	**7,774**	**-**	**7,774**
Provided during the year	2,061	-	**2,061**
Amortisation at 31 March 2025	**9,835**	**-**	**9,835**
Net book value at 31 March 2025	**6,717**	**92**	**6,809**
Net book value at 1 April 2024	**6,265**	**-**	**6,265**

Note 11.2 Intangible assets - 2023/24

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	**11,674**	**806**	**12,480**
Additions	1,559	-	**1,559**
Reclassifications	806	(806)	**-**
Valuation / gross cost at 31 March 2024	**14,039**	**-**	**14,039**
Amortisation at 1 April 2023 - as previously stated	**5,794**	**-**	**5,794**
Provided during the year	1,980	-	**1,980**
Amortisation at 31 March 2024	**7,774**	**-**	**7,774**
Net book value at 31 March 2024	**6,265**	**-**	**6,265**
Net book value at 1 April 2023	**5,880**	**806**	**6,686**

Note 12.1 Property, plant and equipment - 2024/25

	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
Valuation/gross cost at 1 April 2024 - brought forward	**16,607**	**21,655**	**12,303**	**6,805**	**27,976**	**6,431**	**14,978**	**1,163**	**107,918**
Additions	-	1,884	2,094	11,458	2,562	3,109	1,011	265	**22,383**
Reclassifications	210	975	1,328	(1,813)	-	-	-	-	**700**
Reclassification of opening balances	-	(597)	597	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(4,213)	(2,852)	(109)	-	-	**(7,174)**
Valuation/gross cost at 31 March 2025	**16,817**	**23,917**	**16,322**	**12,237**	**27,686**	**9,431**	**15,989**	**1,428**	**123,827**
Accumulated depreciation at 1 April 2024 - brought forward	**-**	**1,681**	**7,264**	**-**	**17,678**	**3,840**	**11,117**	**796**	**42,376**
Provided during the year	-	1,408	1,187	-	1,797	869	1,937	85	**7,283**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(2,852)	(109)	-	-	**(2,961)**
Accumulated depreciation at 31 March 2025	**-**	**3,089**	**8,451**	**-**	**16,623**	**4,600**	**13,054**	**881**	**46,698**
Net book value at 31 March 2025	**16,817**	**20,828**	**7,871**	**12,237**	**11,063**	**4,831**	**2,935**	**547**	**77,129**
Net book value at 1 April 2024	**16,607**	**19,974**	**5,039**	**6,805**	**10,298**	**2,591**	**3,861**	**367**	**65,542**

Note 12.2 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
Valuation / gross cost at 1 April 2023 - as previously stated	**16,675**	**19,769**	**11,281**	**2,035**	**29,273**	**4,784**	**14,405**	**1,054**	**99,276**
Additions	-	1,954	567	5,385	2,837	1,813	413	109	**13,078**
Reclassifications	-	-	455	(615)	-	-	160	-	**-**
Disposals / derecognition	(68)	(68)	-	-	(4,134)	(166)	-	-	**(4,436)**
Valuation/gross cost at 31 March 2024	**16,607**	**21,655**	**12,303**	**6,805**	**27,976**	**6,431**	**14,978**	**1,163**	**107,918**
Accumulated depreciation at 1 April 2023 - as previously stated	**-**	**290**	**5,952**	**-**	**20,102**	**3,541**	**8,964**	**724**	**39,573**
Provided during the year	-	1,393	1,312	-	1,710	465	2,153	72	**7,105**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	(2)	-	-	(4,134)	(166)	-	-	**(4,302)**
Accumulated depreciation at 31 March 2024	**-**	**1,681**	**7,264**	**-**	**17,678**	**3,840**	**11,117**	**796**	**42,376**
Net book value at 31 March 2024	**16,607**	**19,974**	**5,039**	**6,805**	**10,298**	**2,591**	**3,861**	**367**	**65,542**
Net book value at 1 April 2023	**16,675**	**19,479**	**5,329**	**2,035**	**9,171**	**1,243**	**5,441**	**330**	**59,703**

Note 12.3 Property, plant and equipment financing - 31 March 2025

	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	16,817	20,828	7,871	12,237	10,592	4,831	2,935	547	**76,658**
Owned - donated/granted	-	-	-	-	471	-	-	-	**471**
Total net book value at 31 March 2025	**16,817**	**20,828**	**7,871**	**12,237**	**11,063**	**4,831**	**2,935**	**547**	**77,129**

Note 12.4 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/granted	-	-	-	-	526	-	-	-	**526**
Total net book value at 31 March 2024	**16,607**	**19,974**	**5,039**	**6,805**	**10,298**	**2,591**	**3,861**	**367**	**65,542**

Note 13 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 £471k at 31 March 2025 (£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 2025 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.

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.

Note 15.1 Right of use assets - 2024/25

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2024 - brought forward	**29,362**	**8,742**	**38,343**	**76,447**	**10,696**
Additions	7,813	971	17,653	**26,437**	-
Remeasurements of the lease liability	1,961	272	3,237	**5,470**	(11)
Disposals / derecognition	(129)	-	(4,081)	**(4,210)**	-
Valuation/gross cost at 31 March 2025	**39,007**	**9,985**	**55,152**	**104,144**	**10,685**
Accumulated depreciation at 1 April 2024 - brought forward	**5,055**	**604**	**21,223**	**26,882**	**267**
Provided during the year	3,043	1,297	13,218	**17,558**	121
Disposals / derecognition	(42)	-	(3,268)	**(3,310)**	-
Accumulated depreciation at 31 March 2025	**8,056**	**1,901**	**31,173**	**41,130**	**388**
Net book value at 31 March 2025	**30,951**	**8,084**	**23,979**	**63,014**	**10,297**
Net book value at 1 April 2024	**24,307**	**8,138**	**17,120**	**49,565**	**10,429**

Net book value of right of use assets leased from other NHS providers	10,155
Net book value of right of use assets leased from other DHSC group bodies	142

Note 15.2 Right of use assets - 2023/24

	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation / gross cost at 1 April 2023 - brought forward	**27,343**	**-**	**34,363**	**61,706**	**10,682**
Additions	1,878	8,742	4,959	**15,579**	-
Remeasurements of the lease liability	185	-	705	**890**	14
Disposals / derecognition	(44)	-	(1,684)	**(1,728)**	-
Valuation/gross cost at 31 March 2024	**29,362**	**8,742**	**38,343**	**76,447**	**10,696**
Accumulated depreciation at 1 April 2023 - brought forward	2,484	-	10,708	**13,192**	142
Provided during the year	2,615	604	11,949	**15,168**	125
Disposals / derecognition	(44)	-	(1,434)	**(1,478)**	-
Accumulated depreciation at 31 March 2024	**5,055**	**604**	**21,223**	**26,882**	**267**
Net book value at 31 March 2024	**24,307**	**8,138**	**17,120**	**49,565**	**10,429**
Net book value at 1 April 2023	**24,859**	**-**	**23,655**	**48,514**	**10,540**

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 15.3 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 22.1.

	2024/25	2023/24
	£000	£000
Carrying value at 1 April	**43,538**	**42,771**
Lease additions	26,437	15,579
Lease liability remeasurements	5,470	890
Interest charge arising in year	1,304	613
Early terminations	(901)	(250)
Lease payments (cash outflows)	(17,252)	(16,065)
Carrying value at 31 March	**58,596**	**43,538**

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 leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2025	31 March 2025	31 March 2024	31 March 2024
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	14,779	182	12,562	179
- later than one year and not later than five years;	28,281	728	17,376	716
- later than five years.	27,799	14,373	20,839	14,494
Total gross future lease payments	**70,859**	**15,283**	**50,777**	**15,389**
Finance charges allocated to future periods	(12,263)	(5,206)	(7,239)	(5,217)
Net lease liabilities at 31 March 2025	**58,596**	**10,077**	**43,538**	**10,172**
Of which:				
Leased from other NHS providers		9,931		10,009
Leased from other DHSC group bodies		146		163

Note 16 Investment Property

	2024/25	2023/24
	£000	£000
Carrying value at 1 April - brought forward	**700**	**700**
Reclassifications to/from PPE or right of use assets	(700)	-
Carrying value at 31 March	**-**	**700**

The Trust's investment property has been reclassified to property plant and equipment, split between land, buildings and leasehold improvements, as the Trust has commenced owner occupation of this premises.

Note 16.1 Investment property income and expenses

	2024/25	2023/24
	£000	£000
Direct operating expense arising from investment property which did not generate rental income in the period	44	44
Total investment property expenses	**44**	**44**
Investment property income		

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

	31 March 2025	31 March 2024
	£000	£000
Drugs	71	71
Consumables	1,062	1,258
Energy	556	556
Total inventories	**1,689**	**1,885**

Inventories recognised in expenses for the year were £196k (2023/24: £10,232k). Write-down of inventories recognised as expenses for the year were £0k (2023/24: £0k).

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. Nil was received during 2024/25. During 2023/24 the Trust received £55k of items purchased by DHSC. Distribution of inventory by the Department ceased in March 2024. 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

	31 March 2025 £000	31 March 2024 £000
Current		
Contract receivables	5,366	4,860
Allowance for impaired contract receivables / assets	(916)	(1,085)
Allowance for other impaired receivables	(830)	(632)
Prepayments (non-PFI)	5,141	6,124
PDC dividend receivable	61	89
VAT receivable	143	1,961
Other receivables	7,019	723
Total current receivables	**15,984**	**12,040**
Of which receivable from NHS and DHSC group bodies:		
All of which is current	1,879	2,057

Note 19.2 Allowances for credit losses

Note 19.2 Allowances for credit losses 2024/25	2024/25 receivables £000	2024/25 receivables £000
Allowances as at 1 April - brought forward	**1,085**	**632**
Changes in existing allowances	(169)	198
Allowances as at 31 Mar 2025	**916**	**830**

Note 19.2 Allowances for credit losses 2023/24	2023/24 receivables £000	2023/24 receivables £000
Allowances as at 1 April - brought forward	**645**	**728**
Changes in existing allowances	440	(96)
Allowances as at 31 Mar 2024	**1,085**	**632**

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 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.

	2024/25	2023/24
	£000	£000
At 1 April	**27,642**	**29,715**
Net change in year	2,532	(2,073)
At 31 March	**30,174**	**27,642**
Broken down into:		
Cash at commercial banks and in hand	46	27
Cash with the Government Banking Service	30,128	27,615
Total cash and cash equivalents as in SoFP	**30,174**	**27,642**
Total cash and cash equivalents as in SoCF	**30,174**	**27,642**

Note 21 Trade and other payables

	2025	2024
	£000	£000
Current		
Trade payables	14,057	15,592
Capital payables	9,236	3,331
Accruals	23,998	26,684
Receipts in advance and payments on account	1,076	1,355
Social security costs	6,764	6,260
Pension contributions payable	4,781	4,317
Other payables	309	400
Total current trade and other payables	**60,221**	**57,939**
Of which payables from NHS and DHSC group bodies:		
All of which is current	1,747	876

Note 22.1 Borrowings

	31 March 2025 £000	31 March 2024 £000
Current		
Lease liabilities	14,779	11,922
Total current borrowings	**14,779**	**11,922**
Non-current		
Lease liabilities	43,817	31,616
Total non-current borrowings	**43,817**	**31,616**
Total current and non-current borrowings	**58,596**	**43,538**

Note 22.2 Reconciliation of liabilities arising from financing activities

	Liabilities £000	Total £000
Carrying value at 1 April 2024	**43,538**	**43,538**
Cash movements:		
Financing cash flows - payments and receipts of principal	(16,467)	**(16,467)**
Financing cash flows - payments of interest	(785)	**(785)**
Non-cash movements:		
Additions	26,437	**26,437**
Lease liability remeasurements	5,470	**5,470**
Application of effective interest rate	1,304	**1,304**
Change in effective interest rate	-	**-**
Changes in fair value	-	**-**
Early terminations	(901)	**(901)**
Other changes	-	**-**
Carrying value at 31 March 2025	**58,596**	**58,596**

	Liabilities £000	Total £000
Carrying value at 1 April 2023	**42,771**	**42,771**
Cash movements:		
Financing cash flows - payments and receipts of principal	(15,572)	**(15,572)**
Financing cash flows - payments of interest	(493)	**(493)**
Non-cash movements:		
Additions	15,579	**15,579**
Lease liability remeasurements	890	**890**
Application of effective interest rate	613	**613**
Early terminations	(250)	**(250)**
Carrying value at 31 March 2024	**43,538**	**43,538**

Note 23.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Restructuring & Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2024	**226**	**3,763**	**1,361**	**-**	**4,675**	**10,025**
Change in the discount rate	-	16	-	-	-	**16**
Arising during the year	53	433	450	1,612	326	**2,874**
Utilised during the year	(42)	(269)	(500)	-	(3)	**(814)**
Reversed unused	(26)	(266)	(193)	-	(48)	**(533)**
Unwinding of discount	4	82	-	-	-	**86**
At 31 March 2025	**215**	**3,759**	**1,118**	**1,612**	**4,950**	**11,654**
Expected timing of cash flows:						
- not later than one year;	42	269	1,118	1,612	4,950	**7,991**
- later than one year and not later than five years	168	1,000	-	-	-	**1,168**
- later than five years.	5	2,490	-	-	-	**2,495**
Total	**215**	**3,759**	**1,118**	**1,612**	**4,950**	**11,654**

	31 March 2025	31 March 2024
	£000	£000
Current value of provisions	**7,991**	**4,978**
Non-Current value of provisions	**3,663**	**5,047**
Total	**11,654**	**10,025**

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 2.45% to 2.40% this year, resulting in the £16k increase 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 and other parties. 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 24).

Restructuring & Redundancy Provisions:

The Trust is implementing organisational change arising from corporate and support service reviews. The estimated costs of redundancy payments have been included from analysis of corporate and support structures.

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 £4,920k is included in other provisions (2024: £4,595k).

Note 23.2 Clinical negligence liabilities

At 31 March 2025, £32,659k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of East of England Ambulance Service NHS Trust (31 March 2024: £31,001k).

Note 24 Contingent assets and liabilities

	31 March 2025 £000	31 March 2024 £000
Value of contingent liabilities		
NHS Resolution legal claims	(65)	(69)
Gross value of contingent liabilities	**(65)**	**(69)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(65)**	**(69)**
Net value of contingent assets	**-**	**-**

Note 25 Contractual capital commitments

	31 March 2025 £000	31 March 2024 £000
Property, plant and equipment	3,846	22,943
Intangible assets	585	641
Total	**4,431**	**23,584**

Note 26 Financial instruments

Note 26.1 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 2025 are in receivables from customers, as disclosed in the trade and other receivables note. Other debtors balances with NHS England and other NHS bodies 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 26.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	10,639	**10,639**
Cash and cash equivalents	30,174	**30,174**
Total at 31 March 2025	**40,813**	**40,813**

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	3,866	**3,866**
Cash and cash equivalents	27,642	**27,642**
Total at 31 March 2024	**31,508**	**31,508**

Note 26.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost	Total book value
	£000	£000
Obligations under leases	58,596	**58,596**
Trade and other payables excluding non financial liabilities	40,809	**40,809**
Total at 31 March 2025	**99,405**	**99,405**

Pension Contributions payable to NHS Pensions has been treated as a non-financial instrument at 31 March 2025, where as this was treated as a financial instrument at 31 March 2024.

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Total book value
	£000	£000
Obligations under leases	43,538	**43,538**
Trade and other payables excluding non financial liabilities	44,396	**44,396**
Total at 31 March 2024	**87,934**	**87,934**

Note 26.4 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.

	31 March 2025	31 March 2024
	£000	£000
In one year or less	55,588	56,958
In more than one year but not more than five years	28,281	17,376
In more than five years	27,799	20,839
Total	**111,668**	**95,173**

Note 26.5 Fair values of financial assets and liabilities

Book value (carrying value) is a reasonable approximation of fair value.

Note 27 Losses and special payments

	2024/25		2023/24	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	-	-	-	-
Fruitless payments and constructive losses	2	37	-	-
Bad debts and claims abandoned	15	261	-	-
Stores losses and damage to property	12	7	5	6
Total losses	**29**	**305**	**5**	**6**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	1	51
Extra-contractual payments	-	-	-	-
Ex-gratia payments	32	257	29	239
Special severance payments	1	962	2	20
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**33**	**1,219**	**32**	**310**
Total losses and special payments	**62**	**1,524**	**37**	**316**
Compensation payments received				

Note 28 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 Heath 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

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 £105k. 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 2025 the Trust has a receivable recorded from the Charity of £35k.

Note 29 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 30 Better Payment Practice code

Non-NHS Payables	2024/25 Number	2024/25 £000	2023/24 Number	2023/24 £000
Total non-NHS trade invoices paid in the year	46,014	247,968	47,957	202,831
Total non-NHS trade invoices paid within target	39,129	217,920	42,379	177,243
Percentage of non-NHS trade invoices paid within target	85.0%	87.9%	88.4%	87.4%
NHS Payables				
Total NHS trade invoices paid in the year	290	5,157	279	4,739
Total NHS trade invoices paid within target	254	4,664	236	4,319
Percentage of NHS trade invoices paid within target	87.6%	90.4%	84.6%	91.1%

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 31 Capital Resource Limit

	2024/25 £000	2023/24 £000
Gross capital expenditure	56,895	31,106
Less: Disposals	(5,113)	(384)
Less: Donated and granted capital additions	-	(549)
Charge against Capital Resource Limit	**51,782**	**30,173**
Capital Resource Limit	51,782	30,173
Under / (over) spend against CRL	**-**	**-**

Note 32 Adjusted financial performance (control total basis):

	2024/25 £000	2023/24 £000
Surplus / (deficit) for the period	1,880	889
Remove net impairments not scoring to the Departmental expenditure limit	-	-
Remove (gains) / losses on transfers by absorption	-	-
Remove I&E impact of capital grants and donations	102	(479)
Remove net impact of DHSC centrally procured inventories	44	77
Remove loss recognised on peppercorn lease disposals	-	-
Remove loss recognised on capital grants in kind	-	-
Other control total adjustments	-	-
Adjusted financial performance surplus / (deficit)	**2,026**	**487**

Note 33 Breakeven duty financial performance

	2024/25 £000
Adjusted financial performance surplus / (deficit) (control total basis)	2,026
Remove impairments scoring to Departmental Expenditure Limit	-
Add back non-cash element of On-SoFP pension scheme charges	-
IFRIC 12 breakeven adjustment	-
Breakeven duty financial performance surplus / (deficit)	**2,026**

Note 34 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 five 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.

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		757	2,364	3,121	4,175	379	1,251	158	(9,989)
Breakeven duty cumulative position	1,745	2,502	4,866	7,987	12,162	12,541	13,792	13,950	3,961
Operating income		228,076	222,389	226,874	235,499	237,725	245,982	232,190	247,134
Cumulative breakeven position as a percentage of operating income		1.1%	2.2%	3.5%	5.2%	5.3%	5.6%	6.0%	1.6%

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	1,790	(2,071)	50	24	(9,723)	57	487	2,026
Breakeven duty cumulative position	5,751	3,680	3,730	3,754	(5,969)	(5,912)	(5,425)	(3,399)
Operating income	266,929	281,740	324,171	402,193	400,345	421,611	440,136	496,639
Cumulative breakeven position as a percentage of operating income	2.2%	1.3%	1.2%	0.9%	(1.5%)	(1.4%)	(1.2%)	(0.7%)

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 2025 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 34, 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: 2024-25 as contained in the Department of Health and Social Care Group Accounting Manual 2024 to 2025 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 NHS Trust as at 31 March 2025 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 2024 to 2025; 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 2026.

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 2024 to 2025.

Matters on which we are required to report by exception

The Code of Audit Practice requires us to report to you if:

- 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).

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 (the 2014 Act)

At 31 March 2025, East of England Ambulance Service NHS Trust has reported a surplus against its incoming resources for the financial year of £2.026 million in its draft accounts but with a cumulative deficit at 31 March 2025 of £3.399 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.

On 28 May 2024, NHS England agreed to extend the break-even rolling period from three years to five years.

Under Paragraph 2 (1) of Schedule 5 of the National Health Service Act 2006, 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.

We therefore referred a matter to the Secretary of State under section 30 of the 2014 Act 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.

We are required to modify our report as we are making a referral to the Secretary of State under section 30 of the 2014 Act.

Report on the Trust's proper arrangements for securing economy, efficiency and effectiveness in the use of resources

We report to you, if we are not satisfied that the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2025.

On the basis of our work, having regard to the Code of Audit Practice 2024 and the guidance issued by the Comptroller and Auditor General in November 2024, we have identified the following significant weaknesses in relation to the specified reporting criteria of the Trust's proper arrangements for securing economy, efficiency and effectiveness in the use of resources for the year ended 31 March 2025.

Significant weaknesses in arrangements

In relation to governance and improving economy, efficiency and effectiveness

Our judgement on the nature of the weaknesses identified:

Following the focused inspection in November 2024, the Care Quality Commission (CQC) issued a warning notice under Section 29A of the Health and Social Care Act 2008 on 23 January 2025 against the Trust for failing to meet service requirements on various areas. The notice served was based on CQC's concerns over the following areas:

- The service did not ensure that staff kept up-to-date with their mandatory training.
- Waiting times for calls were below national standards which meant the service did not ensure people could access the service when they needed it.
- The service did not have enough staff to keep service users safe from avoidable harm and/or provide the right care and treatment.
- The service had cultural issues across the three Emergency Operations Centre sites and the Emergency and Urgent Care sites.
- Not all controlled medicine incidents were investigated, appropriate action taken and recorded to mitigate further risks or lessons identified to improve future practice.
- Ambulance station areas did not all adequately act on information about staff opinion of the service to develop and take actions for improvement.

Along with the warning notice, on 27 January 2025, CQC issued a Section 64 letter identifying a breach of Regulation 17 (good governance) and 12 (safe care and treatment) of the Health and Social Care Act 2008 (the Regulations). There were specific concerns regarding the Trust's failure to adhere to the national standard for Category 2 (emergency situations requiring rapid assessment) response times. Since the CQC's last inspection in April and May 2022, where the Trust's Category 2 response times were falling far below the national standards expected, CQC noted that the Trust have made some improvements. However, the changes implemented since the last inspection have not become sufficiently embedded in the service for CQC to be assured that improvements will continue or be sustained.

The CQC found that the Trust's systems and processes failed to ensure compliance with the Regulations and identify issues that may have impacted people's safety. This indicated that people using the Trust's service did not consistently receive a standard of care and support that was safe and appropriate to their needs.

The evidence on which our view is based:

- Section 29a warning notice and Section 64 letter issued by CQC on 23 January 2025 and 27 January 2025 respectively

- Progress reports from Rapid Quality Review meetings held in March and April 2025) with ICB Quality Leads, NHS England, and representatives from CQC
- Reporting to the Trust Board in February and May 2025

The impact on the Trust:

Failure to demonstrate the improvements required in line with the action plan agreed with CQC may lead to a recommendation to Secretary of State that a statutory administrator is appointed to the Trust. These failures could reasonably lead to significant impact on the quality and effectiveness of the service provided to patients and represents a reputational risk for the Trust.

The action the Trust needs to take to address the weaknesses:

The Trust should continue to engage with CQC and closely monitor its delivery of the action plan to ensure that sufficient change and improvements are being made.

The capacity issues within the Emergency Operations Centres and Emergency and Urgent Care sites, especially for call handler roles and responders, and the lack of oversight, adequate controls and monitoring process in place in certain areas of the Trust's emergency operations which led to the findings of CQC and the breach of Regulation 17 and 12 of Health and Social Care Act 2008, are evidence of weaknesses in proper arrangements to ensure compliance in governance, specifically how the Trust monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards are met.

The lack of effective performance measurement systems to track response times, and the lack of continuous improvement practices since the last CQC inspection, indicate significant weaknesses in the Trust's arrangements for improving economy, efficiency and effectiveness, specifically how it evaluates the services it provides to assess performance and identify areas for improvement.

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, head of internal audit, 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 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 2024, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in November 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 2025.

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.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until the NAO, as group auditor, has confirmed that no further assurances will be required from us as component auditors of East of England Ambulance Service NHS Trust.

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

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Elizabeth Jackson (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Luton
19 June 2025