NHS
East of England
Ambulance Service
NHS Trust

Annual Report and Accounts 2022-23

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#WeAreEEAST

Our Strategy, Our People, Our Trust

Vision, Goals and Values

Vision

Outstanding care, exceptional people, every hour of every day

Goals

Be an exceptional place to work, volunteer and learn

Provide outstanding quality of care and performance

Be excellent collaborators and innovators as system partners

Be an environmentally and financially sustainable organisation

Values

Respect
We value individuals, including our patients, our staff and our partners in every interaction

Teamwork
Together as one, we work with pride and commitment to achieve our vision

Honesty
We value a culture that has trust, integrity and transparency at the centre of everything we do

Quality
We strive to consistently achieve high standards through continuous improvement

Care
We value warmth, empathy and compassion in all our relationships

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 (DHSC).

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Welcome message from our chair

Nicola Scrivings
Trust Chair

“The past year has been a period of constant change and adaption as we again worked hard to maintain the high quality of care that our communities expect.

It is heart-warming to reflect on the efforts of all our people during this demanding time and to acknowledge the commitment and compassion offered by all our colleagues and volunteers to patients and the wider communities that we serve.

It is also testament to our strong relationships with our regional partners from all sectors, and the public, that we were able to tackle the tough challenges thrown at us, together, in a collaborative way. Collaboration is the only way to ensure the delivery of excellent care.

This would not have been possible without the resilience, positive attitude and willingness to go above and beyond for our patients and each other. The continued support and patience of our communities and their families has been remarkable as we strive to provide outstanding care with exceptional people, every hour of every day.

I want to say thank you from the Board.

Whilst our plans for the year needed to remain responsive to the situations we faced, we have maintained a constant focus on quality, people and sustainability in line with our goals.

Given the difficult circumstances our teams have been working in and continue to do so, it is extremely reassuring that our results in the latest staff survey revealed that we obtained improvements to the satisfaction rate of staff, making EEAST the top organisation out of all seven ambulance Trusts for the level of year-on-year improvement. I feel this is an endorsement of the work we have done with colleagues to change our culture through tangible actions, that permit continuous improvements to be made.. We recognise that there is still a considerable way to go to make EEAST not only a good place to work, but a great place to develop your career.

I firmly believe that positive colleague and patient experience go hand in hand, which is why ensuring our people are happy and supported is crucial. We will continue to work with teams to improve and ensure we support colleague wellbeing as best we can, so in turn they can provide the best care to our patients.

This is the last time I’ll write this welcome as I come to the end of my term, and I want to thank all my Board member colleagues for their support and sharing constructive concern and challenge to ensure we continued our resolve to deliver on our goals. I

Welcome message from our chair (cont.)

want to mention Tom Abell, Chief Executive Officer (CEO) for his support and for consistently role modelling the patient focus and compassion needed to deliver compassionate leadership.

I hope this annual report enables you to understand our Trust, the key risks to the achievements of our goals and how we have performed over the year. It is also an opportunity to celebrate the dedication and commitment of our colleagues and volunteers and recognise the safe, caring service that they provide across the east of England.

”

Nicola Scrivings
Trust Chair

Overview from our chief executive

Tom Abell
Chief Executive

“This year has been one of progress and challenge for us all at the East of England Ambulance Service NHS Trust (EEAST), as always throughout this time the dedication and exceptional efforts of our incredible people has shone through. Our people are the beating heart of our service, and their commitment to saving lives and providing compassionate care is truly extraordinary.

We have continued throughout this year to focus on our culture and to resolve long standing concerns our colleagues and stakeholders have had about how the service works. One of our significant accomplishments has been the resolution of over 91% of our long-standing legacy employee relations cases. This demonstrates our commitment to fostering a supportive and inclusive working environment, where everyone feels valued and respected. We have also witnessed a reduction in instances of bullying and harassment, with a 71% drop in the number of reported incidents of sexual harassment. Such progress is a testament to our ongoing efforts to create a culture of civility and respect, as evidenced by three-quarters of our team completing values training.

We have remained steadfast in taking firm and proportionate action when individuals fail to meet our expected standards of behaviour and uphold our values. This commitment ensures that our service remains focused on, and is able to, provide the highest quality of care to those in need.

The recognition we have received from the Care Quality Commission (CQC), highlighting a “marked improvement” in several areas of concern raised in previous reports, reflects our collective determination to tackle the issues we face. Whilst we acknowledge these positive strides, we recognise that there is still much work to be done as we strive to be better.

Alongside our work to improve our culture, we have faced some of the most unprecedented demands on emergency care services that have ever been seen, these have meant that patients have waited longer than any of us would expect and has also placed severe strain on our people, dealing with both the volume of need within the community and the real impact that issues such as handover delays at hospital have had over the course of this year.

We responded in a variety of ways to this challenge over the course of the past year, including:

- The implementation of new end-of-shift protocols and hospital cohorting arrangements. These initiatives aim to facilitate timely departures from hospitals, allowing our dedicated colleagues to return home on time more frequently. Additionally, we recognised the vital role of our hospital ambulance liaison officers (HALOs) and have strengthened this team to provide continued support for our people and foster stronger relationships with our hospitals.

Overview from our chief executive (cont.)

- We have expanded the role of advanced paramedics in our control rooms, bolstering triage capabilities and extending their responsibilities both in control and on the road.
- We have taken steps to refer appropriate calls and patients to partner services, ensuring patients receive the care they need, including referring back to 111 services where appropriate and the introduction of access to silver frailty lines and consultant connect services, providing invaluable support for triage and frontline decision making.
- Our partnerships with fire and rescue services across the region have been further strengthened, facilitating co-response arrangements that enable us to deliver a more coordinated and efficient emergency response.
- We have invested in our community first responder groups, which has included the introduction of new cars and state-of-the-art equipment such as the Raizer chairs. These advancements empower our dedicated responders to provide prompt assistance in critical situations, ensuring that life-saving interventions can be administered swiftly, and patients cared for better.

We have also placed paramount importance on improving the wellbeing of our teams, providing them with over 40 types of additional support for both physical and mental health. We have also removed the cap on mental health and physiotherapy support, ensuring that our colleagues have access to the support they need. The introduction of welfare wagons and trolleys, which will continue to be available, further demonstrates our commitment to supporting our team members in their essential work.

I want to thank each and every member of the East of England Ambulance Service for their remarkable contributions and unwavering dedication. Together, we will rise to the challenges we face, guided by our shared purpose to save lives and serve our community.

As we reflect on the past year’s accomplishments, we must acknowledge that we still have some way to go to deliver on our vision and values. I believe these challenges are surmountable and **we should use them to inspire us to continually evolve and improve**, **whilst keeping a commitment to providing exceptional care at the very heart of what we do.**

Tom Abell
Chief Executive

The Trust what we do

The East of England Ambulance Service NHS Trust covers both urban and rural areas **within six counties**, across the east of England.

The resident population of about six million people, increases by several thousand more tourists who visit our area every year. In addition, we cover London Luton and London Stansted airports, and major transport routes, which increase the number of people in our region on a daily basis.

- We provide 24 hour, 365 days a year **emergency and urgent care** ambulance services **(999 calls),** for patients with illnesses and conditions that are immediately life-threatening right through to minor injuries, across Bedfordshire, Hertfordshire, Essex, Norfolk, Suffolk and Cambridgeshire.

- Our **non-emergency patient transport** takes patients to attend their hospital and medical appointments, if there are clinical reasons why they cannot attend on their own, across Bedfordshire, Cambridgeshire, Hertfordshire, north east Essex and west Essex.

- Our **telephone and online clinical advice service** supports patients who do not need an ambulance and our team of clinicians undertake our 'hear and treat' process, or make a referral to their GP, pharmacist or walk-in centre.

- We have two **hazardous area response teams** and a **resilience and specialist operations team** that respond to a variety of emergency situations and incidents or terrorist attacks.

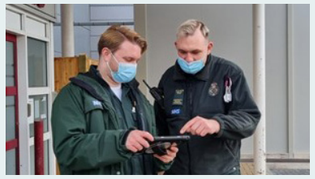
- We have over 1,200 **volunteers** who dedicate time and effort to support us. Our volunteers provide essential support to our aim of delivering safe, high quality care to our patients.

- To support the development of our colleagues and to grow the clinical workforce, we are a **healthcare education provider,** with training schools across our region. We work in partnership with local universities, as well as delivering apprenticeship schemes.

- We operate a number of **services which generate income,** including first aid training, medical cover for events and festivals, medical repatriation and the provision of management services to both public and private sector organisations. We also receive income by participating in research projects.

The Trust where we are

Our year in pictures



April 2022

In April, EEAST offered a series of **in-person electronic patient care record (ePCR) events** across the Trust, listening to feedback and suggestions for system improvements.

April 2022

The Norfolk community first responder (CFR) team held a '**recruitment roadshow**' to encourage more people to volunteer in north Norfolk.

May 2022

Bedford **emergency operations centre** introduced the first **open day** for colleagues and volunteers to attend and get a better understanding of the control room.

May 2023

A garden designed and featured at **RHS Chelsea Flower Show** was gifted to Chelmsford ambulance station, as a space for colleagues to enjoy and unwind, after winning a silver medal.

May 2022

Our EEAST Charity was awarded **a grant of £116,624 from NHS Charities Together**, to pilot a signposting programme for patients with **unmet needs** to wider community support.

June 2022

Last year's **Volunteers' Week**, which was celebrated between 1st and 7th June, gave EEAST colleagues an opportunity to give their thanks to our incredible volunteers.

June 2022

During June, all EEAST staff received either a **commemorative Jubilee medal or coin**, to mark Her Majesty The Queen's seventy years on the throne.

June 2022

EEAST launched '**Learning Circles**,' a series of informal discussion groups that provided managers, at all levels of experience, with some practical ways to tackle issues they may face as a leader.

July 2022

A total of 470 staff and volunteers were invited to the **EEAST long service award evenings** held in Bedfordshire and Suffolk to mark service of 20, 25, 35 and 40 years. In addition, 154 staff were also presented with the Queen's Medal, which marks 20 years of frontline service.

July 2022

To mark the **NHS Big Tea**, our welfare wagons were out on the road to support crews working in the local community.

July 2022

EEAST celebrated the first ever **International Paramedics Day**. The day was created by the College of Paramedics.

September - October 2022

The resilience and specialist operations team held **14 marauding terrorist attack exercises** during September and October, with colleagues volunteering to act as casualties. These exercises are designed to test ambulance, police and fire responders.

October 2022

To celebrate **International Control Room Week**, we launched a short film which gives a behind the scenes look at life as an EEAST call handler.

October 2022

The Outrun an Ambulance initiative, which raises funds for ambulance charities including the EEAST Charity, won the **Working in Partnership Award** at the Communicate Awards, and the **NHS Publicity Campaign award** category at the Health Business Awards.

November 2022

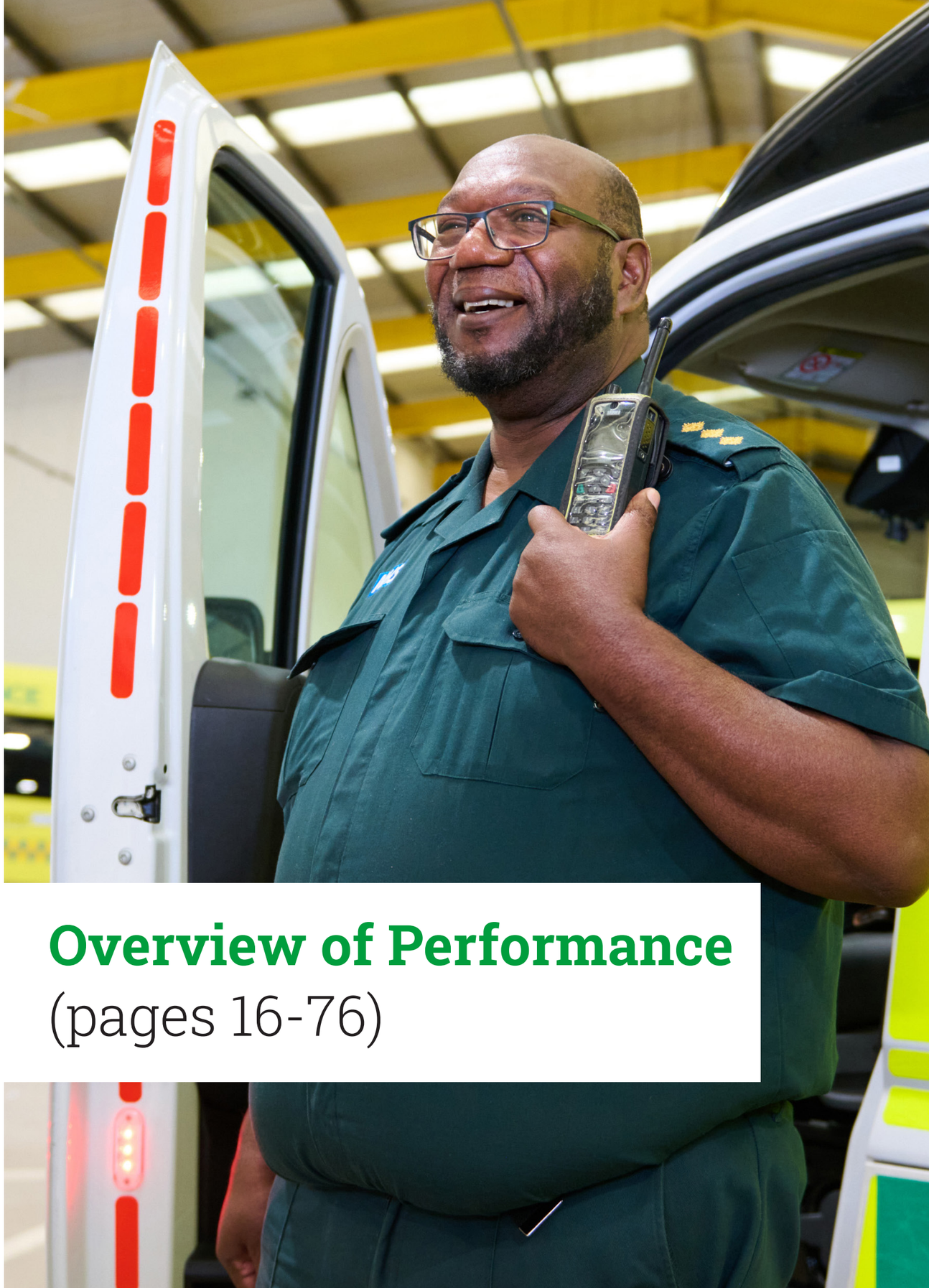
EEAST and Magpas Air Ambulance crews won the **999 Hero category** at **The Sun's Who Cares Wins Awards.**

December 2022

EEAST was awarded **Menopause Friendly Employer status** by Henpecked through our work with the Hertfordshire and West Essex Integrated Care System.

February 2023

EEAST was delighted to **welcome HRH Prince William to the Trust**, to spend time with colleagues on the Ipswich site.



Overview of Performance
(pages 16-76)

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

We received **1,397,119 calls** to our emergency operations centres (EOCs) last year which was 3,500 less than the year before, but still **averaged over 2,881 calls a day**.

We **attended 754,460 incidents** – caring for **over half a million very unwell patients.**

14% of these were categorised as the **highest priority** (immediately life threatening) and **58%** were our **second highest category** (serious condition).

Patient and Public Involvement

During last year, patient and public involvement continued to develop our networks with local groups across the region.

This saw the co-production of a Young People's Mental Health Instagram survey and an Easy Read survey. These were co-produced with patients with lived experience, we are confident that the results of these surveys will support the Trust to further develop the way in which we support patients with mental illness or learning disabilities.

EEAST's co-production of the patient and public strategy last year was published as a case study of best practice within the new NHS Statutory Guidance for Working with People and Communities. The Trust continued to develop the ways in which we work to meet the needs of this dynamic strategy.

Community Engagement Group (CEG)

Our community engagement group (CEG) extended the reach of the patient and public involvement team.

Working with this group of volunteers enabled us to link with representatives of communities and those with an interest in the service across the region.

Members regularly attended strategic meetings with Trust staff and completed station visits and audits, suggesting ways the service could be improved for patients and the public.

Links with Healthwatch and patient representative groups

Our patient and public involvement team and our community engagement group volunteers regularly attend Healthwatch meetings and other meetings of patient representative groups, including the citizen's senate and patient participation groups. We have continued to expand our representation with other organisations and specialist groups across the region over the last year.

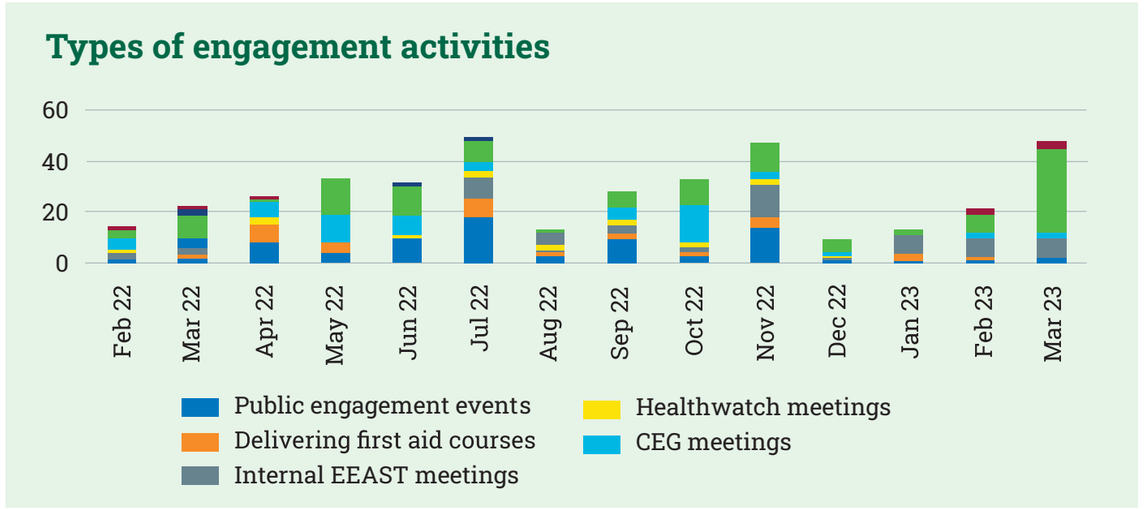
We are continually improving our services as a result of our patient experience. **Patients are at the heart of everything we do**, and we understand the importance of learning from their voices.

Engagement activities

Face-to-face engagement events provided an opportunity to speak with the public about our services and gain feedback. This gave us an opportunity to hear from people who may not usually have contacted EEAST. Engagement with schools and community groups had been challenged during the pandemic. These visits gave EEAST the opportunity to talk to children about the correct use of the service, offer some first aid and CPR training and show children the equipment we use.

With COVID-19 restrictions lifting over the last 12 months, patient and public involvement activity increased, including work with community groups, Healthwatch, school visits and more. This was only possible with support from our colleagues and volunteers.

Number of events:



The graph shows the number and type of each engagement activity during 2022/23.

Patient and family stories

Our discovery interviews with patients supplemented our other feedback channels as a Trust. These interviews gave patients the opportunity to share their story in their own words on video. These were shown at public Board meetings and discussed by the Board.

Discovery interviews are used to support learning from complaints and serious incidents. Patient stories are a powerful learning tool for hearing the patient voice directly from them. We completed 19 interviews. The team has been developing ways to share interviews with colleagues in a meaningful way.

The development of the patient and public involvement strategy gave the community engagement group an opportunity to develop the ways in which members engage with the Trust and their communities.

Annual patient survey

The annual patient survey programme included surveys for emergency service/ emergency clinical advice and triage (ECAT) service and the patient transport service (PTS).

Surveys were designed in collaboration with the service/ clinical leads and co-produced with experts by experience to ensure people and our community are treated as equal partners in service design, development, and evaluation.

All patient surveys included the national 'friends and family test' (FFT) question, 'Overall, how was your experience of our service?' as good practice.

The FFT is a way of calculating the overall satisfaction of the patient and is used as a benchmark across the Trust with results reported to NHS England each month.

EEAST patient experience results: April 2022 - March 2023	Overall satisfaction (friends and family test)	
	Number of patients	Overall satisfaction
Emergency services / ECAT services	827 out of 909	91.0%
Patient transport services	405 out of 466	86.9%
All services	1,232 out of 1,375	89.6%

Since April 2022, 1,375 patients have responded to the overall satisfaction question, with **89.6%** of these patients rating their experience as **'good'** or **'very good.'**

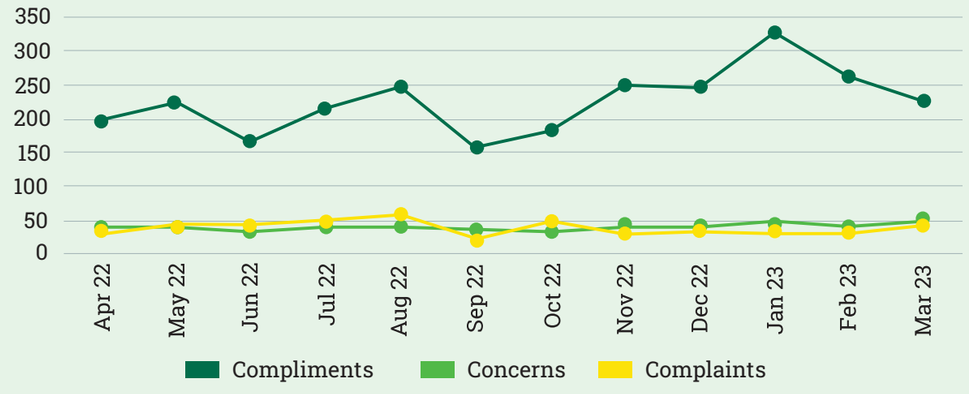
Complaints, Concerns and Compliments

Compliments

Compliments always outweigh the number of complaints received, and in 2022/23, 2,702 compliments were received regarding our service, an average of 225 a month.

Compliments are reported to the Trust Board and to the individual colleague, with the local management teams copied in so that they can be acknowledged and recorded on the staff members' personnel file.

Compliments, concerns and complaints received by month



Feedback from our patients

> The presence of **these two friendly people gave me confidence** that they could make me feel better.

> I would like to **thank both paramedics for their professionalism**, their concern for my condition and insistence that I went to hospital to be checked over.

> Very **positive**, **knowledgeable**, **friendly** and **professional** including the trainee who attended with the team.

> I wanted to thank the crew that came out to me they were excellent. **I couldn't fault them**.

> I have got in contact via patient survey to say **thank you to the crew** that attended. **Thank you for your patience and care**.

Concerns and complaints

As a Trust, we closely monitor the volume of complaints received, seeking any trends and themes to support service improvement and early intervention.

All complaints and concerns receive a full, evidence-based investigation. Responses to concerns raised by patients or their representatives are available in different formats, and face-to-face meetings are arranged where complainants need further support.

The number of reopened complaints remained very low, meaning that complainants are normally satisfied with our response to resolve their complaint.

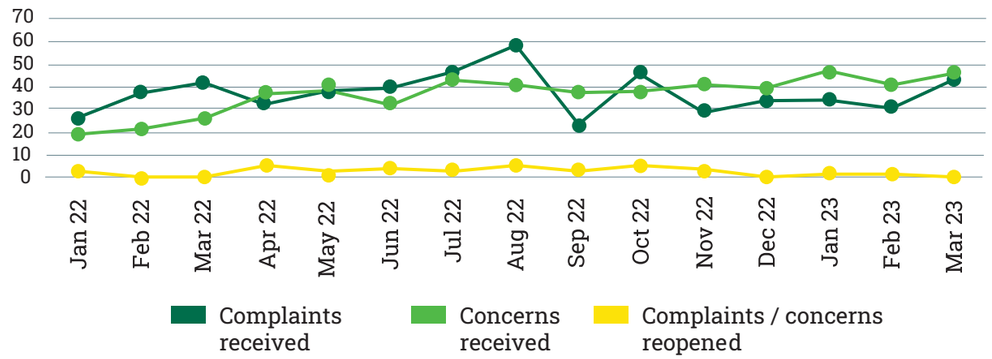
Although complaints and concerns account for less than 0.07% of the contacts we have with patients, throughout 2022/23 we have seen clear themes through the complaints and concerns received from members of the public and their representatives.

There was focus on delays in sending an ambulance and occasions when we asked patients to make their own way to hospital. This was because of escalatory measures put into place by the Trust during sustained extreme pressures in the wider system. The Trust developed a clear action plan and worked with our system partners across the region to support patients as safely as possible

Following the release of our fully revised complaints and compliments policy at the end of 2022, consent requested must be received before the investigation can start.

Once consent has been received, this allows our investigators to contact the complainant/ patient to discuss their concerns openly and share any initial findings, without breaching data protection regulations.

Reopened complaints



The graph (above) shows the number and type of reopened compliments, concerns and complaints received by month in 2022-23.

Patient Safety

Over the last year, we refreshed our approach, taking a more proactive stance in terms of improving patient safety.

The introduction of a safety framework supported locality leadership teams to deliver elements of clinical quality and safety performance.

The Trust continued to investigate serious incidents (SI) and identified learning from every investigation undertaken. Work towards delivering the national patient safety strategy continued, patients can expect a continually improving and safer service in the years to come.

Safety framework

Patient safety is about more than measuring how many incidents are reported, it includes engaging with patients, carers, family members and professional colleagues to use their lived experience as an opportunity to learn and improve services. It is about encouraging colleagues to be honest and open, by providing a supportive environment where a just culture can thrive.

Incident reporting remained high last year, suggesting that the Trust had a good culture of reporting incidents. Reassuringly, most patient safety incidents reported resulted in no harm to the patient.

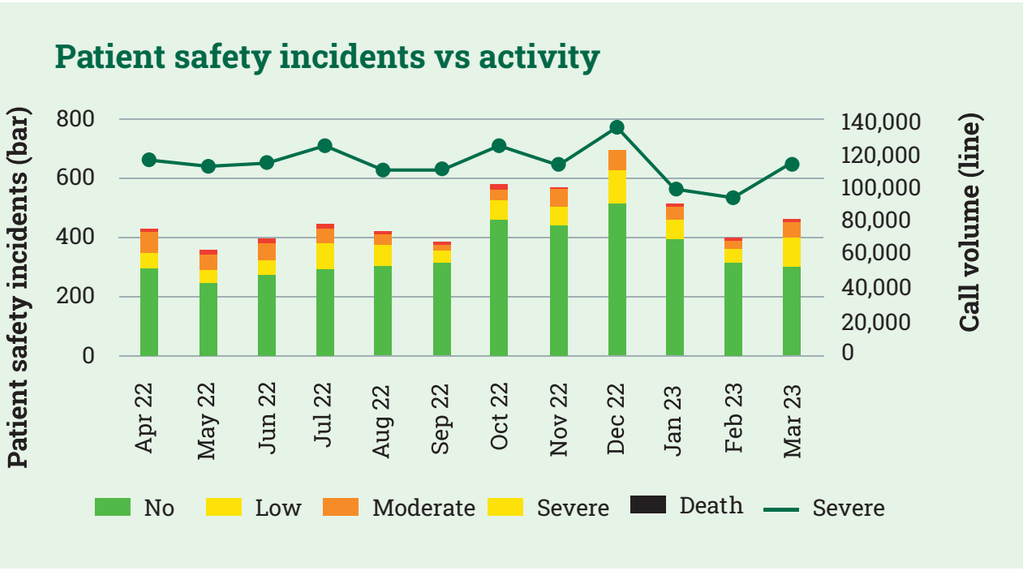
Serious incidents (SIs)

There was a significant increase in serious incidents declared during 2022/23, compared with the previous year. Whilst this could be partly attributed to sustained operational pressures leading to increased response times to our patients, it was reflective of our level of scrutiny and openness when reviewing incidents. We continued to use the action plan to improve the elements which were identified through the scrutiny process.

The key themes of serious incidents were as follows, with a comparison to previous years:

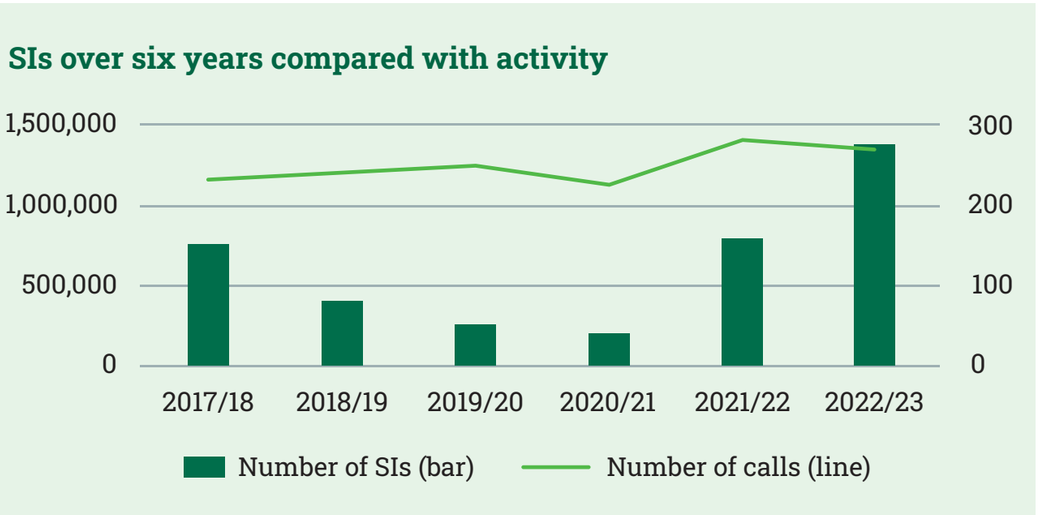
	2022/23	2021/22	2020/21	2019/2020
Delay	**214**	114	9	13
ECAT / EOC	**12**	8	1	8
Patient injury	**3**	8	5	4
Clinical treatment	**18**	11	5	9
Non-conveyance	**21**	17	18	13
Other	**10**	3	0	4

Serious incidents (SIs) - continued



In order to ensure that actions agreed following serious incident reviews followed the SMART process, an action setting group was established in early 2023.

Although still evolving, this group enabled operational teams to meet with the central team to develop and agree actions from serious incidents, which were achievable and realistic. It enabled the team to more easily follow up actions, confirm completion, and review the impact. There was an improvement in the number of actions closed or completed and the engagement with operational teams enabled them to appreciate the importance of learning from incidents.



The team used the patient safety incident investigation methodology to review groups of incidents when clusters emerged, in advance of the national Patient Safety Incident Response Framework (PSIRF) planned for September 2023.

Duty of Candour (DoC)

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

The increased number of DoC cases last year correlated with the increased number of serious incidents reported. Despite this increase in the number discharged, the time for carrying out the DoC call, and sending the subsequent letter had improved, compared with previous years. This can be attributed to the sustained work by the patient safety team, with input from local managers.

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

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

Patient safety specialists

EEAST has six patient safety specialists and agreed funding for two more posts. This enabled us to assign a patient safety specialist to each business unit providing expertise and links with other providers within local systems.

Patient safety syllabus

All Trust colleagues were encouraged to complete the first module of the syllabus.

Patient Safety Incident Response Framework (PSIRF)

PSIRF will be implemented fully from September 2023, EEAST identified the importance of getting the implementation right and appointed a PSIRF lead. Mandatory requirements of the patient safety syllabus are planned.

Health, Safety and Security

Security

Body worn cameras were introduced in some areas. There was a programme to roll this out this across the Trust as part of a national pilot programme.

The safety team provided support to colleagues who were subject to violence, and also liaised with police forces.

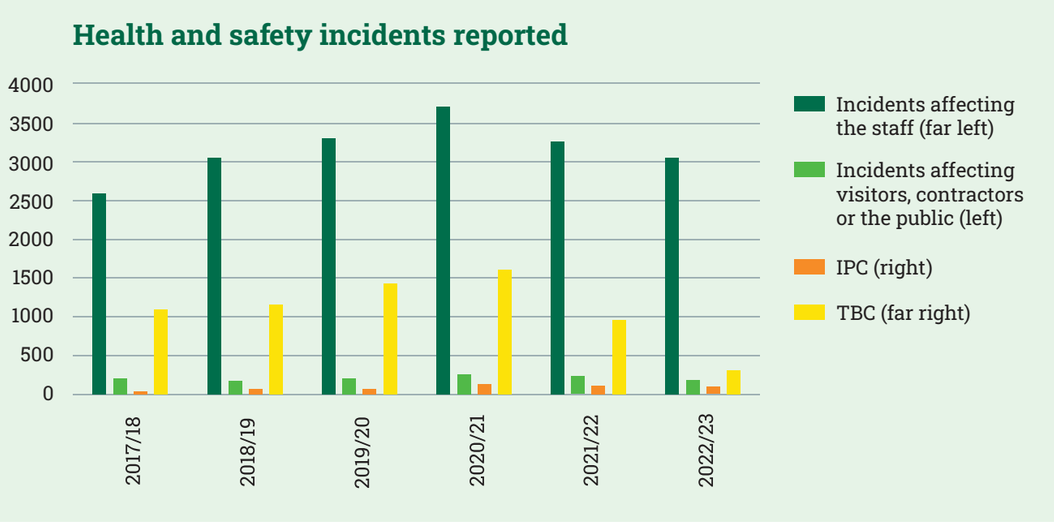
Health and safety

In the past 12 months, the health, safety and security team introduced a programme of assurance visits to all sites across the Trust. The visits combined an inspection of the sites, in line with the Health and Safety at Work Act 1974, coaching the local managers in their responsibilities and liaising with fire officer and estates teams.

A bi-monthly meeting of the health, safety and wellbeing group, reviews health, safety and security incidents and reports from estates, fire safety and wellbeing. Findings were reported to the people committee, as necessary.

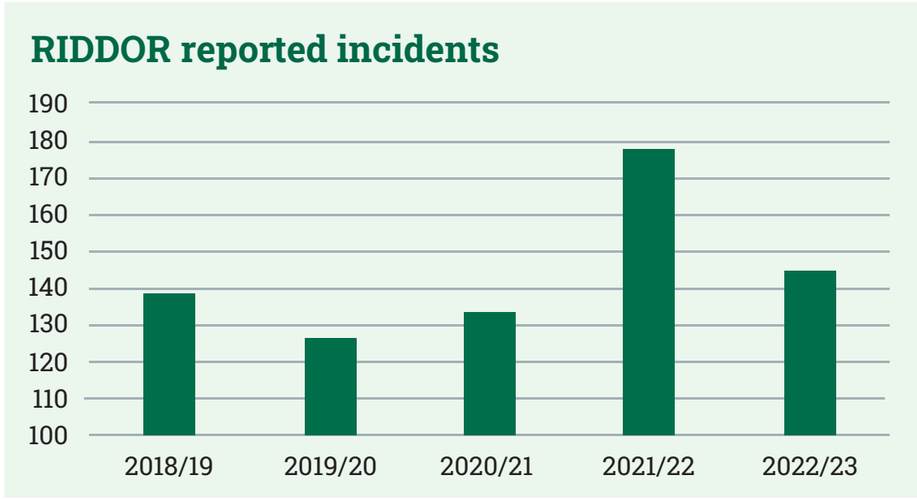
Incident reporting reduced in 2022/23 in comparison with the previous two years, across all categories, following a sustained period of increase for the previous four years. Vehicle accidents were managed using a different system and are only considered as health and safety related, if harm to a person was sustained.

Better engagement improved understanding of causes of harm and actions being completed to avoid future injury.



The table (above) shows the number and type of incident over the past six years.

Reports under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) during the past 12 months showed a return to within a 'normal range' of reported incident numbers.



The table (above) shows the number of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

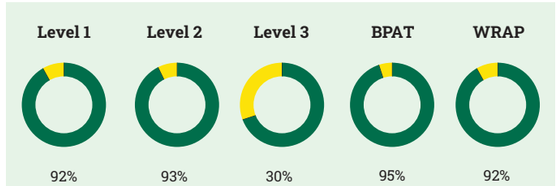
An external health and safety review undertaken in 2022 was repeated in 2023. This review showed improvements in the management of health and safety for the Trust in the intervening period. The review identified some actions required to make further improvements. This included a focus on the need to improve the collation of risk assessments, and work commenced to support this development. The health, safety and wellbeing group and people committee had oversight of the plan to address the issues.

Safeguarding

During 2022, the safeguarding team completed its second safeguarding patient voice survey, providing feedback from patients over the age of 18 who had consented to a safeguarding referral. For example, a referral to social care, the fire and rescue service for safe and well checks, GP for additional support, mental health services, falls teams, or other healthcare professionals such as physiotherapists, occupational therapists etc.

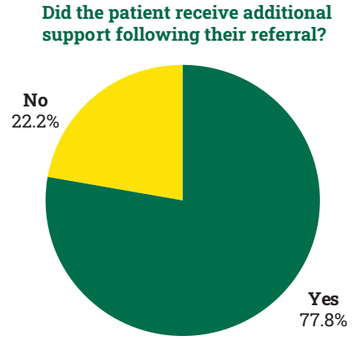
Listening to patient feedback enabled us to identify what was working well but also highlighted areas for service improvement.

During 2022/23, a patient safeguarding survey was sent out, to obtain feedback from patients who had consented to a safeguarding referral (like mental health services, falls team, GP, local authorities and the fire and rescue service).



The table above shows our delivery of training across the year.

Level 1 - Safeguarding Training
Level 2 - Safeguarding Training
Level 3 - Safeguarding Training (on course to reach target by 2024)
BPAT - Basic Prevent Awareness Training
WRAP - Workshop to Raise Awareness of Prevent



This feedback, from the patient voice survey, indicated that our safeguarding service is having a positive impact.

Over the last year, the safeguarding team continued to support and deliver robust safeguarding services across the Trust. This has been achieved by expanding our core services as well as the development and improvement of new services. During the last year EEAST:

- Reviewed and updated level 1, 2 and introduced level 3 training packages.
- Exceeded the 90% compliance target for levels 1 and 2 safeguarding training as well as basic prevent awareness training (BPAT) and workshop to raise awareness of prevent (WRAP).
- Delivered over 45 virtual level 3 training sessions to more than 1,000 coleagues – demonstrating the Trust is on target to be fully compliant with its 90% target by April 2024. (The cohort requiring level 3 training had increased significantly over the year, and included all registrants from about 70 to almost 2,000 colleagues).
- Reviewed and introduced significant changes to the single point of contact (SPOC) pathways – the method of referral available 24/7 to our colleagues.
- Introduced the child protection information system (CPIS) with a requirement to check the CPIS record prior to discharging on scene for any male 18 years, or younger, and any female 60 years, or younger.
- Scoped in excess of 4,500 multi agency risk assessment conferences (MARAC) cases in partnership working with local authorities.

Infection Prevention and Control (IPC)

At EEAST we put infection, prevention and control at the heart of good clinical practice. Basic hygiene and cleanliness are fundamental to deliver safe and effective care for our patients and to maintain a safe working environment for our colleagues.

To deliver this standard, we are committed to ensuring that appropriate resources are allocated for the effective protection of patients, their relatives, colleagues, and members of the public. In this regard, emphasis is given to the prevention of healthcare associated infection, and the sustained improvement of colleague practice and the cleanliness of our vehicles and stations.

Make Ready Services

Our make ready service teams across multiple sites are dedicated to delivering clean vehicles across the Trust, following a comprehensive cleaning schedule.

High vehicle cleaning compliance was achieved throughout most of the year but in the face of extreme unprecedented system pressures, the teams were able to work dynamically and collaboratively across the Trust to address the challenges and regain high compliance.

The make ready service teams continued to expand and became more established across all sites.

Throughout the year, there was a continued response to the COVID-19 pandemic and high numbers of cases were recorded. The EEAST COVID team continued to deliver a 'track and trace' service and identified outbreaks or emerging areas of concern.

There were some months where nearly 600 positive COVID-19 cases were identified, and the proactive approach taken by the COVID team and infection, prevention and control team enabled us to act swiftly and enhanced precautions in areas that were experiencing increased pressure due to COVID-19 and flu sickness.

Throughout the year, the Trust incrementally moved with the national guidance around COVID-19 precautions and testing, and it was considered within the business-as-usual response to seasonal respiratory infections.

Infection, prevention and control audit compliance

The table below shows our compliance rates achieved against our target for 2022/23.

	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Vehicle	**95%**	98%	98%	97%	98%	96%	95%	96%	97%	95%	97%	97%	96%
Uniform	**95%**	97%	97%	96%	97%	97%	97%	97%	96%	98%	96%	97%	98%
Premises	**95%**	93%	94%	92%	95%	93%	90%	93%	92%	92%	93%	94%	92%
Vehicle cleaning	**85%**	85%	86%	87%	84%	81%	82%	83%	84%	81%	87%	86%	85%

The infection prevention control team continued to review best practice in line with national guidance and highlighted where improvements could be made, as discovered through audit and incident reports. Local audits of colleagues, vehicles and premises were also conducted in large quantities by local managers in operational areas.

The compliance against standards throughout the year showed that infection prevention control standards were continually met with most audits achieving the Trust target.

Where audits fell short, the infection prevention control team highlighted areas for improvement and encompassed any themes or trends into the strategy for quality improvement. This required collaborative working and expert communication to drive improvement throughout EEAST.

Quality Account 2022/23

Every NHS Trust produces a quality account which reflects on the progress made during the previous year. It identifies priorities for the coming year, based around the three themes of patient safety, clinical effectiveness and patient experience. Our priorities for 2022/2023 continued to focus on the core priorities which match the mandatory indicators for ambulance trusts set by the Department of Health.

EEAST's local priorities are detailed below:

Patient safety

- Complete the development of, and start to embed, the Patient Safety Incident Response Framework (PSIRF) into the organisation.
- Ensure that appropriate safe decision making is applied for patients who are left at home following assessment and treatment.
- Learn from incidents and patient experience to improve the safety and quality of care patients receive.

Clinical effectiveness

- Implementation of clinical supervision.
- Take the learning from the extended period of managing COVID-19 and create an urgent and emergency care strategy that ensures the Trust meets both the needs of the newly forming six integrated care systems (ICSs) in the region and also the national priorities agreed nationally, across all ambulance services.
- Publication of our public health strategy in collaboration with Public Health England (PHE).
- Continuation of an enhanced clinical audit programme to cover a wider range and greater number of audits.
- Work with particular patients and their carers in the design specification of the new patient transport service (PTS) vehicle.

Patient experience

- Obtain feedback from more difficult to hear groups of patients such as those with learning disabilities, dementia, younger people and those from black, asian and minority ethnic backgrounds.
- Improve experience and quality of care for people with learning disabilities/ autism.
- Fully embed the patient and public involvement strategy.

Our full version of the quality account can be found **on our website**.

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

Our People

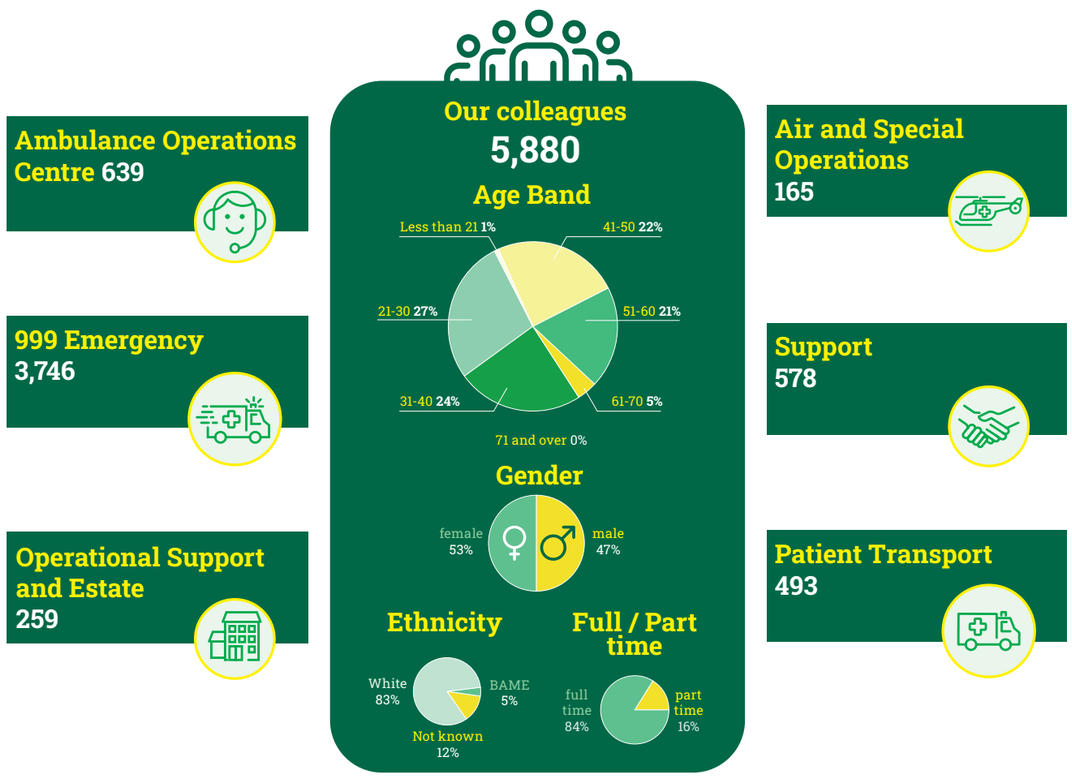
At EEAST, we remain dedicated to being an exceptional place to work, volunteer and learn. We are on a cultural improvement journey to ensure our people work in an environment which allows them to grow, develop and ultimately thrive.

Supporting and developing our people is a key priority for EEAST. Our people services and strategy, and culture and education teams underwent significant transformation over the last 12 months. This ensured the right mechanisms were in place to empower and support our leaders, to lead with compassion and develop our people to adapt to, and embrace, new ways of delivering the right care to our patients.

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

Our colleagues on the frontline, those in control rooms and those providing non-emergency services are the 'face' of EEAST. Supporting these colleagues are hundreds of others within our support services functions.

All our people, whether directly or indirectly, contribute to ensuring we provide the very best service for our patients.

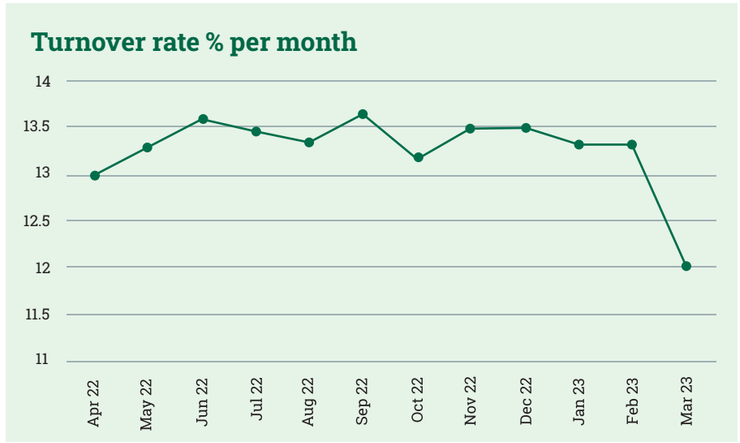


Turnover and retention

By decreasing staff turnover, through a structured plan supported by strategy, EEAST retained a healthy workforce with valued experience and skills, whilst reducing the spend on recruitment and private and agency staffing.

We recognised that changes would not be made overnight, and remained dedicated to implementing long-term plans that will be impactful and financially responsible. Retaining the valued skills and experience of our people is an EEAST key priority.

Turnover and retention continued to be a critical issue across the NHS. EEAST experienced high turnover rates throughout last year with long-term interventions only just beginning to make improvements.



In April 2022, EEAST reported a turnover rate of 12.98% which then spiked in September 2022 at 13.64%, **in March 2023, this reduced to 11.99%**.

EEAST engaged with national and regional workstreams such as the regional retention improvement plan, which included implementation of internal interventions including a detailed EEAST retention improvement plan.

This work was supported by the launch of our **people strategy** and **wellbeing plan**.

We began to evidence improvement and recovery, attributed to local actions led by our people, including:

- recruitment and onboarding processes to improve candidate experience.
- career development pathways to support and develop our colleagues.
- HR Business Partner Team supported leaders to improve exit processes.
- data gathering processes provided us with the intelligence to adjust our organisational strategies.

Combined, these elements improved the overall 'life cycle' of our people to ensure a great experience from beginning to end of employment at EEAST.

Inclusivity

The percentage of BME colleagues employed by EEAST, and our people who declared their ethnicity, continued to increase throughout 2022/23. This increase was attributed to EEAST actively addressing underlying cultural issues relating to race discrimination, through our workforce race equality standard (WRES) plan, recent BME survey and our inclusivity plan.

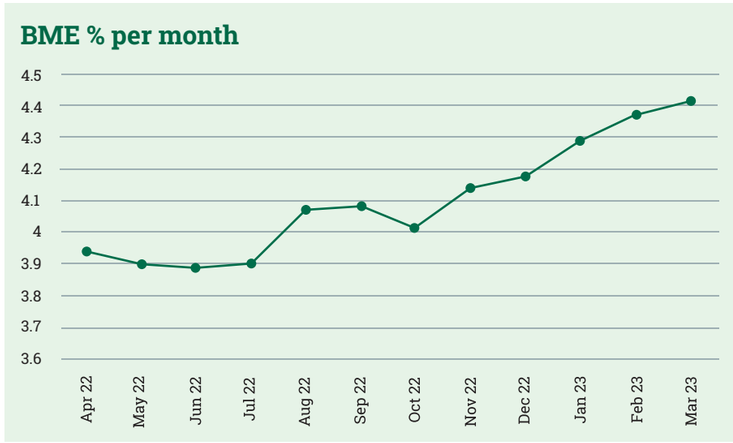
These workstreams focused on both recruitment and supporting our existing colleagues. Increasing BME representation across EEAST improves the service we provide to our local communities and directly impacts upon patient care.

We focused on improving support offered to our people who declared a disability, including additional leadership training and awareness events.

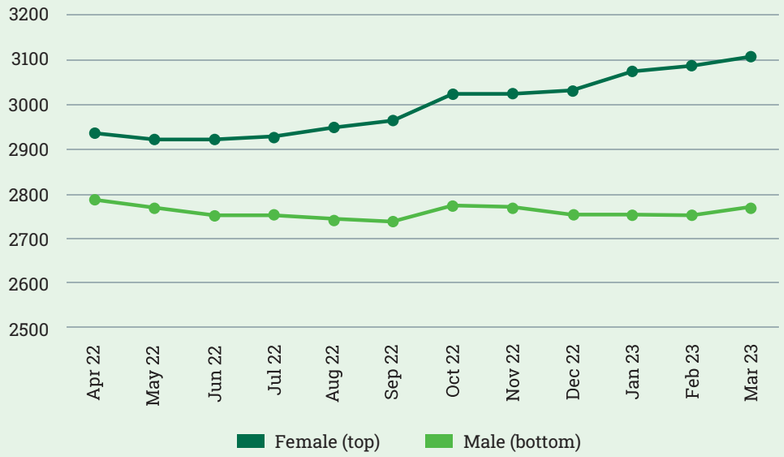
Our executive and senior leadership teams played a prominent role in our awareness campaigns, which led to more colleagues recording their disabilities on our internal systems.

EEAST continued to support our people to feel comfortable to declare a disability with the confidence to know they will be treated fairly and equitably at EEAST.

Our recent BME survey was a key step change for EEAST during 2022, demonstrating our continued commitment to addressing the underlying cultural blockers to achieving true inclusivity. The results of this survey form our baseline, as well as a number of actions, which will feed into our three-year inclusivity plan.

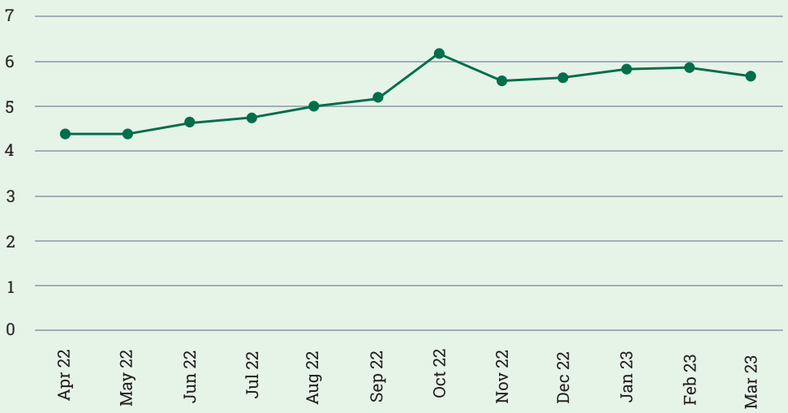


WTE Female and WTE Male by month



We saw a shift in male to female headcount, females account for 53% of the total workforce.

Declared disability % by month

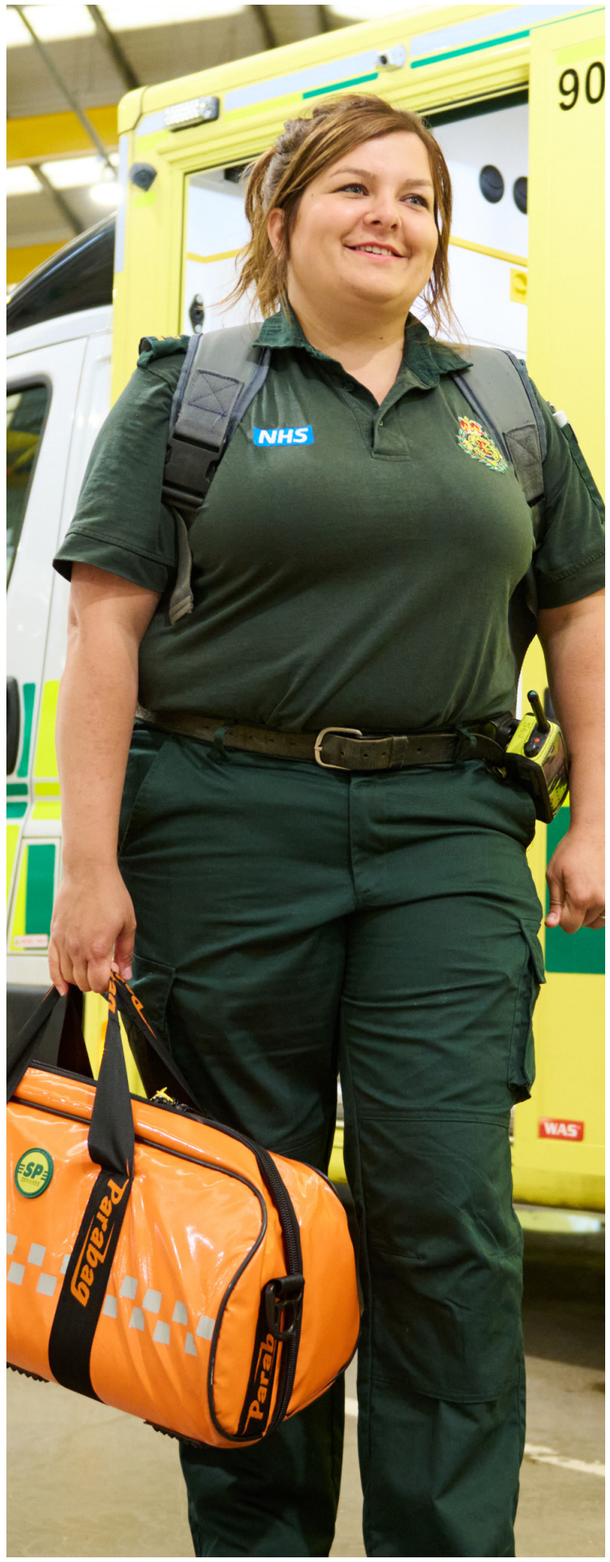


Declared disability continued to rise spiking in October 2022 at 6.15%.

We published our gender pay gap report supported by an action plan to ensure that whilst the majority of our people are female, this ratio is also reflected within our leadership roles too.

Working closely with our equality networks, we continued to examine our supporting policies, procedures and management toolkits that better enable career progression for our colleagues.

EEAST used many different ways to recruit new colleagues, including a bus advertising campaign.



Colleague Training and Education

One of the key components making EEAST a great place to work, volunteer and learn is our ability to provide a breadth of career pathways and development opportunities for all our people.

Throughout 2022 we expanded the number of career pathways available to new and existing colleagues at EEAST. Career pathways were designed to both attract and retain skilled colleagues and provide detailed career progression options, underpinned by academic study funded by the apprenticeship levy.

We introduced an innovative pathway - the allied health professional (AHP) pathway - which provided a transitional education course for existing AHPs to become paramedics. Two cohorts (34 candidates) have successfully progressed through this induction pathway since it was introduced, with a further 12 candidates due to start in the spring.

Investment in clinical professional development strengthened during 2022, with over 358 courses being offered to clinical staff, up 45% from last year. This amounted to over 5,600 EEAST colleagues attending face to face training in the year, leading to improved skills, knowledge and ultimately better patient experience.

We took great steps forward to increase the amount of **protected time** available for clinical colleagues to undertake training, by providing **24 hours per year per allied health professional** to undertake continued professional development (CPD).

EEAST continued to invest in colleagues undertaking degree apprenticeships relevant to their role.

During 2022, we expanded the number of colleagues undertaking a degree apprenticeship by opening up options to non-clinical colleagues, alongside the existing offering for those clinically trained.

This was supported by EEAST attracting a further £1.41 million in apprenticeship levy funding.

Degree apprenticeships, alongside other professional courses and qualifications, continued to be offered to all EEAST colleagues, supported by a detailed organisation wide training plan.

Colleague Relations

The Trust demonstrated improvement in employment relation case volumes over the last year. In April 2022, There were 174 reported cases which spiked in May 2022 at 214, reducing to 90 by March 2023.

The suspension process was refreshed, evidencing a drop in average length of suspension from 121 days in April 2022 to 108 days in March 2023.

Processes were reviewed to ensure that out people were well supported during employment relation related situations, which can often be stressful and of a sensitive nature.

Staff feedback

The NHS 2022 staff survey report obtained the highest completion rate ever seen by EEAST, at 60%. This placed EEAST at the top of the leader board against other comparable ambulance trusts, in terms of staff response rates.

EEAST took a positive step forward with regards to colleague experience; **46% of questions scored more positively than 2021** and a further 45% stayed the same.

These results demonstrate that on the majority of questions, EEAST had improvement in colleague perception and experience. This trend was reflected in the pulse survey conducted in January 2023, which further highlighted an upward improvement of positive responses compared to the snapshot taken in August 2022 via the NHS 2022 staff survey.

All directorates developed action plans in response to their staff survey results to ensure continued focus and effort in this area.

The staff survey data was triangulated with other staff data, such as employee relation cases, patient safety cases and Freedom to Speak Up information, to identify trends across the organisation and put suitable action plans in place where required.

There is still work to do to achieve the organisational goal of being a great place to work, volunteer and learn.

	Survey question	2018	2019	2020	2021	2022	Average	Organisation
q23e	Feel safe to speak up about anything that concerns me in this organisation.	-	-	43%	43%	**46%**	52%	**46%**

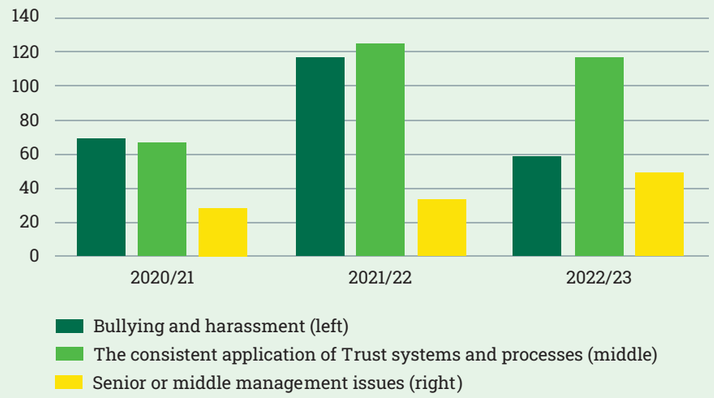
Question 23e of the survey, "**I feel safe to speak up about anything that concerns me in this organisation**" exceeded our target and increased to 46%. Whilst an increase of 3% was below the average for all Trusts, it provided EEAST with the assurance that the challenging work currently being undertaken was making a difference to the culture of speaking up.

Freedom to Speak Up (FTSU)

Over the past year, Freedom to Speak Up had seen a consistent level of new concerns raised each month. With wider strategic work on culture and behaviours ongoing within EEAST, the number of new cases remained consistent and proportionate to the speed of the cultural change. This had given rise to multiple complex cases, requiring increased case management.

To meet the increased demand, the team was increased to three full-time permanent guardians supported by 21 ambassadors, ensuring that speaking up became business as usual within the Trust and enabled targeted support to each Integrated Care Board (ICB).

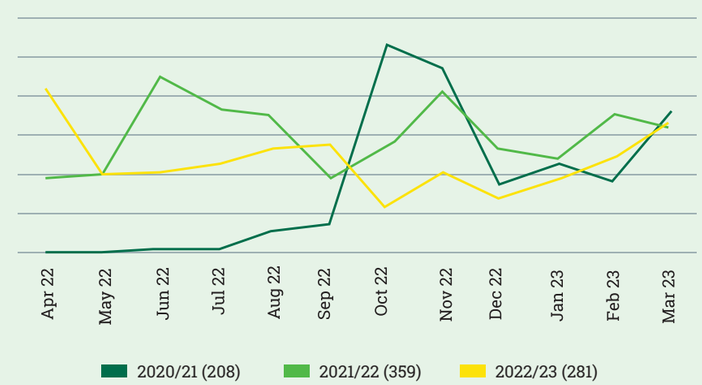
FTSU annual top themes of concerns 2022/23



Bullying and harassment remained in the top three themes, although with a significant reduction of reports by colleagues from 115 in 2021/22 to 59 in 2022/23.

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

New FTSU cases per month



A review of HR polices, regular communication on inappropriate attitudes and behaviours and an increased capacity within the People Services team, resulted in informal routes for escalation being explored earlier, with expedited support.

Additionally, having a dedicated investigations team and stringent underlying processes, meant that formal routes were seeing case timeframes significantly reduced.

EEAST surveys

The Trust conducted three colleague surveys for minority groups as part of a three year inclusivity plan, to understand what our baseline of colleague lived experience was and support us to form valid and relevant targeted action plans.

The three surveys were carried out between October 2022 – February 2023 for colleagues who are Black and Minority Ethnic (BME), LGBT+, or have a disability or neurodiverse condition.

Each survey obtained over 50% response rate and was supported by the different equality, diversity and inclusion networks within EEAST.

The survey results were a hard read, with many citing poor experiences going back several years.

As part of our commitment to create an inclusive culture where everyone can belong, we intend to use these results as a baseline to build upon and will commit to measure our performance through repeating these surveys annually.

Several concerns regarding race and discrimination raised to Freedom to Speak Up (FTSU) were escalated to formal processes and the Board, following which the BME review was commissioned. There were indications supporting the claim that colleagues were either too scared to raise a concern or when they did, the concerns were not acted upon quickly enough, if at all. The findings from the review supported these findings and action plans were developed to address this.

The National Guardians Office (NGO) undertook a review on the culture of speaking up across all ambulance trusts. EEAST was fortunate to be one of the five ambulance trusts selected.

The report was published in February 2023 and identified 5 key themes:

- The culture of ambulance trusts.
- Leadership and management.
- The experience of people who speak up.
- Implementation of the Freedom to Speak Up guardian role.
- The role of system partners and regulators.

EEAST developed an action plan to achieve the recommendations identified.

Area of concern	No.
Gender - sexism and sexual harassment	16
Race - racism and discrimination	11
Disability - learning disability / neurodiversity	10
Disability - mental health	9
Disability - long term health condition	5
Pregnancy and maternity	3
Faith - inappropriate behaviours / language	2

The above table highlights areas of concerns raised via FTSU over the past year.

Health and Wellbeing

As an organisation, we recognised the individual challenges our people faced, and worked hard to ensure we supported them to have the personal skills and resources in place to manage their own wellbeing effectively.

Last year, we published our wellbeing strategic plan which set out actions to achieve over the next three years to improve our service provisions to our colleagues. Whilst this focused on mental health, we worked with our occupational health provider to ensure we continued to improve access to other health treatments, including musculo-skeletal referrals.

Our approach within the wellbeing strategic plan was two-fold, additional support for our colleagues alongside training and awareness sessions for our leaders.

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

A task and finish group which included the chair of the Multi-Faith Network and our chaplain, was set up to develop a broad support group which recognises all faiths and beliefs to deliver an inclusive community and holistic approach.

Within the NHS, mental health was highlighted as a common concern for staff attributed to the often pressurised environments and emergency conditions in which we work. At EEAST, mental health consistently remained the top sickness reason throughout 2022/23 which aligned with the rest of the wider NHS.

Last year, EEAST:

- Continued to build our health and wellbeing team.
- Launched our wellbeing network and monthly newsletter.
- Agreed to the blue light commitment for mental health at work.
- Delivered an annual 'flu vaccination programme.
- Expanded our trauma risk management (TRiM) teams, including advanced TRiM practitioners.
- Launched our wellbeing champions programme and integrated it across EEAST.
- Trialled resilience training delivered to emergency operations centre colleagues.
- Launched 'Five Ways to Wellbeing'.

During 2022, the GoodDOG project was set-up.

An initiative for colleagues' own dogs to become approved wellbeing support dogs. The first dogs were approved in early 2023.

We continued to receive enquiries and 37 further colleague dog owners have been in touch to get involved.

Welfare wagons

We reviewed the way we operated our welfare wagons and purchased six new vehicles through capital funds. The model was transformed into a mobile wellbeing service to better meet the needs of colleagues across the east of England region. The vehicles included a confidential safe space for colleagues to be able to talk privately and were staffed by a team of welfare volunteers.

The wagons provided counselling and physio services and were supported by chaplains, therapy dogs and have a comprehensive programme of support.

We worked alongside our non-executive Board member who serves as a wellbeing guardian for EEAST to effectively address the difficulties.

Equality, Diversity and Inclusion

Our staff networks remained an integral aspect of developing an inclusive culture at EEAST. In 2022, we saw each of our five networks go from strength to strength, with more colleagues joining the networks and awareness events being organised throughout the year.

EEAST held celebratory events for International Women's Day and attended multiple pride events and parades in 2022.

The networks also delivered an impressive and comprehensive action list, which included the creation of new flagship policies such as our transgender support policy, conducting estate audits on our prayer/quiet spaces across our region and building a maternity toolkit for colleagues returning to work.

EEAST expanded our cultural ambassador pool within the workforce. Cultural ambassadors are a critical resource that promote equality through formal procedures such as recruitment and selection panels, or disciplinary related processes.

It remains a key ambition of EEAST to continue to **expand the number of cultural ambassadors in the Trust**, as well as increase the numbers of meetings they attend.

We saw a new network form last year – the Men's Wellbeing Network – which focuses on issues relating to men's wellbeing in the workplace. The formation of this network was a positive sign of progress in relation to building an inclusive culture.

Our equality networks:

Disability Support Network (DSN)

Acts as a supportive group, not only for our colleagues with disabilities whether visible or invisible, but for anyone who supports someone with a disability, be it a colleague, family member or friend.

Men's Wellbeing Network

Designed to promote equality within the workplace and offer support, with a focus on gender issues impacting men's wellbeing at work. Offering a safe space for men and those who identify as men, to share experiences and talk about issues around their mental wellbeing.

All Women in EEAST (AWE) Network

Promotes and champions inclusion of all colleagues within EEAST, providing support and empowering women to achieve their full potential. AWE aims to encourage, enable and facilitate change within EEAST. AWE believes that by tackling gender inequality and discrimination, EEAST can be a better place to work and provide better patient care and experience to the communities we serve.

LGBT+ Network

Promotes and supports the needs of our LGBT+ colleagues, communities and service users.
This network works to ensure that no matter who you are or how you identify, EEAST values you.

Black and Minority Ethnicity (BME) Network

Works to utilise the skills and resources of EEAST's Black, Asian and Minority Ethnic colleagues and volunteers to add value to the organisation and make EEAST a great place to work.

Multi-Faith Network

Works together to support colleagues of all beliefs and aims to raise awareness of different faiths throughout EEAST. The main aim is to promote and champion inclusivity within EEAST.

Community First Responders (CFRs) and Volunteers

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

Our volunteer workforce is extremely varied, and includes our community first responders, co-responders which are military and other blue light personnel, car drivers within our patient transport services, chaplains and other faith representatives. We are also supported by our community engagement group, and our British Association for Immediate Care (BASIC) doctors and paramedics.

We have **more than 1,200 active volunteers** who supported our communities and patients last year.

EEAST started to develop dedicated volunteer support for all volunteer roles within EEAST, which included new roles for volunteers and increased our volunteer membership in all roles.

The Trust also sought to innovate and seek out new collaboration initiatives to improve our service and integration with partners across the region.

During the year we continued to maintain the safety of our volunteers while responding to patients and engaging with the public in local communities

EEAST Heart

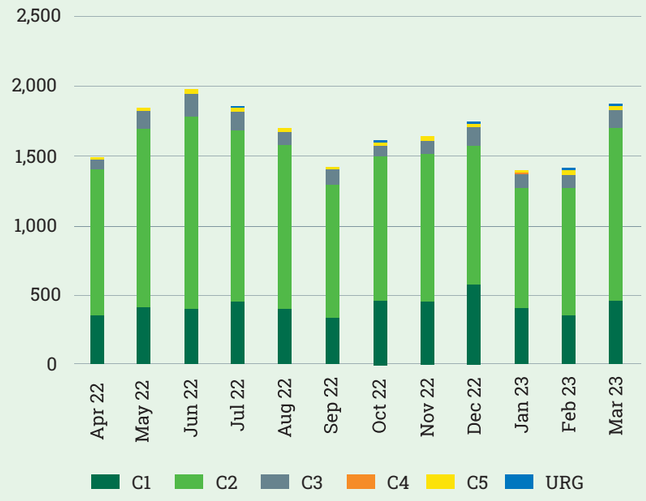
EEAST launched EEAST Heart in partnership with the East of England Ambulance Service Charity to deliver training sessions to the local communities in basic life support and automated external defibrillator (AED) awareness. Over 80 volunteers supported this initiative.

Community first responders are volunteers within our local communities who attend a wide variety of calls on behalf of our ambulance service.

Calls range from being the first ambulance service resource at a prehospital cardiac arrest to assisting with a care line call activation.

The below graph shows the number of 999 calls allocated to community first responders for the year 2022/23.

CFR activity (on scene incidents)



Their commitment to their local community went above and beyond, many volunteers also supported local communities through community awareness sessions, and ongoing social support for the vulnerable within their local communities.

Our volunteers gave **300,000 hours** of their time to **support 24,000 patients** in their local communities.

This is how calls are defined nationally:

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

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

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

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

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

StayWise

EEAST was the first ambulance service, nationally, to launch the 'StayWise' education platform.

StayWise is a free learning platform with resources currently aimed at children aged 3 – 11 with later key stages to follow soon. It brings together the educational resources of emergency services and safety charities into one place, making it easy for teachers and parents to access free resources on a range of safety and prevention topics including when to call 999.

This was a national platform funded by the National Fire Chiefs Council and has been accessed over 3500 times, with over 100 EEAST colleague members registered as education advocates.

StayWise was made available to access on all operational crews' iPad/ ePCR devices, meaning education/ prevention advice can be delivered in the pre-hospital setting.

Falls

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

This enabled us to provide a more rapid response to patients who had fallen, and made a difference to many patients experience and care over the course of the year.

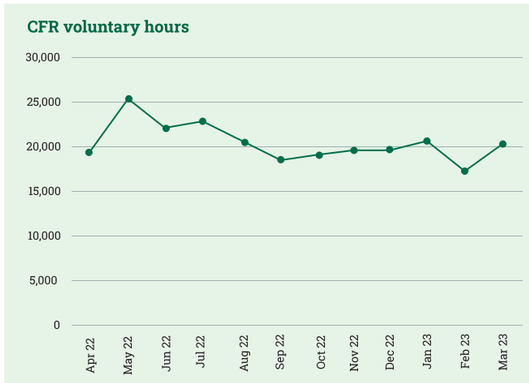
We undertook ongoing refresher training during the year to maintain volunteer skills and competence.

Charitable funding

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

The volunteers are always very appreciative of the charitable donations we receive as an organisation from patients and members of the public to support the provision of community response and education.

CFR voluntary hours



The chart above shows the number of volunteer hours dedicated to responding to calls.

We continued to recruit, train and support our volunteers, **over 210 community first responder volunteers** trained, along with **36 military co-responders**. We have also **strengthened our collaborative working** with fire and rescue services.

Training

EEAST continued to increase the skills and qualifications offered to volunteers. Our trainers had the opportunity to undertake the award in education and training (AET) and the certificate in assessing vocational achievement (CAVA), to assist them with a recognised training and assessment qualification, along with offering invigilator training for them to assist with the assessments for the induction course.

These not only provide our volunteers with valuable transferable skills, they also support the capacity within the training team to deliver training and provide a standard for local training.

Volunteer car drivers

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

The Trust is currently reviewing the volunteer role under the wellbeing umbrella and looking at how we can develop roles that will support a diverse organisation. This includes, how we can can support both integration through our staff networks, and develop volunteer roles to support colleague wellbeing

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

Urgent and Emergency Services

Responding to a 999 call involves our call handlers answering the call and then triaging to determine the urgency of need. Not all calls to the ambulance service are dealt with as emergencies.

Our dispatch team allocate life threatening cases straight to a response, either an ambulance crew, community first responder, critical care team or rapid response vehicle.

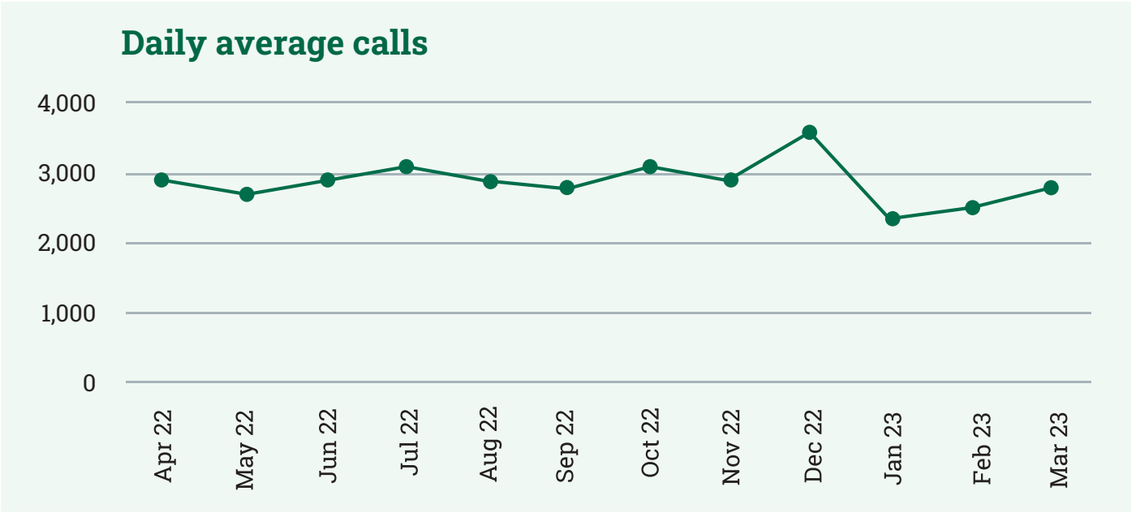
To ensure that the sickest patients get the fastest response, and that all patients got the right response first time, our experienced clinicians complete a clinical assessment, or refer cases directly to other healthcare providers, depending on the patients' need following assessment. This ensures everyone receives the right level of care for their presenting condition.

All 999 calls are answered by our dedicated call handling colleagues in any one of our three emergency operations centres (EOCs). We have built in resilience and flexibility, which means if all all the call handlers in one centre are already on 999 calls, the next call will automatically divert to an available call handler in another one of our centres.

This level of automation is then expanded nationally to allow alternative ambulance trusts to also answer our calls when there is a particularly high call volume, in order to minimise patient safety incidents, risk or delay.

The volume of calls presented to the 999 emergency operations centres depends on several factors. These include time of year and seasonal variations We received more calls on bank holidays and at weekends, some months had more weekends than others. Events occurring in any area like a concert or football match, health care condition prevalence in an area, like an outbreak of diarrhoea and vomiting or availability of other unscheduled services in an area.

The below chart demonstrates this fluctuation of calls throughout the year.



All ambulance trusts in England are measured against ambulance quality indicators, including standards on how quickly patients receive a response following their 999 call. The national standard for responding to the sickest patients is an average of seven minutes and we aim to attend to nine out of 10 of them within 15 minutes.

The table (right) provides detail on each of the main response categories along with the national standard, as well as our performance over the year.

In our region we responded to our sickest patient in an average of nine minutes and 50 seconds, and to nine out of 10 in under 18 minutes and 22 seconds.

Category	Response	Target Average Response Time	EEAST Response Time
1	An immediate response to life threatening condition, such as cardiac or respiratory arrest	7 minutes	10 minutes 46 seconds
2	A serious condition, such as stroke or chest pain, which may require rapid assessment and/or transport	18 minutes	1 hour 9 minutes
3	An urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting	2 hours	8 hours 23 minutes
4	A non-urgent problem such as stable clinical cases, which requires transportation to a hospital ward or clinic	3 hours	12 hours 7 minutes

EEAST covers 750,000 square miles, that incorporates some of the most rural areas in England. As a result, the road network is challenged at some points of the year, as thousands of people head to the coastline which is a hugely popular holiday destination.

We must use our resources wisely and it is not always possible to reach some destinations as quickly as we would like. That is why the emergency operation centres have experienced clinicians to thoroughly assess patients, to ensure the right level of care is provided by the right service.

Sometimes, this means that patients will be passed onto the local unscheduled care services which have access to a wider choice of services to meet patient needs. It may mean that one of the dedicated community first responders, living locally, will attend to the patient first and sometimes it may be a paramedic on a bicycle.

The emergency operations centres play a fundamental part in ensuring the safety of patients through numerous processes to ensure the right care is delivered. All emergency life threatening patient calls are responded to immediately, so that even before the call has finished with the patient, the crew can be on the way.

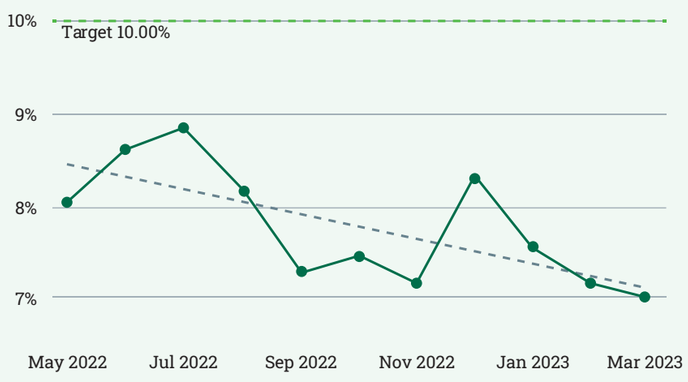
Clinical assessment service

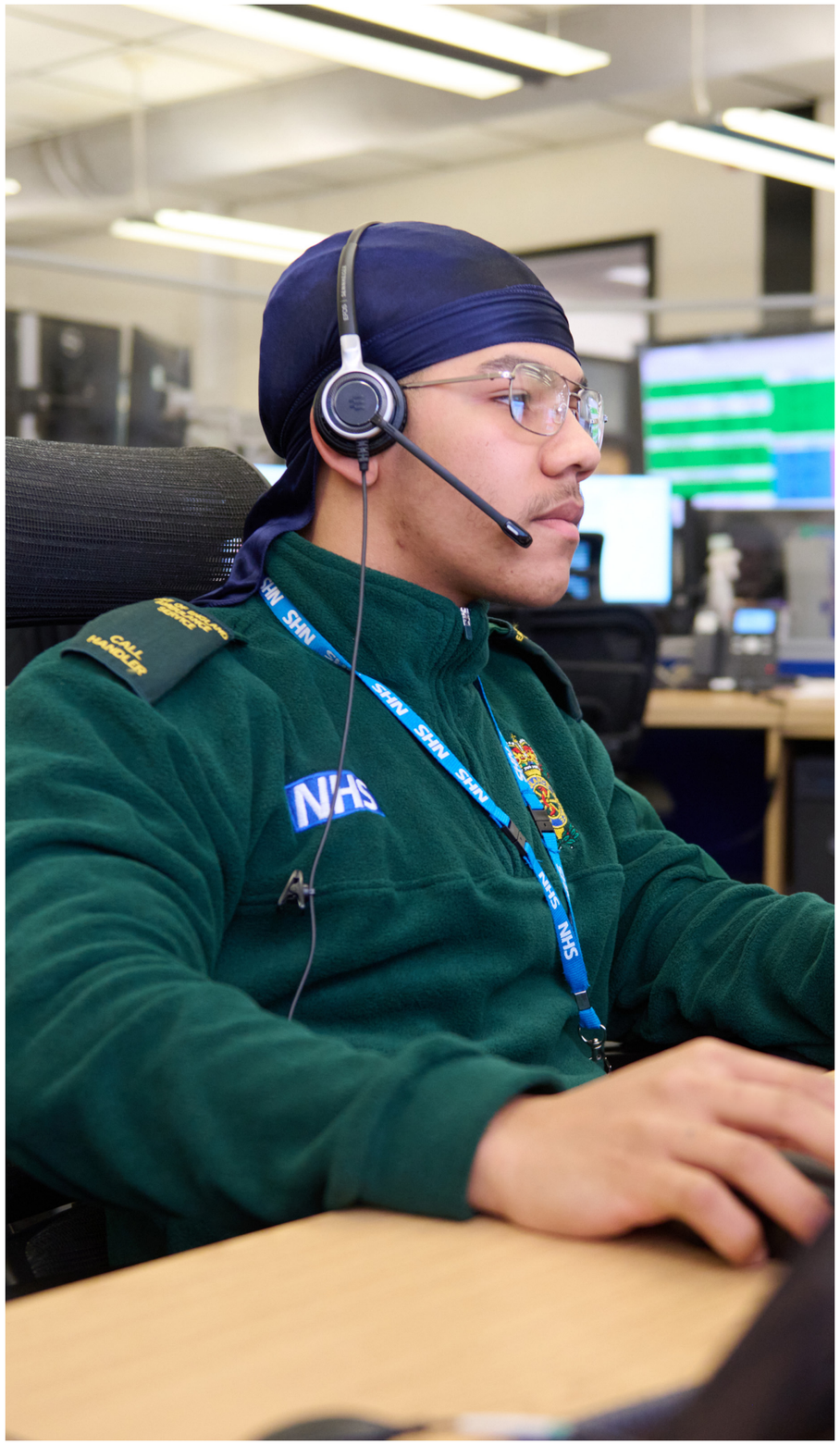
A number of people who call 999 do not need an ambulance, but need advice, guidance or signposting to other services. On average, around 10% of all 999 calls can be managed safely through our clinical assessment service, this is called 'hear and treat'.

We were able to find alternative care pathways for approximately 8% of cases through our 'hear and treat' service. This team of senior, experienced clinicians are based in our emergency operations centres. Their role is to review the case, speak to the patient, and find them an alternative solution to help them. This could be a pharmacist, a GP or another alternative patient pathway available in the community.

The table below shows that due to the partnership collaboration with unscheduled care services across the EEAST region, the emergency operations centres do not always close calls after clinical assessment. Up to 26% of our calls are assessed by the local unscheduled care provider which can deliver care closer to home and has access to more patient information. Calls passed to unscheduled care providers are the calls where an emergency ambulance response is not required. This has created a downward trend for patients being clinically assessed within EEAST, as these patients are clinically assessed by their local service. More access to local services via the ambulance service are coming online all the time and it is anticipated that their hours of operation will improve over time.

Monthly % of our calls that are manged through 'hear and treat





Call pickup time

The national standard for call pickup is answering 999 emergency calls within five seconds, with nine out of 10 calls being answered within this time.

This standard is to ensure that our most unwell patients, such as those in cardiac arrest, are answered as promptly as possible, as every second counts.

The table below demonstrates the increased pressures our 999 centres have been under, with high call demand making the five second answering standard challenging over the last year.

It also shows the great improvements in call answering over the last year. This has been due to modernising the telephony systems and processes, recruiting to additional levels of call handling staff and sharing best practice with our colleagues on call handling procedures.

Month	Mean Call Pickup (seconds) average	Call Pickup 90th Percentile (seconds) 9 out of 10 times
Apr 2022	23	89
May 2022	42	135
Jun 2022	60	192
Jul 2022	80	240
Aug 2022	18	69
Sep 2022	35	136
Oct 2022	37	137
Nov 2022	21	79
Dec 2022	51	173
Jan 2023	1	1
Feb 2023	2	0
Mar 2023	4	1

Single Point of Contact (SPOC)

The single point of contact (SPOC) team was established to make sure our colleagues are able to support patients to access the right care to meet their needs.

The single point of contact is a 24/7 phone line which is available to all our colleagues and includes the ability to refer patients to a range of different services, like social care or diabetic hypo education teams.

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

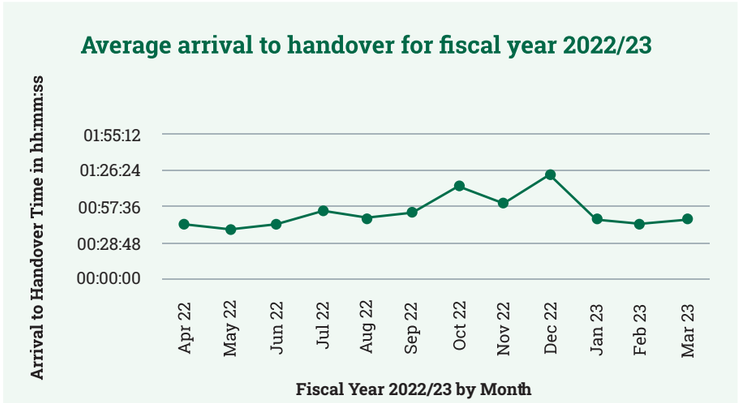
Type of referral	Total number of patients referred	Percentage of patients referred
Social care	29,113	26.60%
Falls service	21,002	18.46%
GP	55,168	48.50%
Hertfordshire admission avoidance response car	2,158	1.90%
Diabetic hypo	1,127	0.99%
Safe and well	1,620	1.42%
KARMA2 study	34	0.03%
Datix (telephone)	3,519	3.09%

Hospital Handover

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

Over recent years we experienced a significant loss of 'ambulance hours' because of delays in handing patients over to hospital care, and this created a delay in responding to other emergencies. As a result, we worked collaboratively with regulators, commissioners, and hospitals to reduce the delays, so that our patients in the community were waiting less time for an ambulance.

As a healthcare wide system, we continued to implement a handover escalation protocol which helps all organisations rapidly identify cases of concern and work together to accelerate care and reduce delays.



This graph (above) shows that handover times continued to increase, despite the partnership working with all agencies.

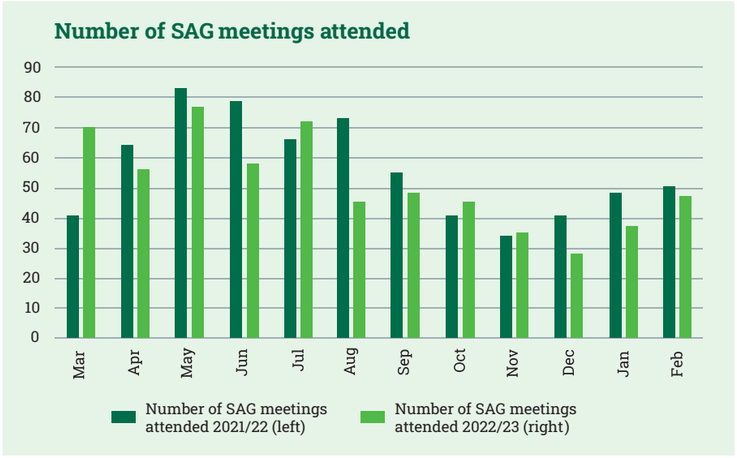
The Trust implemented and developed a number of contingency measures to support the ongoing delivery of services during these challenging times. This included recruiting more colleagues, greater collaboration with partners, and introducing new ways of working. These initiatives provided additional resources enabling the Trust to respond to 999 calls during the peak pressure periods.

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

NHS Emergency Preparedness, Resilience and Response (EPRR)

Our resilience and specialist operations 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 a number of local resilience meetings and COVID-19 learning events which will help ensure the Trust is better prepared to respond to a future pandemic.



During the last year, resilience managers attended just under 1,000 local resilience forum meetings with partner agencies, while also attending just over 600 safety advisory group (SAG) meetings to support events.

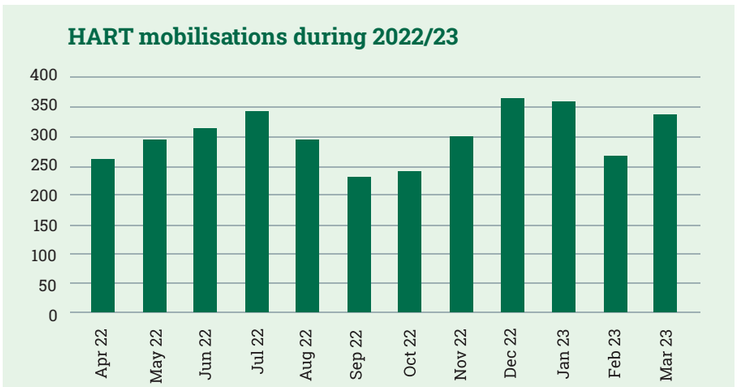
The number of meetings and the time these meetings are taking is increasing year on year as SAG chairs start to take into account the learning coming from the Manchester arena inquiry and the engagement which is expected to come from the protect duty.

The team also expanded into the emergency operations centres to support.

Hazardous area response team (HART)

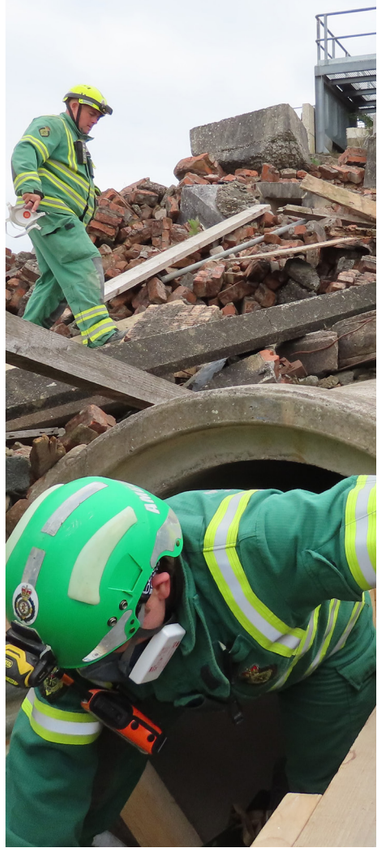
The hazardous area response team (HART) respond to patients requiring medical care in any hazardous environment.

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 this has seen the team respond to patients taken unwell in and around water, at height and within confined spaces.

The graph (above) shows the number of HART mobilisations during 2022/23.



Each year, English NHS trusts complete a statutory annual self-assessment and review of compliance against the NHS emergency preparedness, resilience and response framework, in line with the Civil Contingencies Act 2004.

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

- Our HART colleagues supported partner agencies at a number of protests where protestors had glued themselves to tankers and dug holes under roads and therefore prevented tankers from entering and leaving oil refineries. HART's role was to **ensure the clinical wellbeing of everyone on scene**.
- We ran **multi-agency training bringing partners from police, fire, health and other agencies together** to respond to any potential marauding terrorist attack occurring on a train, both in a platform and away from the station, in a cutting. During the 14 exercises which ran during September and October 2022, just under 1,350 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.
- We have been using the Airbox situational awareness software for the last three years and, following a grant from NHS Digital, the department has now rolled out Airbox to all levels of commander within the Trust. This software has allowed **live time mapping, imagery and timelines to be shared between commanders irrespective of where they are operating**, giving them real time information as it happens. This was a huge benefit to the Trust and commanders during a number of protests and VIP visits which occurred during the year.
- Part of the team's role is to ensure the Trust, as well as individual departments, are prepared for an incident which affects their operational productivity. This **business continuity planning proved hugely beneficial during the year** with ambulance stations having to be temporarily closed and people moved to operate from other locations due to flooding and adverse incidents.
- The team continued to run the **'foundation command training course'** for managers taking a command function at a critical or major incident. This training is in addition to the major incident training which is delivered to all new students who join EEAST, ensuring they are able to effectively respond to these significant incidents. Those commanders who are not trained or whose training has expired are being stood down as commanders until they have requalified in their role.

Non-Emergency Patient Transport Services (NEPTS)

EEAST provided a non-emergency patient transport service (NEPTS) under five separate contracts, across Bedfordshire, Cambridgeshire, Hertfordshire, north east Essex, and West Essex.

The service model encompasses an eligibility screening call handling and booking service, known as CallEEAST. Some bookings were made through an online booking system available at numerous hospital sites across the region.

For patients who are not eligible for NEPTS, we continued to offer advice on alternative transport options, such as community car schemes, voluntary sector providers or bus and taxi services.

The planning and dispatch of journeys is undertaken in locality operational teams, and supports patients attending essential appointments for renal dialysis, chemotherapy, and radiotherapy, as well as routine hospital outpatient appointments. In addition, we provide transfers between treatment centres, and transport patients back to their place of residence following discharge from hospital.

During the 2022/2023 financial year, our non-emergency patient transport services delivered **just over 500,000 journeys**.

Whilst the restrictions required during the COVID-19 pandemic were eased, we continued to see a higher than usual level of patients needing to travel alone. We have identified that there has been a delay in returning to business-as-usual processes and that some clinics and patients favour individual journeys.

This caused challenges to meeting levels of demand and resulted in the continued use of private ambulance provision and use of taxis together with increased costs. Our focus was on reviewing efficiency and maximising vehicle loading where appropriate.

Digital improvements

The replacement programme for handheld personal digital devices (PDAs), that enable our crews to receive patient and journey details throughout the working day, has been completed. This project has included functionality to enable devices to be updated remotely rather than manually, thereby increasing productivity further.

Last year, we had a significant project to increase NEPTS reporting frequency and functionality - during the year, this project went live, and is now regularly used by the management team. This has resulted in a significant improvement in the timeliness of information available; rather than waiting for the monthly contractual reporting, details are available in near real time. Information is available in tabular and graphical format, and users are able to drill down to granular detail. The system is in routine use for both internal and external reporting.

Fleet and vehicles

We continued to invest in our PTS fleet, with approval gained for the procurement of 96 new vehicles.

Rollout commenced towards the end of the last quarter and a significant improvement in vehicle reliability, with fewer vehicles off the road due to mechanical issues, is anticipated. In addition, our patients will benefit from a more comfortable journey.

Our people

Recruitment and training of colleagues was a key workstream throughout the year, though we continued to experience higher levels of vacancies in some areas of high-cost living. EEAST increased the number of bank staff recruited and trained, many of whom take up substantive appointment as opportunities arise.

Colleague engagement has also been a key focus during the year, with engagement events held in both face-to-face and remote settings.

We also held networking sessions for peer colleague groups, such as discharge co-ordinators, front of house, and entry level managers, who undertake the same roles but do not have the opportunity to meet due to the large geographical area we cover. These sessions have been successful in ensuring that our teams are able to share best practice and develop a support network.

We are very proud of how our patient transport service (PTS) colleagues delivered services throughout the year and continued to **put the patient at the centre of everything they do**.

Section Four: Be excellent collaborators and innovators as system partners

Our Partnerships

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

We have been involved with numerous projects, trials, and initiatives across the region:

Advanced paramedics within care homes

In west Hertfordshire an advanced paramedic responds to calls within care homes. This scheme ensured EEAST met the health and social care needs for the people of west Hertfordshire and sustained approved quality standards and the increasing acuity of patients' needs. This scheme safely keeps elderly complex patients within care homes instead of conveying to hospital.

Essex blue light collaboration

We successfully piloted an innovative new tri-service rural community officer in the Dengie Peninsula within mid Essex and have now extended the scheme to a second area, Uttlesford, in west Essex. The officers represent all three emergency services and are a visible and engaging presence in those communities, focusing on a prevention agenda that benefits all three services.

Mental health street triage (MHST)

A collaborative service between mental health professionals, paramedics and police officers. The mental health street triage team work together to ensure that the most appropriate outcome is achieved for people experiencing mental health crisis. Achieved by assessing the individual and offering professional advice on the spot, accessing relevant health information, and liaising with other services to identify the most appropriate pathway to best support the individual. This is currently in operation in Hertfordshire, EEAST is currently working with other areas to see how best to expand, whether that is continuing MHST or looking at providing mental health joint response vehicles.

Mental health joint response vehicles

Initially piloted in Cambridgeshire and Peterborough, this has become business as usual, with vehicles operating in Norfolk, mid and south Essex, Suffolk and north east Essex as well. These schemes are being delivered in partnership with the respective local mental health NHS Trusts.

The vehicles, fully equipped blue light rapid response vehicles, are staffed with a mental health practitioner and a paramedic/ senior emergency medical technician. The scheme responds to 999 emergency calls from patients, health care professionals and the police where they are already in attendance at an incident, seven days a week.

Early intervention vehicles

EEAST worked with our system partners in various locations around the region to deliver collaborative, innovative care and assessment in patients homes. Our early intervention schemes incorporate a variety of professionals, such as occupational therapists and physiotherapists, working alongside clinicians from EEAST. These teams can provide professional clinical/occupational assessment, advice, care planning and referral to other services.

Rapid intervention service

This scheme involves an advanced paramedic working with GP localities in three primary care network areas in west Essex to provide home visits with the community community provider as a joint assignment. This has enabled more patients to be treated at home and reduced the number of patients taken to hospital. 999 data shows that west Essex receives less healthcare practitioner (HCP) calls as this service is able to safely manage them in the community. Therefore, helping the system care for patients within the community.

Co-location of advanced paramedics in urgent care

Advanced paramedics are co-located with colleagues in other urgent care response teams in Clacton-on-Sea.This brings onsite clinical input for patients from access to stack and also assist community teams with the care of patients closer to home. Enhancing the offering to the patient so that they can safely be treated at home without the need to travel to hospital.

Stansted airport

EEAST provided a two-person crew along with a dual staffed ambulance (DSA) at Stansted Airport, 18 hours a day, seven days a week. The service was paused during the pandemic due to flight traffic being less frequent.

EEAST's contract runs over a five year period and presented an opportunity to work with a private provider outside of health and social care to provide excellent patient focused care, and exciting recruitment opportunities.

Military co-response

An additional 10 military co-responders recently completed training and are assisting EEAST across the region. Military co-responder teams arrived first on scene ahead of EEAST at 251 calls since January 2023.

Palliative and end of life care partnership working

EEAST partnered with St Helena's Hospice to rotate four paramedics within the hospice and community team in north Essex. This increased diversity within the multi-disciplinary team to optimise opportunity for individualised person-centred care from a broad-based, innovative and stable workforce. It increased skills, knowledge and confidence within both EEAST and St Helena whilst sharing learning from both elements of the rotation.

With specialist palliative care in the community, it supported decision making around admissions and provided more choice for the patient. This improved the experience for patients in north Essex who are coming to the end of their life. The project also offered EEAST paramedics a development pathway, which helped with the retention of this valuable workforce.

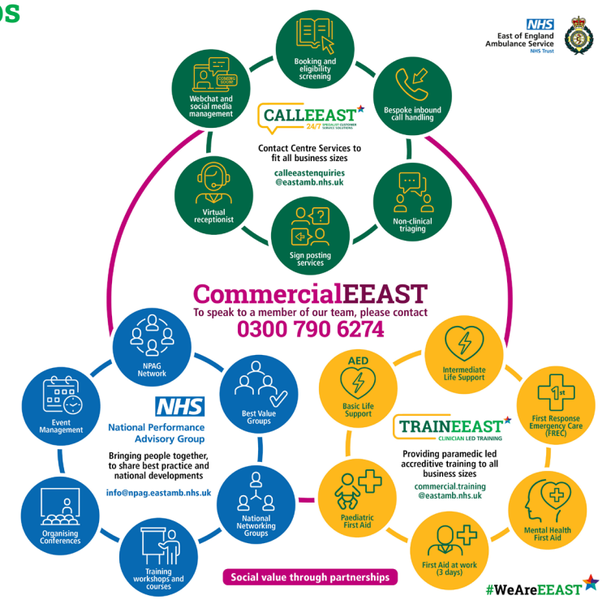
Partnership working with the fire service

EEAST continued to build on its previous successful collaboration projects with the regional fire and rescue services.

Our Commercial Partnerships

The commercial services team work with external clients to provide key services, which create profitable income that is then reinvested back into our own frontline services here at EEAST, with a view to providing funding to develop more innovation opportunities across the Trust.

Our commercial services include CallEEAST, TrainEEAST and the National Performance Advisory Group (NPAG) which are based within the Trust.



CallEEAST

CallEEAST is our non-emergency and commercial contact centre, offering an array of contact centre solutions to commercial organisations and NHS trusts.

The team supported 80 separate contracts, handling more than 850,000 calls last year, and aimed to continually increase the portfolio and support partners to develop customer and patient focussed services.

CallEEAST provided the call handling and eligibility screening for our non-emergency patient transport services as well as additional services such as, virtual receptionists, bespoke inbound call handling and signposting services. The team supported a range of partners within the NHS and commercial organisations, such as Birmingham Community Health Care, GP surgeries, solicitors, and Iceland.

TrainEEAST

TrainEEAST, the Trust's commercial training department, trained over 5,000 people last year in pre-hospital emergency care and 999 emergency protocols.

Customers and partners included businesses, NHS trusts, police, social care, GP surgeries, airports, hotels, and others.

The most popular courses that TrainEEAST offered were lifesaving interventions in the workplace. These included First Aid at Work, Emergency First Aid at Work, Basic Life Support, Intermediate Life Support, First Responder Emergency Care, Moving and Handling, Police Firearms Medic (D13), Falls Intervention Training along with re-qualifications and refreshers.

During 2022/23 TrainEEAST recorded its sixth successive year without a contract loss, and was awarded the 'highest level of trust' status with its awarding body partners.

Customer satisfaction is rated at 'Good' or 'Excellent' by 98.5% of customers.

TrainEEAST gained 'Preferred Supplier' status with the National Framework for the provision of pre-hospital emergency medicine training to blue light emergency services.

An important addition to the TrainEEAST suite of courses was mental health first aid offered to internal groups and external customers.

National Performance Advisory Group (NPAG)

The National Performance Advisory Group, bring people together, nationally, to share best practice and showcase industry developments across the NHS, enabling innovation and efficiency.

The focus was to expand and enable network growth and continue to promote innovation throughout our NHS across a range of specialisms.

In 2022/23, the National Performance Advisory Group became closer to EEAST through structural changes, having previously operated at arm's length, enabling synergies to be established across the commercial departments.

It has continued to grow its networks and membership as well as regained capacity within the team following recruitment. NPAG continues to receive great feedback from members.

The East of England Ambulance Service (EEAST) Charity

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

The charity exists as a result of donations, support from fundraising activities, legacy giving, and opportunities from grant programmes. The work of the charity enhances that of the Trust and is intended to be beyond that ordinarily afforded by the NHS.

Raising funds to support the staff, volunteers, and local communities of the East of England Ambulance Service, strengthening the provision of outstanding care to patients.

Together, we make a difference

Supporting our staff – through health and wellbeing initiatives to improve working lives, enriching workplace environments, providing colleague training, development, and access to wellbeing related services. This year, the charity played a vital role in funding drinks and snacks on our welfare wagons, which support staff during periods of high demand.

Supporting our volunteers – our lifesaving community first responders provide an early emergency response often in advance of ambulance arrival. These volunteers operate in their local communities and are supported by the Charity. Donations provided uniform and equipment, lifesaving defibrillators, as well as educational resources and various training aids.

Supporting our local communities – providing community education programmes, such as EEAST Heart which educates the public in essential basic life support skills. This vital skill is taught by qualified staff and volunteers from EEAST and fully funded via donations from our supporters.

If you would like to find out more about the work of our charity, are interested in fundraising for us or are considering supporting the charity with a donation, please get in touch:

Contact charityfunds@eastamb.nhs.uk **Tel.** 01603 422731
Visit the E**EAST Charity webpage**

Supporting our staff

£8k was allocated to support two additional trauma risk management (TRiM) courses, funded from an NHS Charities Together grant, helped increase the number of trained TRiM practitioners able to assist colleagues following possible exposure to trauma. This funding supported 14 new foundation practitioners for the Essex region and 18 for Norfolk.

The charity continued to support the creation of numerous wellbeing gardens across the Trust, and local stations created enriching outdoor spaces with planters, benches, gazebos and foliage, as well as refreshing tired break out rooms with plants, pictures and recreational items all to provide colleagues and volunteers with a more pleasant area for relaxation.

Community support

The Charity supported volunteer community first responders (CFR), providing uniform, additional CFR equipment and community automated emergency defibrillators (AEDs). The CFR groups actively fundraise to support their local communities, using donations to positively influence and raise awareness of the work they do on behalf of EEAST.

The Charity also provided a a CFR PLUS app to CFRs. The app provides reference and reassurance for responders in their role along with essential resources to aid understanding.

£19k funded replacement pads for iPad AEDs, which were originally placed in the community as part of a Trust initiative to improve response times to cardiac arrests in the hard-to-reach areas of our region. This funding ensured the devices remained fit for purpose and can continue to be used to support patients.

Working with NHS Charities Together

The projects supported by grants awarded from NHS Charities Together in 2021/22, progressed well during the year, both projects are focused around patient care and are delivering significant impact.

- Our unmet needs pilot had two full time **unmet needs navigators helping to signpost patients who have additional non-clinical needs to access the support services** they require. In the first six months of the scheme, 500 patients and their families were signposted to community support.

  This new referral pathway was embraced at EEAST by ambulance crews, community first responders and clinicians in control rooms as they often see patients who require additional help beyond what the ambulance service and NHS can immediately offer.

- The second project provided **falls equipment for eighteen targeted CFR groups** and provided initial falls training and on-going annual re-certification training to volunteers. Six new CFR roving cars were also funded, all fully equipped with falls and CFR response kit and fully trained falls volunteers.

- The Charity successfully **secured a £30k grant to support its development** a programme of work supported by this grant is planned for 2023/24.

Supporters

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

Throughout the year, we have been in awe of our incredible fundraisers who go above and beyond in support of local stations and CFR groups. Last year was no exception. Our fundraising campaign, Outrun an Ambulance, as part of a wider collaboration of six ambulance services across the nation, resulted in us being proud winners of two national awards recognising the success of the collaboration and campaign. Our campaign raised just under £5k including gift aid, to support health and wellbeing initiatives across the region.

During the year, there have been some amazing fundraising efforts, including our dedicated community first responder groups, these volunteers not only provide life-saving treatment in their spare time, but they go above and beyond to raise vital funds to support their local communities holding local charity and awareness events to fund additional CFR kit.

Additionally, in year, the charity received several legacies, a unique and meaningful gift left by individuals in their will.

Section Five: Be an environmentally and financially sustainable organisation

Sustainability

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

Our green champions network continued to support activity across the Trust and worked on ways to achieve our green plan. This work was supported by our non-executive net zero lead to ensure full oversight by our Board. We updated our Sustainability Strategy and continued to review it to ensure that it steers the transformation needed to reach our net zero targets.

EEAST had new statutory duties relating to net zero and environmental sustainability through the Health and Care Act 2022.

- Whole building refurbishments included improved insulation, heating and lighting controls and new LED lighting across Wisbech, Weeley, Saxmundham, Peterborough, Mildenhall, Huntingdon, Downham Market and Braintree.
- LED lighting was fitted at Hellesdon, Longwater, Diss and Werrington (Benedict Square).
- We replaced electric storage heaters at Werrington (Benedict Square), Godric Square, Jedburgh Court and Parnell.
- We removed oil heating systems and installed a new air source heat pump and solar photovoltaic panels at our Potter Heigham ambulance station, which improved the heat distribution across the building and also reduced energy costs.
- More efficient boilers were installed at Hunstanton, Felixstowe, Brentwood, Letchworth, Downham Market, Longwater and Welwyn Garden City.
- We installed a new efficient garage heating system at Welwyn Garden City ambulance station which shuts off automatically when garage doors are open and redistributes heat.

Carbon footprint

Fleet emissions reduced by 24% since the 2019/20 baseline to 15,829 tCO2e exceeding our 15% emissions reduction target for fleet.

This was due to the move from Mercedes double staffed ambulances (DSAs) to lighter and more fuel-efficient Fiats, reduction in fleet vehicles and vehicle decarbonisation (hybrid and electric vehicles).

We received monthly Entonox usage data from our supplier which enabled us to measure our nitrous oxide emissions (which totalled 1,727 tCO2e in 2022/23). This was a 7% reduction on the 2019/20 baseline. The reason for this reduction may be due to increased patient numbers during COVID-19 periods.

Estates colleagues received carbon literacy training.

We aim to **reduce our directly controlled carbon emissions by 5% annually** - aligned to our green plan targets to make an 80% reduction between 2028-2032 and to reach net zero by 2040.

Our carbon footprint will be published on the web version of our annual report.

This showed progress against our net zero targets for directly controlled greenhouse gas emissions (NHS carbon footprint). We are working on devising our carbon footprint for emissions we can influence (NHS carbon footprint plus).

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

Waste management

- We continued to install centralised dry mixed recycling and general waste bins and remove desk bins to increase recycling and reduce contamination.
- We renewed our waste management policy, a key process for developing a bespoke colleague waste awareness training module.
- We started to investigate other initiatives to reduce waste, like improving waste segregation on ambulances to reduce clinical waste and transferring to reusable sharps boxes.

Utilities management

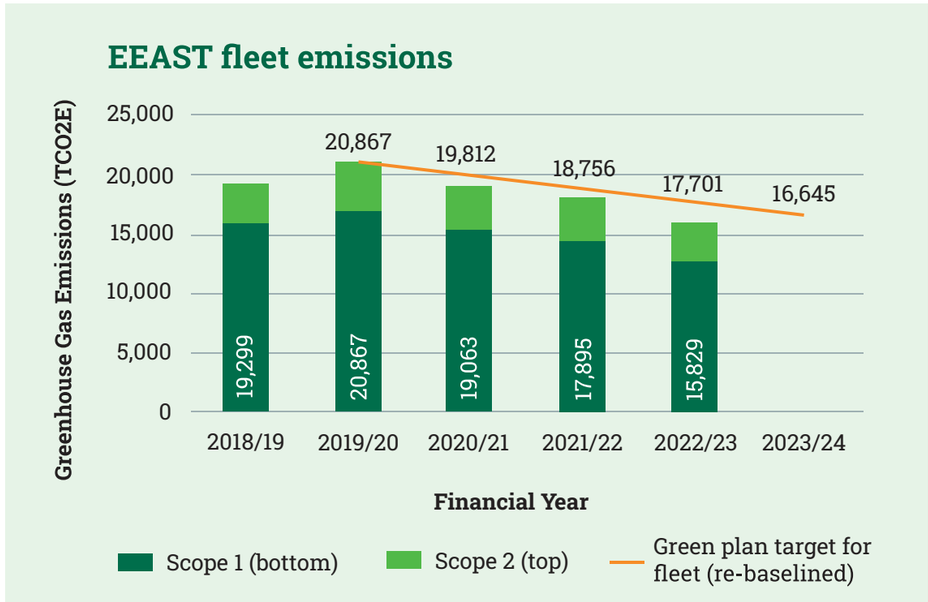
- We reviewed energy consumption monthly, quarterly and annually with continual analysis.
- Our utility invoice processing and validation service provider provided value for money by realising more than £15,000 in savings over 2022/23.
- Our electricity, gas and water consumption and cost increases were offset by utilising the capital budget to invest in renewable and innovative technology.
- We installed half-hourly automatic meter reading on all our electricity and gas meters to enable more accurate billing and better visibility to target energy efficiency initiatives.

Fleet

EEAST is part of an NHS England and NHS Improvement electric vehicle trial called zero emission emergency vehicle pathfinder programme. EEAST purchased two Skoda Enyaq iV 80 RRVs and one Vauxhall Vivaro-e mental health/falls van as well as five 22kW dual chargers and one 50kW rapid charger which will be installed on Bedfordshire Fire and Rescue Services' premises.

The Trust established a fleet baseline of 2018/19 prior to the change from Mercedes to Fiat dual staffed ambulance (DSA). We reviewed fleet composition on a monthly basis tracking changes in vehicle by category, fuel consumption and vehicle efficiency.

We provided data for the 2023 Greener NHS fleet data collection, the first time ambulance services have been included in this national collection that supplies data for the NHS carbon footprint.



Electric vehicle infrastructure

We contracted specialist consultants, Arcadis Consulting, to assist us with developing our ongoing EV infrastructure.

We procured 27 mobile 40kW dual EV chargers. These are located at sites across the Trust. These provided flexibility by enabling us to trial EV charging prior to installing fixed infrastructure according to need.

An EV charge point management system was procured along with RFID cards for fleet usage as we decarbonise. The system has an app which enabled us to start offering electric vehicle charging for colleague vehicles and enabled us to take payment for the electricity used.

Electric vehicle charging feasibility surveys were completed for 22 sites, ranging from all three emergency operations centres to make ready hubs and small ambulance stations.

Procurement

All our electricity contracts are 100% renewable from non-nuclear sources.

We included a 10% net zero and social value weighting to all tenders over £50k.

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

The majority of current procurement colleagues completed the government commercial college social value training course, a personal development requirement for the team.

All colleagues were issued with reusable water bottles and the heatwave plan adjusted to only supply bottled water during protracted or remote incidents.

Wellbeing gardens and biodiversity

Enhancing the Trust's outdoor spaces to give colleagues a chance to unwind, was a continued focus for the East of England Ambulance Service Charity. The charity helped to support several wellbeing gardens across the Trust, providing colleagues and volunteers with an area for relaxation, reflection and respite. Volunteers have even given up their own time to support these projects for their colleagues.

In 2022, we were given a garden created for the 2021 RHS Chelsea Flower Show as a space for staff to enjoy and unwind. It was donated and redesigned to fit the identified space at Chelmsford ambulance station by a local garden design and landscape company.

We started a partnership with Essex Wildlife Trust and the Nextdoor Nature Project to rewild ambulance stations. Work will commence in November 2023 to plant fruit trees, hedging and spring bulbs at Thurrock.

Other sites are being identified for further projects.

A wellbeing garden was completed at King's Lynn ambulance station and there are plans to develop many more.

Digital sustainability

EEAST worked with Circular Computing to buy remanufactured laptops rather than new. The company is a BSI Kitemark Certified Remanufacturer and a certified Carbon Neutral organisation.

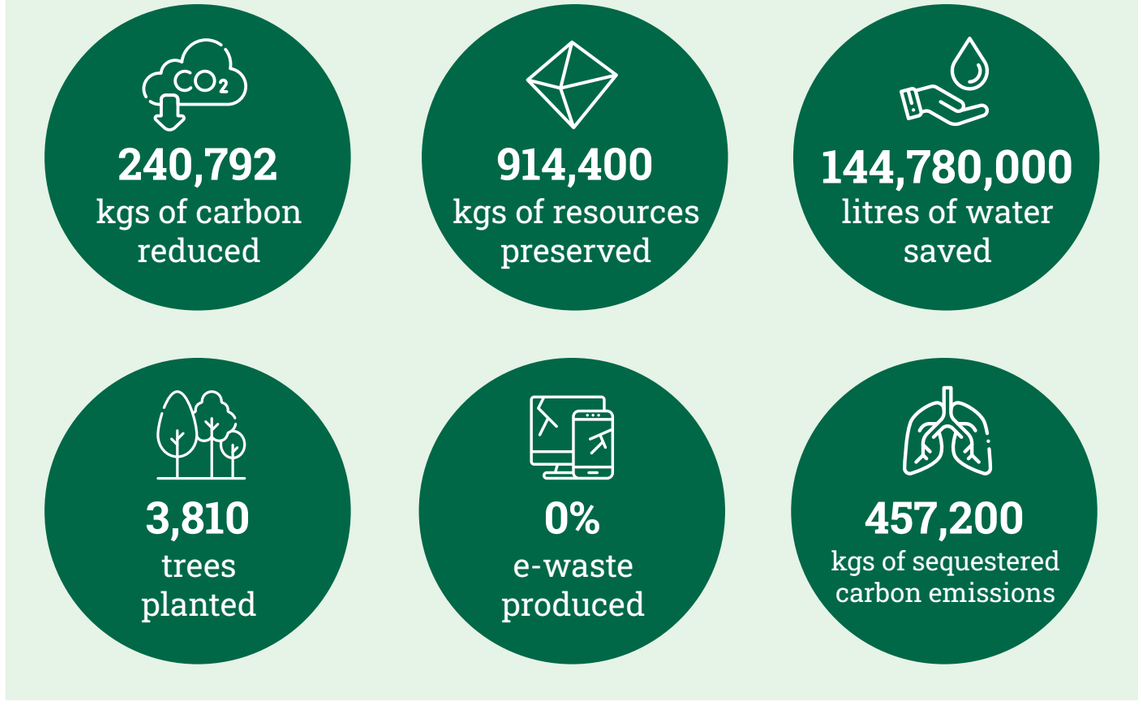
In 2022/23, EEAST bought 762 remanufactured devices saving 241 tCO2e, 914 tonnes of resources and 144,780,000 litres of water.

The company plants five trees in Africa, India or the USA for every laptop purchased via a partnership with WeForest, meaning that 3,810 trees were planted on behalf of the Trust.

Other initiatives:

- Working towards zero IT waste to landfill.
- Reducing the power consumed by IT equipment by using smart software to remotely shut down PCs when not in use.

EEAST procured a high proportion of sustainable remanufactured devices which enabled a lower carbon footprint, all packaging was recyclable with old assets returned for recycling and remanufacturing at the end of their useful life, the positive environmental impact has seen the following certification from our vendors:



Finance

During the financial year 2022/23 the Trust spent just over £420m, an increase of £10m over the previous year 2021/22. This was in balance with income received and the Trust achieved a break-even position for finance for the year.

The original financial plan for 2022/23 was to deliver a deficit of £1m, so to report an improvement at break-even was an exceptional achievement as the NHS and the Trust continued to face challenging financial circumstances.

Recovery from the COVID-19 pandemic continued to affect the Trust during the year. Income was reduced as activities across the NHS transitioned back to 'normal.'

However, recovery across the NHS had required additional activity to process the backlog created during the pandemic and this continued to affect the Trust, especially across its patient transport services. The Trust received and spent £14.6m on activity and purchases for the continued COVID-19 pandemic response.

Across 2022/23 the Trust invested £10.4m in capital assets:

- £2.9m on IT towards the electronic patient care record (ePCR), data lake, malware protection and frontline digitisation projects.
- £5.5m invested in building projects. This was for the development of existing sites, for station refurbishments and for our electric vehicle charging infrastructure.
- £1.6m was invested in new vehicles including double staffed ambulance (DSA) chassis, welfare vehicles and resilience vehicles.
- £0.4m was invested in training equipment.
- The Trust received capital investment of £1.4m to support both digital projects and the ambulance replacement programme.
- We disposed of one aged station site, Corringham, relocating the provision of this locally. This generated capital receipts of £0.1m.

The usual financial contractual arrangements for the emergency services contract with clinical commissioning group commissioners continued to be suspended nationally, as it has been during the previous two financial years, and the 'block' income arrangement remained in place. These arrangements included allocations for 'normal' activity.

The provision of income towards the response to COVID-19 was significantly reduced, but there was additional income provided nationally for winter capacity as activity levels continued to increase. Ambulance activity, whilst at times lower than pre-pandemic levels, continued to recover and therefore our increased costs. were reflective of this.

The Trust faced challenging operational pressures due to hospital handover delays which continued at unprecedented levels with some vehicles spending whole shifts waiting outside emergency departments. This led to additional costs being incurred as the Trust tried to supplement front line resources to meet activity and performance demands.

The break-even achievement for the financial year 2022/23 included deficits to budgets for operational areas with these being mitigated by underspends to budgets across support areas. The underspends were mainly due to vacancies that were slow to fill with recruitment proving challenging due to a lack of candidates applying for roles. The risk, as these vacancies fill, is that financial balance may be compromised, but the Trust focus on its finances would identify forecast risks to allow mitigating actions should they be required.

We continued to focus on cost efficiency targets across 2022/23. Our initial target was agreed at £13.2m. This was a major increase from our 2021/22 target but in line with the ambition to return to normal financial control and efficiencies following the pandemic.

The target was reviewed in year as operational pressures remained high for the Trust and the target was adjusted to £5.1m. This adjusted target was achieved. The cost efficiency target for 2023/24 is planned at £13.6m and plans are well underway as we commence the new year and are at a developed stage.

The Board will continue to monitor our financial position and key risks. The most significant financial change for 2023/24 is the achievement of investment of £27m from the national urgent and emergency care (UEC) funding. This allows for the transformation of services that is required to improve performance to our patients. An accumulated deficit arose last year and the Trust has an agreed 5-year recovery plan. Break even for 2022/23 has not increased the deficit amount, but efficiencies have taken on increased importance as the Trust continues on its financial recovery journey through 2023/24. The NHS continues to work to the return to pre-pandemic contractual income arrangements and the Trust will be required to return to a balanced budget.

The full financial statements for the year ending 31 March 2023, are presented within the annual accounts.

Section Six: Delivering our strategic goals

Our strategic vision and goals

Our vision

Outstanding care, exceptional people, every hour of every day

Our goals

Be an exceptional place to work, volunteer and learn

Provide outstanding quality of care and performance

Excellent collaborators and innovators as system partners

Be an environmentally and financially sustainable organisation

Our supporting strategies

People | **Clinical** | **Sustainability**

Our Strategy, Our People, Our Trust was launched during 2020.

Our aim is to place our patients and colleagues at the heart of everything we do while delivering our vision of 'outstanding care, exceptional people, every hour of every day.

Last year, EEAST shared a set of commitments against each of our strategic goals that we aimed to achieve over the last year.

The following tables show what we have delivered over the previous 12 months, and what we plan to achieve in 2023/24.

Provide outstanding quality of care and performance

Our commitment	Delivered in 2022-23	Planned for delivery in 2023-24
Every patient has a predictable, reliable and appropriate pre-hospital experience	• Introduction of new clinical safety plan for use during periods of high demand and system pressure. • Delivery of statutory/ mandatory training for all staff including the roll out of level 3 multiagency safeguarding training to all registered professionals.	• Delivery of statutory/ mandatory training for all staff including the roll out of level 3 multiagency safeguarding training to all registered professionals.
All parts of our patient pathways are effective and provide a seamless care experience	• Development of call before you convey services. • Introduction of electronic patient records with direct access to child protection information service (CPIS) and direct electronic referral to 111 providers. • Set of advancing practice department	• Implementation of local clinical hubs. • Development of advancing practice department.

Be excellent collaborators and innovators as system partners

Our commitment	Delivered in 2022-23	Planned for delivery in 2023-24
We lead as the regional provider, collaborating to support effective pathways of care for our patients	• EEAST led the development of its regional clinical strategy with a partnership approach, including a face to face clinical strategy partnership event hosted by the University of Suffolk. • We initiated and supported a range of blue light partnerships and continue to recruit our community first responders.	• Implementing the clinical strategy, again, in partnership, is our ongoing focus. This includes the development of community hubs, call before you convey and further utilisation of access to the stack. • EEAST will implement its volunteer delivery plan to promote volunteer insight and impact and make every contact count.
We all work together to improve all of the time	• Our dedicated business and partnerships team is geographically aligned to each ICS; we provide additional schemes in each area, focused on local priorities.	• We will continue to work in this local way, sharing learning and good practice from each area. We will continue to support national mandates via local delivery mechanisms, such as mental health joint response vehicles.

Be an exceptional place to work, volunteer and learn

Our commitment	Delivered in 2022-23	Planned for delivery in 2023-24
Our people feel valued, involved and supported	• Developed a new communications and engagement plan. • Increased our digital platforms for engaging and communicating with colleagues. • Expanded our Freedom to Speak Up team, HR business partners and leadership development teams to provide additional employee support.	• Implement first year plan for people strategy in line with NHS People Promise. • Local intervention with hot spot areas for high staff turnover / sickness. • Focused support from 'stay with EEAST questionnaire' findings to reduce regretted attrition. • Improve flexible working options for employees. • Increase local onboarding support for new starters.
We are all healthy in our work	• Trauma incident management practitioners and wellbeing champions in place to support our people. • Welfare wagon in place to provide refreshments during hospital handover delays. • Provision of Headspace App for mindfulness.	• Relaunch of the chaplaincy offering to provide a more diverse model which matches the diversity of our people and communities. • Expansion of the welfare wagon service to provide better refreshments and additional support by way of councillors, physiotherapists, chaplains and Good Dogs. The service will also be made available to all our people and used for recruitment and brand promotion. • Deliver mental health first aider training and mental health awareness training to assist our leaders in caring for their teams and one another.
We are developed so we can be the best version of ourselves	• Enhanced clinical progression routes. • Expanded non-clinical development pathways. • Increased annual time off to complete CPD training. • Recruit specialist team to deliver in-house development for all colleagues.	• Increase number of career pathways across EEAST. • Implement new EDI training programme for all staff. • Expand access and range of degree apprenticeships. • Transition to new e-learning portal to increase learner experience.
We all own our roles, caring about our teams and place	• Increased appraisal completion rates across the Trust by more than 100% in a year. • Re-aligned roles and responsibilities in operational teams via Time to Lead initiative.	• Introduce new digital appraisal system to underpin development needs. • Undertake organisational structure review of other operational teams to better align resource with delivery.
We lead well, fairly and with confidence. We are also great followers	• Introduced new leadership development programme for all managers and leaders. • Implemented Time to Lead programme to align core duties and resources. • Offered a number of leadership learning circles to promote ongoing CPD.	• Embed new leadership development programme to all managers and leaders. • Expand Time to Lead programme to reach other areas of the organisation.

Be an environmentally and financially sustainable organisation

Our commitment	Delivered in 2022-23	Planned for delivery in 2023-24
We are effective and efficient in our work	• During a challenging year with a plan set for a £1m deficit, the Trust achieved a better than planned, break even year end position. • The Trust achieved cost improvements across 2022/23 of £5.1m. • The Trust developed a clear 'Fit for the Future' transformation programme to enable us to improve in the right areas to drive better delivery of our core business for patients and colleagues.	• The Trust has set a plan to achieve a break-even financial position for 2023/24. • A new, challenging workforce plan has been set in line with a refreshed clinical operating model. • Further roll out of make ready services is planned across the Trust to support efficient operational performance. • The Trust will continue to implement its 'Fit for the Future' transformation plan focussing on operational, people, and process improvements that drive better service delivery.
We are continuously seeking improvement opportunities, learning from insights and our data	• Organisational performance improvement plan developed and was focused on ensuring our core business performance data is understood and enables us to plan to improve. • The Trust has continued with our data lake technology and is working towards the NHS Making Data Count standards for all reports for both internal and external creation. • The Trust was one of the first ambulance services to progressively deploy SPC formats into Board and operational reports to enable improvements into our insights and data to transform the way we work.	• The Trust has set a cost improvement programme target at £13.5m for 2023/24. Plans for achievement are underway. • The operational performance improvement plan set by the Trust identifies clear areas for financial and productivity improvements. • The Trust digital team is working with NHS national and regional partner colleagues to build collaborative environments under the national SDE programme.

We understand our challenges, accept them, and know what is required to build the right foundations to be a successful and high performing organisation. We have a clear forward plan for 2023/24 that recognises where we need to focus our efforts and deliver for our patients and partners. We will continue to deliver our long-term improvement programme, Fit for the Future, ensuring there is clear alignment and oversight of our development areas. Our integrated transformation programme began in 2018 and continues to deliver transformation of operations support and estates.

EEAST is a conscientious partner working across the health and care systems and recognises the importance of joint working with partners to deliver safe and compassionate care for our patients and communities.

In support of the process to develop joint forward plans, EEAST's engagement with Integrated Care Boards, as a provider partner, is continuing to develop. EEAST has, and will continue to, engage with the development of six joint forward plans for our regional footprint. EEAST will continue to be engaged in the commitments coming out of the joint forward plans, many of these are derived from existing urgent emergency care plans and actions supporting integrated health and social care pathways, such as frailty. The main areas featured are system flow and hospital handover delays.

The ambulance service, generally, is in a unique position, as we witness some of the most vulnerable patients during times of emergency, with unprecedented access to their home environment. This information, is often not known by any other agency and only uncovered upon our emergency intervention. This paints a picture as to the lived experience of our patients and their families. By sharing this information, we will improve patient outcomes and outcomes through timely intervention and strategies. We will continue to deliver on our health inequality responsibilities outlined in the urgent emergency care plans and ensure that we triangulate our activity through the below proposed ways of influencing health inequalities for the populations we serve. EEAST will be guided by the below principles:

- **Using data to better understand population need**
- **Reducing the environmental impact of our activities**
- **Understand experience, barriers and outcomes for specific population groups**
- **Reviewing and improving clinical care for vulnerable population groups**
- **Putting money into our communities by purchasing locally**
- **Understanding and reviewing Trust estate to better support communities**
- **Creating a workplace environment that supports our people's health & wellbeing**
- **Designing and delivering inclusive recruitment processes**

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

Tom Abell
Chief Executive

Accountability Report (pages 77-119)

Directors' Report

Our Trust Board, consisting of our Chair, five non-executive directors, the CEO and four executivedirector members, is the corporate decision-making body of the Trust. The Board is accountable for all strategic, operational, and financial decision-making, and has powers to delegate and make arrangements to exercise any of its appropriate functions through a sub-committee.

Our Trust Board and Sub-Committee structure 2022-23:

Trust Board

Assurance Committees

Audit	Remuneration	Quality Governance	Performance and Finance	People	Transformation
Auditing compliance	Determining arrangements for remuneration, terms and conditions and performance criteria for the CEO and Executive team	Clinical quality, safety and effectiveness	Delivery of objectives for finance and performance	Culture	Programme and project management
Internal/external audit	Non-Contractual payment arrangements	Patient experience	Capital development	Workforce performance and development	Strategy development oversight
Financial systems	CEO and Executive Directors' succession planning	Clinical audit	Quality Cost Improvement Programmes	Recruitment and retention	Programme delivery
Internal Control (standing orders, scheme of delegation, reservation of powers), BGAF	Trust Board structure, size and composition	Research and innovation	Financial statements and investments	Vetting and barring	Sustainable transformation Plan progression in line with the NHS Long Term Plan
Risk assurance	Appointments panel for Executive Directors	Ethics	Activity and performance analysis	Health, safety and wellbeing	Strategy progression assurance
Process for monitoring compliance-regulation, legislation		Quality account	Information management and technology	Employee relations casework and employment tribunals	Digital strategy progression
Security management		CQC registration and compliance	Patient transport services provision	Training and education	Estates, fleet, make ready strategy suite progression
Systems and processes		Learning from experience		OFSTED compliance	
Annual Report/Account including charity		Serious incidents		Gender Pay Gap	
Declarations		Medicine management		Equality Act compliance	
Information governance		Infection prevention and control		Staff engagement and inclusion	
Counter fraud		Safeguarding		Staff survey	
Assurance of Board Sub-committees		Mandatory clinical training		Vision and values assurance	
Data quality and security		Private ambulance oversight			
		Patient involvement			

Our Board and Sub-Committee Evaluation

The Board and its sub-committees review their effectiveness formally on a yearly basis through an approved evaluation process. Within the 2022/23 year, the effectiveness reviews were undertaken in March and reported to the audit committee in May 2023. The effectiveness review identified many significant improvements across the Board and sub-committees, and future improvement themes were identified, supported by action plans.

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

Voting Directors:

Nicola Scrivings
Trust Chair

Wendy Thomas
Senior Independent Director

Mrunal Sisodia
Chair of Audit Committee

Alison Wigg
Chair of Transformation Committee

Neville Hounsome
Chair of Quality Governance Comittee

Julie Thallon
Chair of Performance and Finance Committee

Tom Abell
Chief Executive Officer

Kevin Smith
Director of Finance

Marika Stephenson
Director of People Services

Melissa Dowdeswell
Director of Nursing

Marcus Bailey
Chief Operating Officer (until Aug 2022)

Carolan Davidge
Chair of Remuneration Committee (Until Dec 2022)

Non-Voting Directors:

Dr Simon Walsh
Medical Director

Emma De-Carteret
Director of Corporate Affairs and Performance

Hein Scheffer
Director of Strategy, Culture and Education

Kate Vaughton
Director of Integration and Deputy CEO

Kiran Mahil
Associate Non-Executive Director

Victoria Corbishley
Associate Non-Executive Director

Board Skill Matrix

EEAST's Trust Board undertook a review of the skills and expertise throughout the membership during 2022. The approach was one of self-assessment, whereby a comprehensive list of both technical knowledge and leadership qualities were listed, with Board members individually self-assessing against these criteria to give a rating as well as some qualitative rationale:

1. Limited or no experience demonstrated
2. Practitioner – developing or inconsistent demonstration
3. Expert in the area and demonstrating

The following specific areas are recognised gaps across the Board as a collective. These are the core areas where recruitment or development was required.

1. Strategic IMT experience, as well as strategic application of digital improvements.
2. Estates/Fleet/logistics/security management
3. Commercial or business development

The table on the next page highlights the skills across the full Board.

All directors	Most directors
Workforce leadership - recruitment, transactional, training/education.	Financial management and controls.
Organisational development underpinning culture change.	Strategic financial management – planning, forecasting, and strategy.
Corporate Governance, including risk management and systems of internal control.	Patient, community, volunteer engagement.
Strategic experience of staff/user/ stakeholder co-production and engagement.	User led / staff models of continuous improvement.
Demonstrates strong ambition for self and organisation. Challenges status-quo.	Strategic Communication skills.
Outstanding personal communicator.	Commercial business development/ tenders/ contract management.
Confident with data, analysing to add value.	Speaking up/ whistleblowing responsivities for good governance.
Confident transformation capability – experienced in design and delivery of change.	Practitioner experience of major incidents / business continuity.
Outstanding people leadership skills. Inspiring, coaching, mentoring and guiding.	Working within a regulated industry to achieve a balanced scorecard.
Excellent attention to performance management and holding others to account.	Strategic application of organisational digital improvements.
Experience of shaping and role modelling a healthy culture.	Skilled in collaboration to influence complex and diverse stakeholder relationships.
Strong orientation towards ethical, compassionate and inclusive leadership. Values led.	Working with others to create and promote a clear vision, strategy and narrative.
Previous NED or ED experience within an organisation undergoing significant change in a regulated industry.	
Resilience through set-back, commitment to learning and improvement.	

Board / Sub-Committee Composition and Membership Attendance 2022-2023

Membership and attendance	Public Board meeting	Private Board meeting	Audit committee	Performance and finance committee	People committee	Quality governance committee	Remuneration committee	Transformation committee
Chair	Nicola Scrivings		Mrunal Sisodia	Julie Thallon	Wendy Thomas (from July 2022)	Neville Hounsome (from July 2022)	Mrunal Sisodia	Alison Wigg
Executive Lead	Chief Executive Officer		Director of Finance	Chief Operating Officer / Director of Finance	Director of People Services	Director of Nursing / Medical Director	Chief Executive Officer	Director of Strategy, Culture and Education
Nicola Scrivings	7/7	9/10		4/6	3/6	1/6	6/6	2/4
Alison Wigg	7/7	10/10		6/6			5/6	4/4
Carolan Davidge	5/5	7/7	3/3	3/4	3/4		3/3	
Julie Thallon	7/7	9/10	3/4	6/6			5/6	3/3
Mrunal Sisodia	6/7	9/10	5/5			6/6	6/6	4/4
Neville Hounsome	6/7	9/10		1/1	6/6	6/6	5/6	
Wendy Thomas	6/7	7/10	4/5		5/5	5/6	5/6	
Tom Abell	7/7	10/10		4/6	4/6	3/6	6/6	4/4
Emma De-Carteret	6/7	8/10	5/5	3/6	5/6	4/6		4/4
Hein Scheffer	6/7	9/10			4/6			3/4
Kate Vaughton	7/7	8/9		1/1				3/3
Kevin Smith	6/7	9/10	5/5	6/6				4/4
Marcus Bailey (until 15 Aug 2022)	2/2	5/5		2/3		2/2		
Marika Stephenson	7/7	8/10			6/6		6/6	
Melissa Dowdeswell	7/7	10/10		4/4		5/6		
Simon Walsh	5/7	6/10		1/1		3/4		2/2

Board Member Declarations of Interest for 2022 – 2023 (as at 31 March 2023)

Name and position	Declaration of interest	Declarations	Term
Nicola Scrivings Trust Chair	Nil	August 2022	18.11.2019-31.05.2023
Alison Wigg Non-Executive Director	Partner works for BT - Trust Supplier	December 2019	15.01.2018-14.01.2024
	Chair of Strategic Digital Investment and Assurance Board for Suffolk and North East Essex	October 2021	
Carolan Davidge Non-Executive Director	Sole director - Carolan Davidge Ltd	July 2019	04.07.2019-03.12.2022
	Trustee Arthur Rank Hospice	July 2019	
	Independent Board member at Samphire Homes	December 2021	
	Non-executive director - Hertfordshire Partnership University Foundation Trust	November 2022	
Emma De-Carteret Director of Corporate Affairs and Performance	Student member - ICSA	December 2021	01.12.2021-present
	Husband works for BT - EEAST network provider		
Hein Scheffer Director of Strategy, Culture and Education	Director of Wavelengths 106 (PTY) Ltd Private Company	April 2022	01.04.2022-present
	Renate Scheffer (spouse) working at Hertfordshire and West Essex ICB		
	Leadership fellow - College of St George's Windsor Castle		
	Executive coach		
	Member of NHSCC Board (dissolved)		
Juliet Beal Director of Nursing, Clinical Quality and Improvement	Nil	November 2020	04.11.2020-03.05.2022

Board Member Declarations of Interest for 2022 – 2023 (as at 31 March 2023) (continued)

Name and position	Declaration of interest	Declarations	Term
Julie Thallon Non-Executive Director	Owner and director - Meraki Interim Solutions	October 2021	04.01.2021-03.12.2025
	Vice chair - The patients association	December 2022	
	East Coast Community Health Community Interest Company	January 2023	
Kate Vaughton Director of Integration	Charity trustee - Abbeycroft Leisure	February 2022	14.02.2022-present
	Trustee - St Nicholas Hospice		
Kevin Smith Director of Finance	Partner employee with EEAST	October 2021	01.06.2014-present
Kiran Mahil Associate Non-Executive Director	Senior executive (Financial Services) - Nationwide	February 2022	01.04.2021-31.03.2024
Marcus Bailey (on secondment)	Education - MBA University of Lincoln	March 2019	01.03.2019-present
	Representative - National Ambulance Strategy & Transformation Directors Group (NASAT) on behalf of National Directors of Operations		
	Representative - British Heart Foundation (BHF) Circuit on behalf of National Directors of Operations		
Marika Stephenson Director of People Services	Enterprise advisor - strategic support schools on careers (role approved prior to commencement - ceased 21.10.22)	January 2022	01.12.2021-present
Melissa Dowdeswell Director of Nursing, Clinical Quality and Improvement	Nil	March 2022	08.03.2022-present

Board Member Declarations of Interest for 2022 – 2023 (as at 31 March 2023) (continued)

Name and position	Declaration of interest	Declarations	Term
Mrunal Sisodia Non-Executive Director	Director and co-chair- National network of Parent Cover Forums	April 2020	01.05.2020-30.04.2023
	Steering group member for Bedford Borough Parent Carer Forum	April 2020	
	Chair of the NHSE parent, carer and families' transformation network	April 2020	
	Member of NHSE children and young people's transformation board	April 2022	
	Self-employed - Management consultant	April 2022	
Neville Hounsome Non-Executive Director	Member - NHS pay review body	December 2019	10.07.2019-09.07.2023
	Independent lay member – Health and Care Professions Council Remuneration Committee	October 2021	
	Board member - Samphire Homes	December 2019	
	Self employed - NH transitions	December 2019	
	0 hours associate - Chameleon People Services	December 2019	
	Associate - Lee Hecht Harrison (LHH)	December 2019	
	Associate - Gatenby Sanderson	December 2019	
Simon Walsh Medical Director (interim)	Clinical lead - Essex & Herts Air Ambulance Trust	December 2021	01.12.2021-present
	Deputy chair - British Medical Association's UK Consultants Committee	December 2021	
	Consultant in emergency medicine - Royal London Hospital	December 2021	

Board Member Declarations of Interest for 2022 – 2023 (as at 31 March 2023) (continued)

Name and position	Declaration of interest	Declarations	Term
Tom Abell Chief Executive Officer	Deputy chair and trustee - NAM Aidsmap	April 2021	02.08.2021-present
Dr Tom Davis Medical Director	Board member, Hertfordshire Independent Living Service (HILS, social enterprise)	December 2019	02.02.2018-30.09.2022
	Retainer of GP status at Wendover Health Centre	March 2019	
	Club secretary - Mursley United FC	October 2020	
Victoria Corbishley Associate Non-Executive Director	Director of Health and Local Crisis Response - Red Cross	October 2021	01.02.2021-30.01.2024
	Trustee and vice chair - Brandon Centre	October 2021	
Wendy Thomas Non-Executive Director	Magistrate for the North Essex Bench	October 2021	04.07.2019-03.07.2023
	Safeguarding adult reviewer - Essex County Council		
	Vaccinator - Essex Partnership University NHS Foundation Trust		

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 2023 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust has a well embedded risk management process designed to allow the organisation to handle risk effectively. Risk leadership and training are key components.

Risk leadership

The Board of directors has overall responsibility for the management of risk within the Trust. The chief executive officer retains overall executive responsibility for risk management, with the director of corporate affairs and performance as the responsible director. Risk management is a core component of all senior roles. The Trust has an approved risk appetite, strategy and procedure to facilitate risk management throughout the organisation.

Risk management training

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

Training staff is embedded within the corporate induction, as well as annual refresher via e-learning mandatory training requirements. Quarterly training and support are given to management teams, to standardise the approach to risk management and manage risks.

The risk and control framework

Risk management strategy and risk appetite

This describes the processes to identify, assess, and manage potential risks. It outlines the principles applied to all Trust activities to ensure risks identified are evaluated and treated, mitigating any risks that could prevent delivery of objectives. The Board has in place a risk appetite statement, which is current and will be reviewed in the coming financial year.

The compliance and risk group oversees the day-to-day management of risk and internal controls, to ensure monitoring against key risks and objectives occurs, as well as utilising a risk-based approach to business and decision-making.

Once a risk is identified, assessment is undertaken, focusing upon causes and effects, against impact and likelihood. Controls are then implemented, and mitigating actions established throughout the organisation.

Quality governance arrangements

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

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

Data security risks

Data security risks are identified, assessed, managed, and reported as per the Trust's risk management strategy and process and are overseen by the information governance group and data quality and security group, as well as the Trust's senior information risk owner (SIRO).

Significant risks

The major risks identified within the financial year have been monitored and acted upon by the Board and sub-committees through scrutiny of the board assurance framework (BAF) at Board and sub-committee meetings. In-year, the risks were reviewed, reassessed and strengthened with a summary as follows:

Strategic Goal	Strategic Risk	Comments
Be an exceptional place to work, volunteer and learn	SR1a: If we do not ensure our people are safe and their wellbeing prioritised, there is a risk we will be unable to attract, retain and keep our people safe and well.	Current risk in recognition of the safety, culture and behaviours programme and reflects the need for inclusivity. Key mitigations include the culture improvement programme and the following improvement plans: inclusivity, wellbeing and health and safety.
	SR1b: If we do not ensure our leaders are developed and equipped, there is a risk that we will not be able to change our culture and value, support, develop and grow our people.	Current risk reflecting the importance of stabilising the infrastructure, capacity and capability of our leadership teams across the organisation to support staff effectively. Key activities include the leadership development framework and our Time to Lead programme.
Providing outstanding quality of care and performance	SR2: If we do not deliver operational and clinical standards then there is a risk of poor patient outcomes and experience.	Current risk focusing on our ability to deliver timely and high-quality care to patients. Mitigation relates to recruitment to the clinical workforce plan, operational efficiencies and system working. Clinical care standards are positive.
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.	Current risk focusing on supporting and collaborating in the delivery of system-wide integration, focusing on alternate pathway schemes, engagement and involvement within the wider health and social care landscape.
Be an environmentally and financially sustainable organisation	SR4: If we do not resolve long standing organisational inefficiencies we will be unable to deliver an effective, sustainable, value for money service to our public.	This risk focuses on long term financial planning, sustainability and efficiencies, supporting a balance between value for money and delivery of the service. Key mitigations focus on the cost improvement programme, and efficiency improvement.
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.	This risk focuses on the need to integrate our improvement plans and strategic aim to bring about a clear narrative and understanding of our vision. This will lead to improved prioritisation and achievement of requirements.
	SR6: If we do not deliver sustainable regulatory compliance and develop positive relationships, we will have limited ability to deliver our strategy.	In recognition of the regulatory improvements required in well led, this focuses upon compliance and regulatory standards, and the impact upon our reputation. Mitigations include the performance management framework, engagement strategy, and development of robust compliance monitoring.

Governance compliance risks

The Trust is not fully compliant with the registration requirements of the Care Quality Commission (SOF4). A range of mechanisms are in place to provide assurance of compliance with the Health and Social Care Act 2008 (Regulated Activities) and Regulations 2010, as set out in the Care Quality Commission's guidance for providers. The Trust was rated overall as requires improvement in the July 2022 inspection.

Measures continue to be implemented to address compliance with national ambulance targets. These include a well-established programme of multidisciplinary directorate performance reviews, monitored and reviewed by the Board on monthly basis. Positive improvements have been recognised by the CQC during the year removing two licence conditions imposed in 2020 due to safeguarding concerns and pre-employment checks.

Governance Compliance Risks - continued

Training and education programmes on culture continue to be implemented to support alignment with Trust values and behaviours across the Trust. Key risks:

Risk	Mitigation
There is a risk arising from challenges in complying with well led requirements of the CQC due to leadership instability, capacity and capability, and embedding values and behaviours.	• Well led improvement plan with key programmes relating to culture, capacity and capability, leadership development. • Localised culture interventions to support tangible change. • Improvement director to support improvement. • Increased governance capacity to support compliance.
There is a risk to oversight and assurance due to the quality of utilisation of data and measuring effectiveness, as well as capacity of teams for data analysis.	• Integrated performance report: Board and sectors in place. • Support from NHSI ongoing to enhance data utilisation. • Chief information officer (CIO) focus on data quality and utilisation. • Committee metrics and escalation parameters in place. • Demonstrating Impact programme to transition to statistical process control and performance improvement.

Embedding of risk management

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

- All risk registers are managed via an electronic database. Escalation of risk is achieved through the governance structures and processes.
- Identification and assessment of risk is a core business function, with managers recognising and assessing risks to the delivery of their aspect of the service.
- All cost improvement programmes have a reviewed and approved quality impact assessment, where risks and mitigating actions are identified.
- All core plans, such as the winter plan, potential for overtime incentives, surge plan or Board-level financial decisions have a risk and impact assessment.
- Embedded incident reporting system for staff to report incidents or near misses.
- Core groups monitor the risks relevant to their terms of reference.
- Audit committee has oversight of risk management to ensure it is embedded.

Workforce strategies and staffing systems

The Trust is working to a budgeted whole time equivalent (WTE) workforce establishment informed by the clinical strategy and workforce plan to enable the delivery of safe and effective care to our patients.

Progress against the workforce plan is monitored through the people committee and Board. The service is committed to building an engaged and inclusive culture with engagement events for staff to speak directly with executives and non-executive directors, nominated Executive leads for each STP 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+ Network, BME Network, All Women in EEAST Network, Men's Wellbeing Network, Multi-Faith Network and Disability Support Network) are encouraged to play an active role in the decision making in the Trust.

Compliance with CQC registration requirements

The Trust is not fully compliant with the registration requirements of the Care Quality Commission. In 2020, following a focused well led inspection, the Trust was placed in Special Measures (SOF4) and as a result, enhanced regulatory oversight and monitoring is in place.

A full core service inspection was carried out in Spring 2022 with an improvement to the well led rating, returning to requires improvement. This did not alter the overall rating and the Trust remains in SOF4, pending a further inspection and review. At the time of writing this report, two of the 11 conditions on the Trust's provider license have been removed, with others being applied for.

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

The Trust is focusing heavily on making the necessary improvements, working with regulators to establish and deliver rapid interventions to strengthen the position short term, whilst progressing the Fit for the Future programme for long term, sustainable change. The plan focuses on four core underpinning well led themes, in addition to the immediate action plans relating to the CQC, Equality and Human Rights Commission and training and education.

Register of interests

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past 12 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.

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. Focused work has been undertaken successfully via a section 23 agreement with the Equality and Human Rights Commission, which was lifted in October 2022. 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.

UK climate projections

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the adaptation reporting requirements are complied with.

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

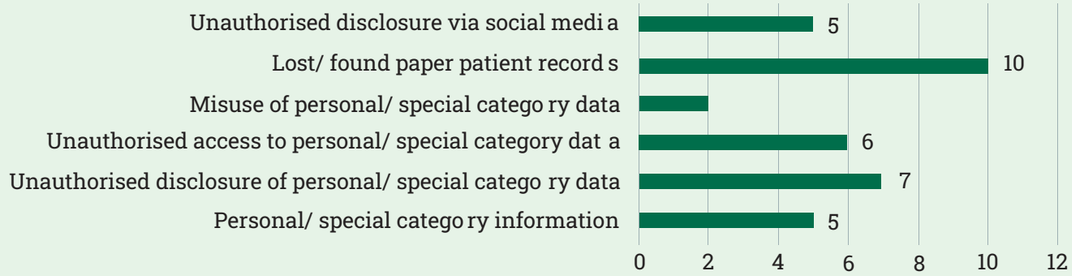
The Trust has a range of processes to ensure that resources are used economically, efficiently, and effectively. This includes management and supervision arrangements for staff and a system of devolved budget management. This incorporates reviews of finance and performance at budget manager, service director and overall Trust level, through detailed reporting to the performance and finance committee. The committee also scrutinises the Trust's quality cost improvement programme and reviews delivery of this programme which is supported by quality impact assessments.

External auditors are required as part of their annual audit to satisfy themselves 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 2022/23 there were a total of 35 incidents reported to the Information Commissioner's Office (ICO) through the data security reporting tool, demonstrating a 20% reduction in cases from the previous year. Of these, at the time of writing this report, the ICO took no further action in 33 cases (94%), being satisfied with the investigation and actions taken by the Trust. The remaining two are outstanding for a decision. An overview of the 35 incidents is as follows:

ICO reportable data protection breaches



Three incidents met the Trust's Serious Incident (SI) threshold and were managed under the Trust's SI process. These incidents met the threshold for reporting to NHS England but not the Information Commissioner's Office. Two related to accidental destruction of patient records, and the third a disclosure error.

Data quality and governance

The Trust has several 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 is included.
- Assurance through governance processes to Board-level via the Integrated Board report.
- Information governance toolkit.
- Assurance provided through information governance group and 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, as evidenced in the latest internal audit report. Mitigations include the development of clear standard operating procedures for all data sets utilised. Operational data via 999 and patient care records are assured as accurate as these are automated.

Review of effectiveness

As accountable officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me.

My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and quality governance committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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

- The Board governance and assurance framework, including the sub-committees
- The Trust's standing orders, reservation of powers to the Trust Board, scheme of delegation, and standing financial instructions.

The Trust is led by a unitary Board, which provides leadership within a framework of internal control whilst promoting innovation, and challenge to performance issues. The Board monitors the effectiveness of the internal control systems and processes through clear accountability arrangements.

Each executive director is held to account for control systems and processes, monitoring methods and weaknesses within directorates; cross checking evidence of compliance with statutory functions to ensure that the Trust remains legally compliant.

Review of effectiveness of the Trust Board and sub-committees

The Board and the sub-committees review their effectiveness on a regular basis and formally through the Board's annual evaluation process. Assurance that each committee has been compliant with its terms of reference and publication of an integrated effectiveness report has been achieved.

Area of improvement:

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

Area for focus:

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

Summary of activities

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

Trust Board	Audit Committee	Quality Governance Committee	Corporate Governance Team
Risk management assurance – reviewing the BAF, risk escalation, strategic risk review.	Reviewing assurance pertaining to risk and governance via reports and deep dives.	Review and assurance on action plans following the 2022 CQC inspection.	Facilitation of well led development and working to support through SOF4.
Developing, reviewing and approving key Trust strategies.	Approval of the Board governance and assurance framework and the risk management strategy.	Reviewing and approving the clinical audit plan and relevant clinical and quality annual reports.	Ongoing embedding of the Board governance and assurance framework and risk management strategy.
Receiving and approving annual reports.	Review in detail the Standing Orders, Standing Financial Instructions, Scheme of Delegation and Reservation of Powers to the Trust Board.	Monitoring performance against the ambulance clinical quality indicators and key clinical indicators to assess quality of care.	Facilitation of the CQC, EHRC, and other regulatory relationships and assurance mechanisms to support improvements.
Receiving assurance on plans and progress in relation to regulatory compliance.	Reviewing in detail the system of control arrangements, including policy management, information governance, data quality and procurement.	Receiving and reviewing update reports in relation to claims and litigation cases, patient experience and research.	Facilitation of the escalation and assurance mechanisms in support of the Board and its sub-committees.
Close monitoring of the culture improvement programme as well as frequent oversight of freedom to speak up and whistle blowing.	Reviewing the recommendations and action plans from internal audits.	Assessment and assurance of compliance with wider regulation, including the Civil Contingencies Act.	
	Analysis and monitoring of wider committee assurance and effectiveness in relation to risk management and internal controls.	Assuring patient safety and experience through patient network reports and deep dives into areas such as 'no sends' and performance 'perfect weeks'.	

Clinical audit activities

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

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

The clinical audit and patient experience programmes for 2022/23 focused on national, strategic, and regulatory driven audit projects that related to the priorities set within the quality account agenda. Full details of all audits undertaken are in the quality account.

The head of internal audit opinion and annual internal audit programme

Head of internal audit's annual opinion

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

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

Actions taken to address internal control issues

The key challenges the Trust faced throughout 2022/23 and the actions taken were:

Key challenges to internal control	Actions taken
Operational capacity to meet demand and performance requirements.	• Closure of the operational workforce capacity gap. • Over-recruitment to control room roles. • Utilisation of additional private ambulance service provision to support delivery of care to patients. • Collaboration on system improvement activities including development of intra-provider patient transfer (access to the stack).
Well-led issues pertaining to culture, inclusivity, behaviours, capacity and capability.	• Improvement director support • CQC improvement plan delivery in year. • Local culture interventions programme. • Enhanced staff engagement approach. • Strengthened whistleblowing and Freedom to Speak Up. • Speak Up, Speak Out, Stop It campaign. • Policy and procedure reviews and strengthening. • Increased training in values, behaviours and leadership around culture.

Conclusion

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

There is an acknowledgement that the Trust continues on 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 2023/24.

Tom Abell
Chief Executive Officer
June 2023

Remuneration and Staff Report

Remuneration Report

Trust board remuneration committee

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

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

Remuneration and performance conditions

The remuneration of the chair and the non-executive directors is decided by the secretary of state. The time commitment contracted is approximately three days per week for chairs and two-and-a-half days per month for non-executive directors.

Where the workloads of the chair and non-executive directors exceed this in response to the requirements of the Trust no further remuneration is paid.

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

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

Reporting of other compensation schemes – exit packages

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

Salary and pension entitlement of the Board

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

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

Staff report

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

Salary and pension entitlements of senior managers

Salary and allowances

		2022-23						2021-22					
Name	Title	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) total to nearest £100	(c) Perfomance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension related benefits (bands of £2,500)	(f) TOTAL (a-e) (bands of £2,500)	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) total to nearest £100	(c) Perfomance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension related benefits (bands of £2,500)	(f) TOTAL (a-e) (bands of £2,500)
Senior managers in post at 31st March 2023													
Nicola Scrivings	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
Mrunal Sisodia - OBE	Non Executive Director	10-15	NIL	NIL	NIL	NIL	10-15	10-15	NIL	NIL	NIL	NIL	10-15
Julie Thallon	Associate Non Executive Director	10-15	NIL	NIL	NIL	NIL	10-15	10-15	NIL	NIL	NIL	NIL	10-15
Neville Hounsome	Non Executive Director	10-15	NIL	NIL	NIL	NIL	10-15	10-15	NIL	NIL	NIL	NIL	10-15
Alison Wigg	Non Executive Director	10-15	NIL	NIL	NIL	NIL	10-15	10-15	NIL	NIL	NIL	NIL	10-15
Victoria Corbishley	Associate Non Executive Director	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Kiran Mahil	Associate Non Executive Director	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Tom Abell	Chief Executive	185-190	5600	NIL	NIL	NIL	195-200	115-120	5000	NIL	NIL	75-77.5	195-200
Kevin Smith	Director of Finance and Commissioning	125-130	4500	NIL	NIL	37.5-40	165-170	120-125	4300	NIL	NIL	NIL	120-125
Dr Simon Walsh	Medical Director	40-45	NIL	NIL	NIL	NIL	40-45	35-40	NIL	NIL	NIL	NIL	35-40
Marika Stephenson	Director of People Services	125-130	7500	0-5	NIL	30-32.5	170-175	40-45	2500	NIL	NIL	7.5-10	50-55
Emma De Carteret	Director of Corporate Affairs and Corporate Performance	110-115	5000	NIL	NIL	52.5-55	170-175	35-40	5000	NIL	NIL	72.5-75	110-115
Katherine Vaughton	Director of Integration	115-120	7500	NIL	NIL	72.5-75	200-205	10-15	NIL	NIL	NIL	50-52.5	65-70
Melissa Dowdeswell	Director of Nursing	100-105	8000	NIL	NIL	67.5-70	180-185	Appointed to the Trust Board during 2022-23					
Hein Scheffer	Director of Strategy, Culture and Education	135-140	NIL	NIL	NIL	0-2.5	135-140	Appointed to the Trust Board during 2022-23					
Senior managers who left the Trust Board in 2022-23													
Juliet Beal	Director of Nursing	15-20	NIL	NIL	NIL	NIL	15.20	125-130	NIL	NIL	NIL	NIL	125-130
Marcus Bailey	Chief Operating Officer	55-60	5400	NIL	NIL	17.5-20	75-80	150-155	5400	NIL	NIL	37.5-40	185-190
Tom Burton*	Strategic Planning Director	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Carolan Davidge	Non Executive Director	5-10	NIL	NIL	NIL	NIL	5-10	10-15	NIL	NIL	NIL	NIL	10-15

* Tom Burton has been seconded to EEAST at no cost from NHS England.
The Benefit in kind is included in the "Expense payments (taxable)" column and relates to car benefit charge or use of other assets benefit for emergency response vehicles.

The following senior managers served for part of the financial year 2022-23

Melissa Dowdeswell	Appointed to the Trust Board on 1 July 2022
Hein Scheffer	Appointed to the Trust Board on 1 April 2022
Dr Simon Walsh	Appointed to the Trust Board on 1 November 2022
Carolan Davidge	Resigned from the Trust Board on 3 December 2022
Marcus Bailey	Left the Trust Board on 15 August 2022 and is on external secondment
Juliet Beal	Left the Trust Board on 3 May 2022
Tom Burton	Left the Trust Board on 29 April 2022

The following senior managers served for part of the financial year 2023-24

Nicola Scrivings	Resigned from the Trust Board on 31 May 2023

Signed on behalf of East of England Ambulance Service NHS Trust on 27th June 2023:

Mrumal Sisodia OBE
Chair of Trust Board

Tom Abell
Chief Executive

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 2023 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2022 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2023 £'000	Employer's contribution to stakeholder pension £'000
Chief Executive	Tom Abell*	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Chief Operating Officer	Marcus Bailey	0-2.5	NIL	45-50	90-95	703	34	758	NIL
Director of Finance and Commissioning	Kevin Smith	2.5-5	0-2.5	65-70	90-95	1033	65	1130	NIL
Director of People Services	Marika Stephenson	0-2.5	NIL	0-5	NIL	9	30	39	NIL
Medical Director	Dr Simon Walsh**	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Director of Integration	Kate Vaughton	2.5-5	5-7.5	30-35	55-60	430	71	514	NIL
Director of Corporate Affairs and Performance	Emma De-Carteret	2.5-5	2.5-5	25-30	40-45	294	45	348	NIL
Director of Nursing	Melissa Dowdeswell	2.5-5	NIL	20-25	NIL	161	43	209	NIL
Director of Strategy, Culture and Education	Hein Scheffer	0-2.5	NIL	25-30	NIL	405	18	435	NIL

*Tom Abell opted out of the NHS pension scheme and is not covered by the NHS pension arrangements during the reporting period.

**Dr Simon Walsh was not covered by the NHS pension arrangements during the reporting period. The Strategic Planning Director was engaged at no cost from NHS England, as such EEAST makes no NHS pension contribution.

Juliet Beal was not covered by the NHS Pension arrangements during the reporting period.

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

Cash equivalent transfer values

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

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures.

Real increase in CETV

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

Fair Pay Disclosures - subject to audit

Percentage change in remuneration:	2022/23		2021/22	
	Highest paid director	**Employees of the Trust**	**Highest paid director**	**Employees of the Trust**
Salary and allowances	0.0%	3.4%	-7.4%	7.7%
Performance	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, 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 2021/22. 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 2022/23 NHS pay award, details of which are contained in the NHS Employers' pay advisory notice 02/2022, which had the effect of increasing pay in most salary bands for substantive staff under agenda for change by £1,400.

Agency and consultancy staff are included on the basis of those occupying a vacant post as at 31st March 2023. These agency costs are annualised based on the expenditure on that individual in the week ending 31st March 2023.

In the prior year being 2021/22 there was also no change to the highest paid director, being the chief executive officer, as compared to 2020/21. The reason for the reduction in highest paid director pay in 2021/22 compared to 2020/21 related to the timing of payment received for contractual lieu of notice pay as reflected in the 2020/21 pay.

In 2021/22 the change in the average salary of employees as a whole at the Trust is attributable to the effects of the 2021/22 NHS pay award of 3%, and the receipt of pay during 2021/22 under the collective agreed framework in relation to annual leave payments agreed in March 2021, covering the period 1 April 2019 to 31 March 2021. Pay increases arising from the national pay award ratified at NHS Staff Council on 27 June 2018, changed the composition of salaries, and the annual increment drift of staff pay as salaries move up the pay scale annually.

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 2022-23 was £185-190k, (2021/22: £185-190k). 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 £185-190k is used for the ratio calculations. This banding is 5.08 times (2021/22: 5.31 times) the median remuneration of the workforce, which was £36,893 (2021/22: £35,310).

There is no change to the highest paid director, being the chief executive officer, as compared to 2021/22.

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

Pay ratios (continued)

2021/22	25th Percentile	Median	75th percentile
Total remuneration (£)	26,455	35,310	47,563
Salary component of total remuneration (£)	26,455	35,310	47,563
Pay ratio information	7.09	5.31	3.94

In 2022/23 nil (2021/22 nil) employees received remuneration in excess of the highest paid director. Remuneration ranged from £11k - £185k (2021/22: £7k to £189k). 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 4.5% from 2021/22 to 2022/23. The change in the median salary value is attributable to the effects of the 2022/23 NHS pay award, details of which are contained in the NHS Employers' Pay Advisory notice 02/2022, which had the effect of increasing pay in most salary bands for substantive staff under agenda for change by £1,400.

Agency and consultancy staff are included on the basis of those occupying a vacant post as at 31st March 2023. These agency costs are annualised based on the expenditure on that individual in the week ending 31st March 2023.

Staff report - subject to audit

Senior managers

	Number employed	
Pay band	**2022-23**	**2021-22**
Executive directors	10	11
Agenda for Change (AfC) band 9	-	-
Secondment at nil cost to the Trust	1	1
	11	12

The number of senior managers listed above by pay band, includes individuals who occupied a senior manager post for all or part of the financial year. The strategic planning director has been seconded at nil cost to the Trust from NHS England.

The senior managers in this note are included within the remuneration note.

Staff numbers

	2022-23			2021-22
	Permanent number	**Other number**	**Total number**	**Total number**
Average staff numbers				
Medical and dental	1	-	1	1
Ambulance staff	2,612	23	2,635	2,532
Administration and estates	786	36	822	826
Healthcare assistants and other support staff	2,001	145	2,146	2,322
Nursing, midwifery and health visiting staff	24	-	24	22
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	1	-	1	1
Healthcare science staff	-	-	-	-
Social care staff	-	-	-	-
Other	-	52	52	89
Total average numbers	**5,425**	**256**	**5,681**	**5,793**
Of the above - staff engaged on capital projects.	-	-	-	-

Staff costs

	2022-23			2021-22		
	Permanently employed £000s	Other	Total	Permanently employed £000s	Other	Total
Salaries and wages	235,900	-	235,900	218,842	-	218,842
Social security costs	26,176	-	26,176	23,182	-	23,182
Apprenticeship Levy costs	1,164	-	1,164	1,100	-	1,100
Employer Contributions to NHS BSA - Pensions Division	39,672	-	39,672	38,449	-	38,449
Other pension costs	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-
Temporary staff	-	8,716	8,716	-	9,532	9,532
Total employee benefits	302,912	8,716	311,628	281,573	9,532	291,105
Employee costs capitalised	-	-	-	-	-	-

Staff report, not subject to audit

Staff composition

	2022-23			2021-22		
	Total	Male	Female	Total	Male	Female
All staff	5,888	2,776	3,112	5,775	2,834	2,941
Senior managers	11	6	5	12	8	4

NHS Sickness Absence Figures for NHS 2022-23 Annual Report and Accounts

Figures Converted by DH to Best Estimates of Required Data Items		Statistics Published by NHS Digital from ESR Data Warehouse		
Average FTE 2022	Adjusted FTE days lost to Cabinet Office definitions	FTE-Days Available	Average Sick Days per FTE	FTE-Days recorded Sickness Absence
5,444	120,757	1,986,988	22.2	195,894

Source: NHS Digital - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse

Period covered: January to December 2022

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

	2022-23 number	2021-22 number
Number of persons retired early on ill health grounds	9	9
	£000s	£000s
Total additional pensions liabilities accrued in the year	514	665

Staff policies applied during the year:

Disability Policy
The East of England Ambulance Service is committed to supporting all staff and recognises that staff with disabilities, or those who may be developing a disability, may require additional support to enable them to remain in the workplace. As well as being an NHS employer of choice, the Trust is a 'two ticks' employer and has made a commitment not only to abide by the essential actions, but wherever operationally possible, to go beyond any statutory legal requirement to support staff who develop a disability to stay in the workplace.

Recruitment and Selection Policy
The recruitment and selection policy supports the employment and appropriate training for employees.

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

Equality Diversity and Inclusion Policy
The Trust is pro-active in its work towards making diversity an integral part of the core business. It incorporates the principles of equality, diversity and human rights in employment, encouraging, valuing and actively promoting diversity, recognising the talent and potential across the population. Promoting equality of opportunity is in the best interests of the Trust, including recruitment and development of the best people for our jobs, and providing appropriate services meeting the diverse needs of our community.

Expenditure on consultancy

2022-23	2021-22
£000s	£000s
687	1,137

Compensation and exit packages - subject to audit

Reporting of other compensation schemes - exit packages 2022-23.

Exit package cost band (including any special payment element)	*Number of compulsory redundancies	*Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000	1	8,760	1	2,000	2	10,760	1	2,000
£10,000 - £25,000			1	25,000	1	25,000	1	25,000
£25,001 - £50,000	1	43,927	1	30,000	2	73,927	1	30,000
£50,001 - £100,000								
£100,001 - £150,000								
£150,001 - £200,000								
>£200,000								
Total	2	52,687	3	57,000	5	109,687	3	57,000

Compulsory redundancies arise from the reorganisation of corporate positions during the year. Three special severance payments where HM Treasury approval has been received have occurred.

Reporting of other compensation schemes - exit packages 2021-22

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								
£10,000 - £25,000	1	19,100			1	19,100		
£25,001 - £50,000								
£50,001 - £100,000								
£100,001 - £150,000	1	119,411			1	119,411		
£150,001 - £200,000								
>£200,000								
Total	2	138,511	0	0	2	138,511	0	0

Compulsory redundancies arise from the reorganisation of corporate positions during the year. Three special severance payments where HM Treasury approval has been received have occurred.

Compensation and exit packages (continued)

Other Exit Packages 2022-23

Other Exit packages - disclosures (Exclude Compulsory Redundancies)	Number of exit package agreements	Total value of agreements	2021/22 number of exit package agreements	2021/22 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	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	0	0
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non contractual payments requiring HMT approval*	3	57	0	0
Total	**3**	**57**	**0**	**0**
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	0	0	0	0

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

Three 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 six months

For all off-payroll engagements as of 31 March 2023, for more than £245 per day and that last longer than six months:

Off-payroll engagements longer than 6 months	Number
Number of existing engagements as of 31 March 2022	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

For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2022 and 31 March 2023, for more than £245 per day and that last for longer than six months:

Off-payroll engagements	Number
Number of new engagements, or those that reached six months in duration, between 1 April	0
Of which, the number that have been:	
not subject to off-payroll legislation	0
subject to off-payroll legislation and determined as in-scope of IR35	0
subject to off-payroll legislation and determined as out of scope of IR35	0
of engagements reassessed for consistency /assurance purposes during the year	0
of engagements that saw a change to IR35 status following review	0

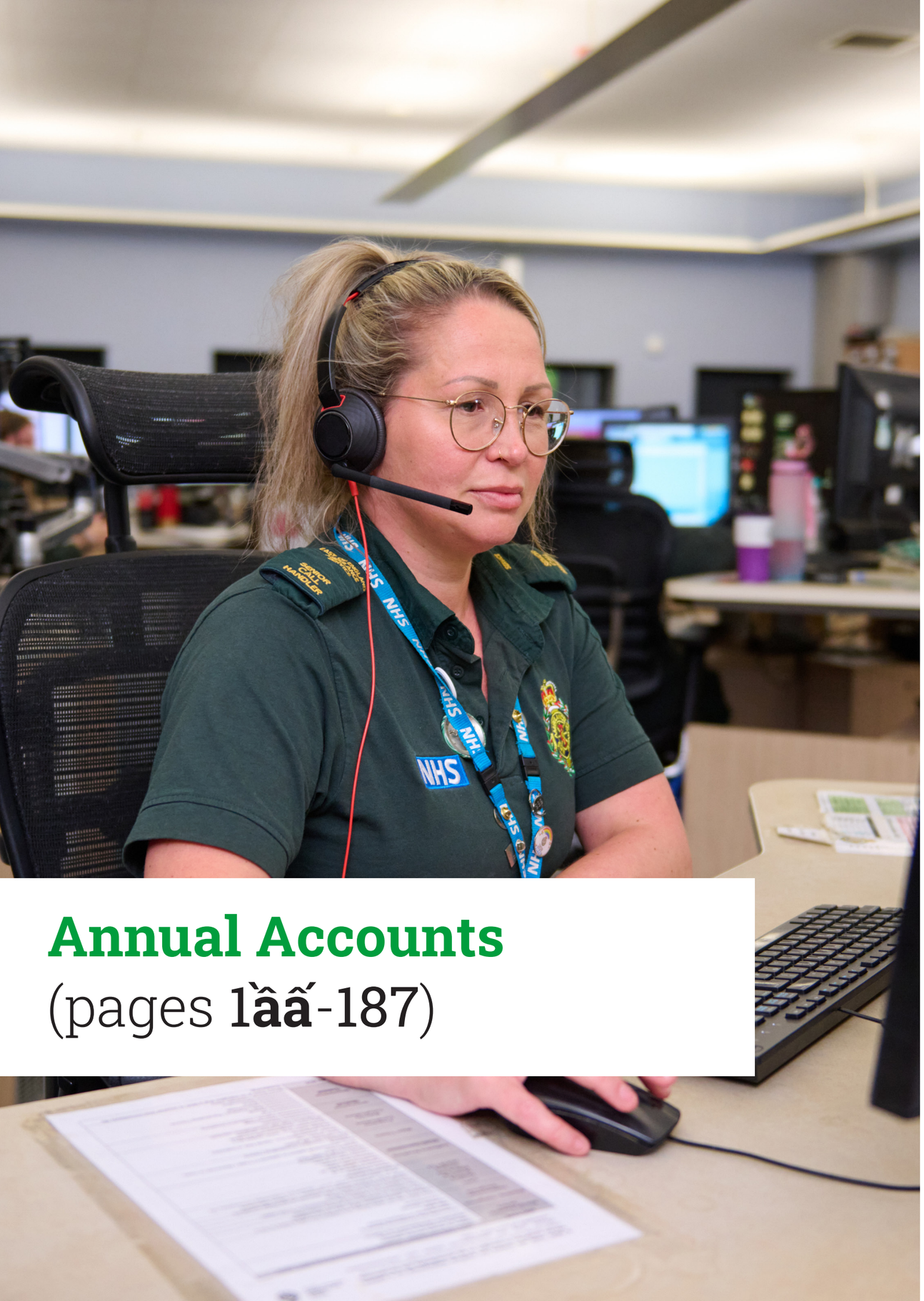
Note: All existing off-payroll engagements have at some point been subject to a risk based assessment as to whether assurance needs to be sought that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

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 2022 and 31 March 2023:

Off-payroll board member/senior official engagements	Number
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*	11

Note: *All individuals who occupied a board member position, for a period of time in the financial year, have been included in this figure.



Annual Accounts
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Annual Accounts for the year ended 31 March 2023

Statement of the chief executive's responsibilities as the accountable officer of the Trust

The chief executive of NHS England has designated that the chief executive should be the accountable officer of the Trust. The relevant responsibilities of accountable officers are set out in the NHS Trust accountable officer memorandum.

These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the
- implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to
- the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

Tom Abell
Chief Executive Officer

27 June 2023

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year.

In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy.

By order of the Board

Tom Abell
Chief Executive Officer
27 June 2023

Kevin Smith
Director of Finance and Commissioning
27 June 2023

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 2023 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 35, 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 the 2022/23 HM Treasury's Financial Reporting Manual (the 2022/23 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2022 to 2023 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 2023 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 2022 to 2023; 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 2024.

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 2022 to 2023.

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 the NHS England's guidance;
- 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:

Exception reports

Referral to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014

We refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

At 31 March 2023, East of England Ambulance Service NHS Trust has reported a cumulative deficit position which is anticipated to remain in 2023/24 and will result in a failure to meet the break-even duty over a rolling 3 year period.

Under Paragraph 2 (1) of Schedule 5 of the 2006 Act, an NHS trust shall ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to revenue account.

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 2023.

On the basis of our work, having regard to the Code of Audit Practice 2020 and guidance issued by the Comptroller and Auditor General in January 2023, we have identified the following significant weakness in the Trust's arrangements for the year ended 31 March 2023.

Significant weakness in arrangements

Our judgement on the nature of the weakness identified:

The Care Quality Commission (CQC) re-inspected the Trust during the year and issued their report in July 2022, following the original inspection in June 2020 in response to escalating concerns of risk to patient and staff safety. The Trust's report in 2022 received an overall rating of requires improvement. The 'Well-led' criteria rating moved from inadequate to requires improvement. 'Safe', 'Effective', and 'Responsive' were also rated as requires improvement with 'Caring' as good. In October 2020 the Trust was placed in special measures (now called Recovery Support Programme) by NHSE and needed to demonstrate improvement in 11 areas as part of the CQC Quality Improvement Plan (QIP). It is working with regulators to make the necessary improvements and two of the 11 areas have been closed during 2022/23.

Although the Trust continues to make progress in implementing recommendations to address weaknesses, the Trust remains in the highest monitoring level of the Recovery Support Programme at 31 March 2023. There remains evidence of a significant weakness in arrangements during 2022/23 that:

- Could reasonably lead to significant impact on the quality and effectiveness of the service, and the body's reputation; and
- Identifies a failure to take action to address previously identified CQC findings and achieve planned progress on improvement plans to achieve an inspection rating of good or outstanding.

The evidence on which our view is based:

- Care Quality Commission inspection report published July 2022
- Trust Board papers setting out and monitoring progress on the CQC Quality Improvement Plan.

Impact on the local body:

The Trust was placed in special measures in October 2020. These special measures consisted of a set of specific interventions designed to improve the quality of care within a reasonable timeframe.

The Trust was re-inspected in line with the CQC's regulatory processes in May 2022 and the report was issued by CQC in July 2022. Although the CQC recognised that improvements had been made by the Trust they did not lift the special measures (now called Recovery Support Programme) actions.

The Trust needs to continue making the improvements required and prepare fully for the August meeting with NHSE to address the nine remaining actions and move out of the Recovery Support Programme.

This issue is evidence of weaknesses in proper arrangements for governance, including how the body monitors and ensures appropriate standards, such as legislative and regulatory requirements, are met.

Responsibilities of the Directors and Accountable Officer

As explained more fully in the 'Statement of directors' responsibilities in respect of the accounts', set out on page 3, the directors are responsible for the preparation of the financial statements and for

being satisfied that they give a true and fair view and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they either intend to cease operations of the Trust, or have no realistic alternative but to do so.

As explained in the 'Statement of the chief executive's responsibilities as the accountable officer of the trust', as the accountable officer of East of England Ambulance Service NHS Trust, the chief executive is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State and for the arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006, the Health and Social Care Act 2012 and the Health and Care Act 2022, as well as relevant employment laws of the United Kingdom. In addition, the Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.

- We understood how East of England Ambulance Service NHS Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, the head of internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Trust's board minutes, through enquiry of employees to verify Trust policies, and other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.

- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance through improper recognition of revenue in accruals) and inappropriate capitalisation of revenue expenditure and management override of controls to be our fraud risks.

- To address our fraud risk around the manipulation of reported financial performance through improper recognition of revenue, we reviewed the Trust's manual year end income accruals, challenging assumptions and corroborating the income to appropriate evidence.

- To address our fraud risk of inappropriate capitalisation of revenue expenditure we tested the Trust's capitalised expenditure to ensure the capitalisation criteria were properly met and the expenditure was genuine.

- To address the presumed fraud risk of management override of controls, we implemented a journal entry testing strategy, assessed accounting estimates for evidence of management bias and evaluated the business rationale for significant unusual transactions. This included testing specific journal entries identified by applying risk criteria to the entire population of journals. For each journal selected, we tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice 2020, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in January 2023, 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 2023.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under section 21(2A)(c)of the Local Audit and Accountability Act 2014 (as amended) to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice does not require us to refer to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resource if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Certificate

We certify that we have completed the audit of the accounts of East of England Ambulance Service NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 (as amended) and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General.

Use of our report

This report is made solely to the Board of Directors of East of England Ambulance Service NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014 (as amended) and for no other purpose. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors, for our audit work, for this report, or for the opinions we have formed.

E. Jackson
Ernst & Young LLP

Elizabeth Jackson (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Luton
28 June 2023

Statement of Comprehensive Income

	Note	2022-23 £000	2021-22 £000
Operating income from patient care activities	2	415,035	394,079
Other operating income	3	6,576	6,266
Operating expenses	5, 7	(419,542)	(409,858)
Operating surplus/(deficit) from continuing operations		**2,069**	**(9,513)**
Finance income	9	719	18
Finance expenses	10	(556)	(4)
PDC dividends payable		(387)	(450)
Net finance costs		**(224)**	**(436)**
Other gains / (losses)	11	70	254
Surplus / (deficit) for the year		**1,915**	**(9,695)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Revaluation net movements	6	(55)	-
Total comprehensive income / (expense) for the period		**1,860**	**(9,695)**

Statement of Financial Position

	Note	31 March 2023 £000	31 March 2022 £000
Non-current assets			
Intangible assets	12	6,686	4,709
Property, plant and equipment	13	59,703	59,876
Right of use assets	15	48,514	-
Investment property	16	700	700
Total non-current assets		**115,603**	**65,285**
Current assets			
Inventories	18	1,933	2,055
Receivables	19	21,982	17,299
Non-current assets for sale and assets in disposal groups	20	-	43
Cash and cash equivalents	21	29,715	29,701
Total current assets		**53,630**	**49,098**
Current liabilities			
Trade and other payables	22	(62,234)	(51,636)
Borrowings	23	(13,982)	-
Provisions	24	(7,966)	(6,236)
Total current liabilities		**(84,182)**	**(57,872)**
Total assets less current liabilities		**85,051**	**56,511**
Non-current liabilities			
Borrowings	23	(28,789)	-
Provisions	24	(6,168)	(9,527)
Total non-current liabilities		**(34,957)**	**(9,527)**
Total assets employed		**50,094**	**46,984**
Financed by			
Public dividend capital		78,514	77,849
Revaluation reserve		4,745	4,800
Other reserves		(1,413)	(1,413)
Income and expenditure reserve		(31,752)	(34,252)
Total taxpayers' equity		**50,094**	**46,984**

The notes on pages 16 to 60 form part of these accounts

Name: **Tom Abell**
Position: Chief Executive Officer
Date: 27 June 2023

Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**77,849**	**4,800**	**(1,413)**	**(34,252)**	**46,984**
Implementation of IFRS 16 on 1 April 2022	-	-	-	585	**585**
Surplus/(deficit) for the year	-	-	-	1,915	**1,915**
Revaluation net movements	-	(55)	-	-	**(55)**
Transfer to retained earnings on disposal of assets	-	-	-	-	**-**
Public dividend capital received	665	-	-	-	**665**
Other reserve movements	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2023	**78,514**	**4,745**	**(1,413)**	**(31,752)**	**50,094**

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital £000	Revaluation reserve £000	Other reserves £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**77,145**	**4,800**	**(1,413)**	**(24,557)**	**55,975**
Surplus/(deficit) for the year	-	-	-	(9,695)	**(9,695)**
Public dividend capital received	704	-	-	-	**704**
Other reserve movements	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2022	**77,849**	**4,800**	**(1,413)**	**(34,252)**	**46,984**

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	2022-23 £000	2021-22 £000
Cash flows from operating activities			
Operating surplus / (deficit)		2,069	(9,513)
Non-cash income and expense:			
Depreciation and amortisation	5.1	23,352	9,374
Net impairments	6	(1,905)	-
(Increase) / decrease in receivables and other assets		(9,407)	4,102
(Increase) / decrease in inventories	18	122	(28)
Increase / (decrease) in payables and other liabilities		12,418	2,305
Increase / (decrease) in provisions	24	(1,732)	1,765
Other movements in operating cash flows		37	-
Net cash flows from / (used in) operating activities		**24,954**	**8,005**
Cash flows from investing activities			
Interest received		719	18
Purchase of intangible assets	12	(2,658)	(2,507)
Sales of intangible assets	12	-	-
Purchase of PPE and investment property	13	(9,535)	(5,735)
Sales of PPE and investment property	13	175	360
Initial direct costs or up front payments in respect of new right of use assets		-	-
Receipt of cash lease incentives (lessee)		-	-
Lease termination fees paid (lessee)		-	-
Net cash flows from / (used in) investing activities		**(11,299)**	**(7,864)**
Cash flows from financing activities			
Public dividend capital received		665	704
Capital element of lease liability repayments		(13,697)	
Interest paid on lease liabilitiy repayments		(279)	-
PDC dividend (paid) / refunded		(330)	(503)
Net cash flows from / (used in) financing activities		**(13,641)**	**201**
Increase / (decrease) in cash and cash equivalents		**14**	**342**
Cash and cash equivalents at 1 April - brought forward		**29,701**	**29,359**
Cash and cash equivalents at 31 March		**29,715**	**29,701**

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 2022/23 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 £1.9m surplus. Income from Integrated Care Boards and their predecessor Commissioners was largely based on the simplified payments system introduced in response to the COVID-19 pandemic. 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 2024. This includes the first quarter of the 2024/25 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 2024 on pay and non-pay costs are anticipated to be matched by inflationary increases to funding in the 2024/25 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 2024 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 May 2023. 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 account.

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 income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive

Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of

Government Accounts are 'machinery of government changes' and treated as continuing operations.

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.

Note 1.9 Property, plant and equipment (continued)

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:

- L and and non-specialised buildings – market value for existing use
- S pecialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss.

Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use. Leasehold improvements are held at current value deemed to be depreciated historic cost.

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

Note 1.9 Property, plant and equipment (continued)

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.

This includes assets donated to the trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life (years)	Max life (years)
Land	-	-
Buildings, excluding dwellings	8	50
Leasehold improvements	5	50
Plant & machinery	7	10
Transport equipment	5	5
Information technology	3	10
Furniture & fittings	5	10

Note 1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives 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

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

The Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.12 Investment properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

Note 1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.14 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, 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 are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cashflows 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 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

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.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

Note 1.15 Leases - continued

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust is an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset.

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees.

In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line.

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 riskadjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2023.

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year: minus 1.30%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 24.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 25 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 25, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.18 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trustsand-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 2022/23.

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

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

The following are the 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:

Leasehold improvements

Within the property plant and equipment category Buildings in note 13.2 at 31 March 2022 are included leasehold improvements deemed to meet the recognition definitions in IAS16. These are held at current value deemed to be depreciated historic cost. At 31 March 2022 the gross book value of these assets is £10.6m and the net book value £5.8m. At 1 April 2022 these assets have been reclassified into a separate asset category within property plant and equipment. The gross book value of these assets is £11.28m and the net book value is £5.33m.

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 2023 is that market values have moved sufficiently since the last full revaluation performed at 31 March 2021 to require a full revaluation and this has been performed.

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 22. A discount rate of plus 1.7% (2021/22: minus 1.3%) has been used to estimate the present value of provisions.

Provisions for potential employment costs arising from the overtime annual leave adjustment to historic annual leave payments has been estimated assuming a staggered level of uptake by existing staff members. Uncertainty in the timing and levels of uptake by staff, and uncertainty on the methodology required for corrective payments results in uncertainty on the amounts and timing of the settlement payments that may be required.

Accruals

Accruals contains significant staff cost accruals for the NHS 2022/23 non-consolidated pay award, and accrual for annual leave earned but untaken.

The NHS non-consolidated 2022/23 pay award accrual arises from a special NHS Staff Council meeting that took place on 16 March 2023, the government confirmed to the Agenda for Change (AfC) trade unions and employers the details of a revised pay offer for 2022/23 and a proposal for a headline recurrent pay award uplift 2023/24. The 2022/23 component of this pay offer for the non-consolidated Pay Award, comprising a 2% of basic pay non-consolidated payment along with a tiered cash payment based on 5 tiers covering the spectrum of Agenda for Change bandings, to all staff in post at the end of March 2023. Management's calculation of the cost has been informed by NHS England estimates and a review of entitlement for staff in post at 31 March, pay bands and basic pay rates, and accruals includes £12.123m in regards to this 2022/23 amount.

The Annual leave accrual is based on management's calculation of untaken leave as at 31 March 2023 from review of holiday leave entitlements, taken leave and pay rates. Ongoing operational pressures and increased recruitment and staff numbers, sees increases to the volume and value of untaken leave entitlements. The carrying value of the accrual is £6.5m (2022: £5.4m) within Note 22.1 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)

	2022/23 £000	2021/22 £000
Ambulance services		
Service Delivery funding from Integrated Care Boards and commissioners*	365,365	363,970
Other income **	37,621	18,386
All services		
Additional pension contribution central funding***	12,049	11,723
Other clinical income	-	-
Total income from activities	**415,035**	**394,079**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 National Tariff payments system documents.

https://www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies/

** Other income includes in 2022/23 £12.1m as in March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

*** The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 2.2 Income from patient care activities (by source)

	2022/23 £000	2021/22 £000
Income from patient care activities received from:		
NHS England	26,712	12,743
Clinical commissioning groups (upto 30 June 2022) *	94,428	376,197
Integrated care boards (from 1 July 2022) *	290,264	-
Department of Health and Social Care	-	-
Other NHS providers	1,159	1,027
NHS other	-	1,114
Local authorities	107	99
Injury cost recovery scheme	487	516
Non NHS: other	1,878	2,383
Total income from activities	**415,035**	**394,079**

* The Health and Social Care Act 2022 saw the abolition of clinical commissioning groups and the establishment of integrated care boards as the organisations responsible for arranging the provision of health services in England under the National Health Service Act 2006.

The Trust has only one reporting segment which is the provision of ambulance response and transportation services. All activities are considered continuing operations in the year.

Note 3 Other operating income

	2022/23			2021/22		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	-	-	**-**	-	-	**-**
Education and training	3,843	-	**3,843**	3,289	-	**3,289**
Non-patient care services to other bodies	-		**-**	-		**-**
Reimbursement and top up funding	-		**-**	-		**-**
Charitable and other contributions to expenditure*		418	**418**		803	**803**
Revenue from operating leases		230	**230**		280	**280**
Other income	2,085	-	**2,085**	1,894	-	**1,894**
Total other operating income	**5,928**	**648**	**6,576**	**5,183**	**1,083**	**6,266**

* Charitable and other contributions to expenditure includes £0.418m (2021/22: £0.674m) in relation to the value of DHSC centrally procured consumable items of personal protective equipment and supplies in relation to the COVID-19 response £0.410m (2021/22: £0.129m) 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.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis. This includes a different maturity analysis of future minimum lease receipts under IAS 17 compared to IFRS 16.

Note 4.1 Operating lease income

	2022/23	2021/22
	£000	£000
Lease receipts recognised as income in year:		
Minimum lease receipts	230	280
Total in-year operating lease income	**230**	**280**

Note 4.2 Future lease receipts

	31 March 2023
	£000
Future minimum lease receipts due at 31 March 2023:	
- not later than one year	190
- later than one year and not later than two years	96
- later than two years and not later than three years	27
- later than three years and not later than four years	18
- later than four years and not later than five years	8
- later than five years	26
Total	**365**

	31 March 2023
	£000
Future minimum lease receipts due at 31 March 2022:	
- not later than one year	88
- later than one year and not later than five years	50
- later than five years	34
Total	**172**

Note 5.1 Operating expenses

	2022/23 £000	2021/22 £000
Staff and executive directors costs - note 7	311,575	290,943
Remuneration of non-executive directors	128	130
Supplies and services - clinical (excluding drugs costs)	5,423	9,898
Supplies and services - general	3,487	4,840
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,823	1,696
Inventories written down	-	-
Consultancy costs	687	1,137
Establishment	8,019	10,670
Premises	7,324	5,797
Transport (including patient travel)	45,576	36,078
Depreciation on property, plant and equipment and right of use assets	21,358	8,171
Amortisation on intangible assets	1,994	1,203
Net impairments (reversals) from market value changes - see note 6 / 14	(1,905)	-
Movement in credit loss allowance: contract receivables / contract assets	(11)	135
Movement in credit loss allowance: all other receivables and investments	(30)	19
Increase/(decrease) in other provisions	455	-
Change in provisions discount rate(s)	(1,543)	234
Fees payable to the external auditor		
audit services- statutory audit	121	111
other auditor remuneration (external auditor only)	-	-
Internal audit costs	71	71
Clinical negligence	2,825	3,191
Legal fees	801	996
Insurance	3,207	3,071
Research and development	-	-
Education and training	2,726	2,794
Expenditure on short term leases (current year only)	970	
Expenditure on low value leases (current year only)	9	
Variable lease payments not included in the liability (current year only)	-	
Operating lease expenditure (comparative only as prepared under IAS17)		21,733
Early retirements	-	-
Redundancy - note 7	53	162
Losses, ex gratia & special payments	278	212
Other	4,121	6,566
Total	**419,542**	**409,858**

Note 5.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2 million (2021/22: £2 million).

Note 6 Impairment of assets and revaluation movements

	2022/23 £000	2021/22 £000
Net impairments charged to operating surplus / deficit resulting from:		
Revaluation Changes in market price - see note 14	(1,905)	-
Other	-	-
Total net impairments (reversals) charged to operating surplus / deficit	**(1,905)**	**-**
Impairments charged to the revaluation reserve	55	-
Total net impairments (reversals)	**(1,850)**	**-**

As a result of the 31 March 2023 revaluation of property, plant and equipment a net reversal of impairment is recognised in the surplus/deficit arising from the reversal of previous revaluation changes charged through the surplus/ deficit. The property, plant and equipment values are based on value in use. Revaluation decreases reversing previous increases have been taken to the revaluation reserve through other comprehensive income to the value £0.055m. No revaluation or impairments occurred in 2021/22.

Note 7 Employee benefits

	2022/23	2021/22
	Total	Total
	£000	£000
Salaries and wages	235,900	218,842
Social security costs	26,176	23,182
Apprenticeship levy	1,164	1,100
Employer's contributions to NHS pensions	39,672	38,449
Pension cost - other	-	-
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	-	-
Temporary staff (including agency)	8,716	9,532
Total staff costs	**311,628**	**291,105**
Reconciled to note 5:		
Staff and executive directors costs	311,575	290,943
Redundancy	53	162
Total	**311,628**	**291,105**

Employer pension contributions increased 6.3% in 2019/20 to 20.68% with NHS England administering and settling the increase centrally. Notional expenditure and income (in note 2.1) of £12.049m (2021/22: £11.723m) have been recognised.

Note 7.1 Retirements due to ill-health

During 2022/23 there were 9 early retirements from the trust agreed on the grounds of ill-health (9 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £514k (£665k in 2021/22).

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

Note 8 Pension costs

Past and present employees are covered by the provisions of the two 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 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 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

Note 9 Finance income

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

	2022/23	2021/22
	£000	£000
Interest on bank accounts	719	18
Total finance income	**719**	**18**

Note 10 Finance expenditure

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

	2022/23	2021/22
	£000	£000
Interest expense:		
Interest on lease obligations	453	-
Total interest expense	**453**	**-**
Unwinding of discount on provisions	103	(77)
Other finance costs	-	81
Total finance costs	**556**	**4**

Note 11 Other gains / (losses)

	2022/23	2021/22
	£000	£000
Gains on disposal of assets	138	254
Losses on disposal of assets	(68)	-
Total gains / (losses) on disposal of assets	**70**	**254**
Other gains / (losses)	-	-
Total other gains / (losses)	**70**	**254**

Note 12.1 Intangible assets - 2022/23

	Intangible assets		
	Software licences	Under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	**7,064**	**-**	**7,064**
Additions	1,327	806	**2,133**
Reclassifications	3,316	-	**3,316**
Disposals / derecognition	(33)	-	**(33)**
Valuation / gross cost at 31 March 2023	**11,674**	**806**	**11,674**
Amortisation at 1 April 2022 - brought forward	**2,355**	**-**	**2,355**
Provided during the year	1,994	-	**1,994**
Reclassifications	1,478	-	**1,478**
Disposals / derecognition	(33)	-	**(33)**
Amortisation at 31 March 2023	**5,794**	**-**	**5,794**
Net book value at 31 March 2023	**5,880**	**806**	**6,686**
Net book value at 1 April 2022	**4,709**	**-**	**4,709**

Note 12.2 Intangible assets - 2021/22

	Intangible assets		
	Software licences	Under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2021 - brought forward	**4,032**	**-**	**4,032**
Additions	3,032	-	**3,032**
Valuation / gross cost at 31 March 2022	**7,064**	**-**	**7,064**
Amortisation at 1 April 2021 - brought forward	**1,152**	**-**	**1,152**
Provided during the year	1,203	-	**1,203**
Amortisation at 31 March 2022	**2,355**	**-**	**2,355**
Net book value at 31 March 2022	**4,709**	**-**	**4,709**
Net book value at 1 April 2021	**2,880**	**-**	**2,880**

Note 12.2 Intangible assets - 2021/22

	Land	Buildings excluding dwellings	Leasehold improvements	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	**15,812**	**30,388**	**-**	**379**	**27,765**	**4,356**	**23,468**	**1,036**	**103,204**
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	(66)	(165)	-	-	-	-	-	-	**(231)**
Additions	164	1,226	797	1,656	2,420	686	1,263	28	**8,240**
Revaluation net impairments and reversal - surplus	744	(569)	-	-	-	-	-	-	**175**
Revaluation net impairments and reversal - reserves	21	(494)	-	-	-	-	-	-	**(473)**
Reclassifications	-	(10,617)	10,617	-	-	-	(3,316)	-	**(3,316)**
Disposals / derecognition	-	-	(133)	-	(912)	(258)	(7,010)	(10)	**(8,323)**
Valuation/gross cost at 31 March 2023	**16,675**	**19,769**	**11,281**	**2,035**	**29,273**	**4,784**	**14,405**	**1,054**	**99,276**
Accumulated depreciation at 1 April 2022 - brought forward	**-**	**6,019**	**-**	**-**	**18,744**	**3,289**	**14,615**	**661**	**43,328**
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	-	(22)	-	-	-	-	-	-	**(22)**
Additions	-	1,189	1,273	-	2,266	510	2,813	73	**8,124**
Revaluation net impairments and reversal - surplus	-	(1,730)	-	-	-	-	-	-	**(1,730)**
Revaluation net impairments and reversal - reserves	-	(418)	-	-	-	-	-	-	**(418)**
Reclassifications	-	(4,748)	4,748	-	-	-	(1,478)	-	**(1,478)**
Disposals / derecognition	-	-	(69)	-	(908)	(258)	(6,986)	(10)	**(8,231)**
Accumulated depreciation at 31 March 2023	**-**	**290**	**5,952**	**-**	**20,102**	**3,541**	**8,964**	**724**	**39,573**
Net book value at 31 March 2023	**16,675**	**19,479**	**5,329**	**2,035**	**9,171**	**1,243**	**5,441**	**330**	**59,703**
Net book value at 1 April 2022	**15,812**	**24,369**	**-**	**379**	**9,021**	**1,067**	**8,853**	**375**	**59,876**

Note 13.2 Property, plant and equipment - 2021/22

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021 - brought forward	**15,924**	**27,423**	**156**	**24,599**	**4,357**	**22,438**	**1,036**	**95,933**
IFRS 16 implementation - reclassification of existing finance leased assets to right of use assets	-	3,006	223	3,188	139	1,030	-	**7,586**
Additions	-	-	-	-	-	-	-	**-**
Revaluation net impairments and reversal - surplus	-	-	-	-	-	-	-	**-**
Revaluation net impairments and reversal - reserves	-	-	-	-	-	-	-	**-**
Reclassifications	(23)	(22)	-	-	-	-	-	**(45)**
Disposals / derecognition	(89)	(19)	-	(22)	(140)	-	-	**(270)**
Valuation/gross cost at 31 March 2022	**15,812**	**30,388**	**379**	**27,765**	**4,356**	**23,468**	**1,036**	**103,204**
Accumulated depreciation at 1 April 2021 - brought forward	**-**	**3,922**	**-**	**16,294**	**2,700**	**11,819**	**588**	**35,323**
Provided during the year	-	2,101	-	2,472	729	2,796	73	**8,171**
Impairments	-		-	-	-	-	-	**-**
Revaluations	-		-	-	-	-	-	**-**
Reclassifications	-		-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	(2)	-	-	-	-	-	**(2)**
Disposals / derecognition	-	(2)	-	(22)	(140)	-	-	**(164)**
Accumulated depreciation at 31 March 2022	**-**	**6,019**	**-**	**18,744**	**3,289**	**14,615**	**661**	**43,328**
Net book value at 31 March 2022	**15,812**	**24,369**	**379**	**9,021**	**1,067**	**8,853**	**375**	**59,876**
Net book value at 1 April 2021	**15,924**	**23,501**	**156**	**8,305**	**1,657**	**10,619**	**448**	**60,610**

Note 13.2 Property, plant and equipment - 2021/22

	Land	Buildings excluding dwellings	Leasehold improvements	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	16,675	19,479	5,329	2,035	9,171	1,243	5,441	330	**59,703**
Total net book value at 31 March 2023	**16,675**	**19,479**	**5,329**	**2,035**	**9,171**	**1,243**	**5,441**	**330**	**59,703**

Note 13.2 Property, plant and equipment - 2021/22

	Land	Buildings excluding dwellings	Leasehold improvements	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	15,812	24,369	-	379	9,021	1,067	8,853	375	**59,876**
Total net book value at 31 March 2022	**15,812**	**24,369**	**-**	**379**	**9,021**	**1,067**	**8,853**	**375**	**59,876**

Note 14 Revaluations of property, plant and equipment

Land and Buildings were re-valued as at 31 March 2023 by Montagu Evans LLP an Independent Chartered Surveyor.

The valuation has been 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.

Reconciliation of revaluation changes in market values from note 13.1 to the primary statements:

Revaluation net impairments and reversal - surplus - £1.905m - Note 5.1 included in operating expenses

Revaluation net impairments and reversal - reserves - £(0.055)m - Other comprehensive Income / SOCIE revaluation reserves.

Note 15 Leases - East of England Ambulance Service NHS Trust as a lessee

This note details information about leases for which the Trust is a lessee.

Leases are primarily for the leasing of land and buildings from which Trust activities are operated, and the leasing of operational vehicles comprising the fleet of Ambulances, response vehicles, and leased cars.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

Note 15.1 Right of use assets - 2022/23

	Property (land and buildings)	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	231	-	**231**	-
IFRS 16 implementation - adjustments for existing operating leases / subleases	26,488	32,545	**59,033**	10,509
Additions	279	2,358	**2,637**	173
Remeasurements of the lease liability	359	(349)	**10**	-
Impairments	-	-	**-**	-
Disposals / derecognition	(14)	(191)	**(205)**	-
Valuation/gross cost at 31 March 2023	**27,343**	**34,363**	**61,706**	**10,682**
IFRS 16 implementation - reclassification of existing finance leased assets from PPE or intangible assets	22	-	**22**	-
IFRS 16 implementation - adjustments for existing subleases	-	-	**-**	-
Provided during the year	2,476	10,758	**13,234**	142
Impairments	-	-	**-**	-
Disposals / derecognition	(14)	(50)	**(64)**	-
Accumulated depreciation at 31 March 2023	**2,484**	**10,708**	**13,192**	**142**
Net book value at 31 March 2023	**24,859**	**23,655**	**48,514**	**10,540**

Net book value of right of use assets leased from other NHS providers	10,381
Net book value of right of use assets leased from other DHSC group bodies	159

Note 15.2 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 23.1.

	2022/23 £000
Carrying value at 31 March 2022	
IFRS 16 implementation - adjustments for existing operating leases	53,781
Lease additions	2,637
Lease liability remeasurements	10
Interest charge arising in year	453
Early terminations	(134)
Lease payments (cash outflows)	(13,976)
Other changes	-
Carrying value at 31 March 2023	**42,771**

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.

Income generated from subleasing right of use assets in £0k and is included within revenue from operating leases in note 3.

Note 15.3 Maturity analysis of future lease payments at 31 March 2023

	Total	Of which leased from DHSC group bodies:
	31 March 2023 £000	31 March 2023 £000
Undiscounted future lease payments payable in:		
- not later than one year;	13,982	177
- later than one year and not later than five years;	18,965	711
- later than five years.	20,214	14,562
Total gross future lease payments	**53,161**	**15,450**
Finance charges allocated to future periods	(10,390)	(5,211)
Net lease liabilities at 31 March 2023	**42,771**	**10,239**
Of which:		
- Current	13,982	177
- Non-Current	28,789	10,062

Note 15.4 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the trust previously determined to be operating leases under IAS 17.

	2021/22 £000
Operating lease expense	
Minimum lease payments	21,733
Contingent rents	-
Less sublease payments received	-
Total	**21,733**

	31 March 2022 £000
Future minimum lease payments due:	
- not later than one year;	17,109
- later than one year and not later than five years;	37,051
- later than five years.	18,915
Total	**73,075**
Future minimum sublease payments to be received	-

Note 15.5 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives.

Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 15.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022.

	1 April 2022 £000
Operating lease commitments under IAS 17 at 31 March 2022	**73,075**
Impact of discounting at the incremental borrowing rate	
IAS 17 operating lease commitment discounted at incremental borrowing rate	**62,911**
Less:	
Commitments for short term leases	(279)
Commitments for leases of low value assets	(34)
Commitments for leases that had not commenced as at 31 March 2022	-
Irrecoverable VAT previously included in IAS 17 commitment	(1,926)
Services included in IAS 17 commitment not included in the IFRS 16 liability	(14,380)
Other adjustments:	
Differences in the assessment of the lease term	2,435
Public sector leases without full documentation previously excluded from operating lease commitments	5,054
Other adjustments	-
Total lease liabilities under IFRS 16 as at 1 April 2022	**53,781**

Note 16 Investment Property

	2022/23 £000	2021/22 £000
Carrying value at 1 April - brought forward	**700**	**700**
IFRS 16 implementation - adjustments for existing operating leases	-	-
Movement in fair value	-	-
Carrying value at 31 March	**700**	**700**

Note 16.1 Investment property income and expenses

	2022/23 £000	2021/22 £000
Direct operating expense arising from investment property which generated rental	-	-
Direct operating expense arising from investment property which did not generate	185	55
Total investment property expenses	**185**	**55**
Investment property income	-	6

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 2023 £000	31 March 2022 £000
Drugs	78	79
Work in progress	-	
Consumables	1,275	1,428
Energy	580	548
Other	-	-
Total inventories	**1,933**	**2,055**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £12,089k (2021/22: £11,235k). Write-down of inventories recognised as expenses for the year were £0k (2021/22: £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. During 2022/23 the Trust received £418k of items purchased by DHSC (2021/22: £674k).

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 2023 £000	31 March 2022 £000
Current		
Contract receivables	15,082	4,739
Allowance for impaired contract receivables / assets	(645)	(656)
Allowance for other impaired receivables	(728)	(758)
Prepayments (non-PFI)	5,661	11,328
PDC dividend receivable	573	630
VAT receivable	1,310	1,263
Other receivables	729	753
Total current receivables	**21,982**	**17,299**
Of which receivable from NHS and DHSC group bodies:		
Current	13,458	2,647
Non-current	-	-

At 31 March 2023 Contract receivables includes £12.123m in regards receivables from NHSE for agreements to fund the 2022/23 pay award. There is nil equivalent at 31 March 22.

Note 19.2 Allowances for credit losses

	2022/23		2021/22	
	Contract receivables and contract assets £000	All other receivables £000	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 April - brought forward	**656**	**758**	**521**	**739**
Changes in existing allowances	(11)	(30)	135	19
Allowances as at 31 Mar 2023	**645**	**728**	**656**	758

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 and Social Care entities these are not considered to expose the Trust to credit losses.

Note 20 Non-current assets held for sale and assets in disposal groups

	2022/23 £000	2021/22 £000
NBV of non-current assets for sale and assets in disposal	**43**	**-**
Assets classified as available for sale in the year	-	43
Assets sold in year	(43)	-
Impairment of assets held for sale	-	-
Reversal of impairment of assets held for sale	-	-
other than sale	-	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	**-**	**43**

Assets held for sale at 31 March 2022 related to a single station location.

Note 21 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2022/23 £000	2021/22 £000
At 1 April	**29,701**	**29,359**
Net change in year	14	342
At 31 March	**29,715**	**29,701**
Broken down into:		
Cash at commercial banks and in hand	81	103
Cash with the Government Banking Service	29,634	29,598
Total cash and cash equivalents as in SoFP	**29,715**	**29,701**
Total cash and cash equivalents as in SoCF	**29,715**	**29,701**

Note 22.1 Trade and other payables

	31 March 2023 £000	31 March 2022 £000
Current		
Trade payables	11,768	11,128
Capital payables	2,689	4,509
Accruals	35,688	25,579
Receipts in advance and payments on account	1,549	-
Social security costs	5,773	5,516
Pension contributions payable *	3,900	3,652
Other payables	867	1,252
Total current trade and other payables	**62,234**	**51,636**

* Pension contributions payable were included in the total "Other Payables" figure at 31 March 2022 and have been split out here for comparability.

	31 March 2023 £000	31 March 2022 £000
Of which payables from NHS and DHSC group bodies:		
Current	494	867
Non-current	-	-

Following a special NHS Staff Council meeting that took place on 16 March 2023, the government confirmed to the Agenda for Change (AfC) trade unions and employers the details of a revised pay offer for 2022/23 and a proposal for a headline recurrent pay award uplift 2023/24. Accruals includes £12.123m in regards to the 2022/23 component of this pay offer for the non-consolidated Pay Award, comprising a 2% of basic pay non-consolidated payment along with a tiered cash payment based on 5 tiers covering the spectrum of Agenda for Change bandings, to all staff in post at the end of March 2023.

Accruals includes £6.477m in regards to annual leave untaken at 31 March 2023 (2021/22: £5.4m).

Note 23.1 Borrowings

	31 March 2023 £000	31 March 2022 £000
Current		
Bank overdrafts	-	-
Lease liabilities*	13,982	-
Total current borrowings	**13,982**	**-**
Non-current		
Lease liabilities*	28,789	-
Total non-current borrowings	**28,789**	**-**

* The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 15.

Note 23.2 Reconciliation of liabilities arising from financing activities - 2022/23

	Lease Liability £000	Total £000
Carrying value at 1 April 2022	**-**	**-**
Cash movements:		
Financing cash flows - payments and receipts of principal	(13,697)	(13,697)
Financing cash flows - payments of interest	(279)	(279)
Non-cash movements:		
Impact of implementing IFRS 16 on 1 April 2022	53,781	53,781
Transfers by absorption	-	-
Additions	2,637	2,637
Lease liability remeasurements	10	10
Application of effective interest rate	453	453
Change in effective interest rate	-	-
Changes in fair value	-	-
Early terminations	(134)	(134)
Other changes	-	-
Carrying value at 31 March 2023	**42,771**	**42,771**

No financing liabilities arose at either 31 March 2022 or 31 March 2021 or changed during the 2021/22 financial year.

Note 24.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2022	**245**	**6,099**	**1,026**	**8,393**	**15,763**
Change in the discount rate	(18)	(1,525)	-	-	**(1,543)**
Arising during the year	21	99	325	2,378	**2,823**
Utilised during the year	(37)	(304)	(48)	(255)	**(644)**
Reversed unused	-	(207)	-	(2,161)	**(2,368)**
Unwinding of discount	4	99	-	-	**103**
At 31 March 2023	**215**	**4,261**	**1,303**	**8,355**	**14,134**
Expected timing of cash flows:					
- not later than one year;	37	271	1,303	6,355	**7,966**
- later than one year and not later than five years;	178	1,041		1,967	**3,186**
- later than five years.		2,949		33	**2,982**
Total	**215**	**4,261**	**1,303**	**8,355**	**14,134**

Pensions - Early Departure Costs, and Pensions Injury benefits:

These provisions relate to payments to the NHS Pension Agency for Early Retirements and Injury Benefit Awards and are based on amounts paid by the NHS Pensions Agency and average life expectancy for the individuals concerned. As these amounts are known with reasonable certainty there is no related balance in contingent liabilities. The discount rate used to calculate the values associated with settling these liabilities over time changed from -1.3% to +1.7% this year, resulting in the £1.5m decrease to the provision, and leading to an increase in liability as this unwinds.

Legal Claims:

The legal provision is for claims made against the Trust by employees and members of the public. Due to the nature of these provisions there is considerable uncertainty concerning when the provisions are likely to be realised. These claims also give rise to a contingent liability (see Note 25).

Other Provisions:

Provisions includes £2.13m (2022: £4.11m) for the estimated annual leave provision arising from employment tribunal findings that

overtime costs effect annual leave payments to be made to staff. Review of overtime worked and the period of possible claims has been inspected to derive the amount and timing of this liability.

An additional £1.9m (2022: £1.7m) of provision has been recognised in relation to COVID related sickness absence costs, calculated from inspection of records for sickness absences and working hours. 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 £4m is included in other provisions (2022:£2m).

Note 24.2 Clinical negligence liabilities

At 31 March 2023, £9,671k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of East of England Ambulance Service NHS Trust (31 March 2022: £18,754k).

Note 25 Contingent assets and liabilities

	31 March 2023	31 March 2022
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(85)	(107)
Gross value of contingent liabilities	**(85)**	**(107)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(85)**	**(107)**
Net value of contingent assets	**-**	**-**

Note 26 Contractual capital commitments

	31 March 2023	31 March 2022
	£000	£000
Property, plant and equipment	7,872	816
Intangible assets	1,633	1,322
Total	**9,505**	**2,138**

Note 27 Financial instruments

Note 27.1 Financial risk management

International Financial Reporting Standard 7 (IFRS 7) requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with Integrated Care Boards and the way those Boards are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

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 Improvement. 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 2023 are in receivables from customers, as disclosed in the trade and other receivables note. Other debtors balances with NHS England are not considered to be exposed to credit risk.

Liquidity risk

The Trust's operating costs are incurred under contracts with Integrated Care Boards, which are financed from resources voted annually by Parliament. Cash flow management is undertaken to plan the timing of financial obligations.

The Trust funds its capital expenditure from funds obtained within its prudential external financing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 27.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	14,438	14,438
Other investments / financial assets	-	-
Cash and cash equivalents	29,715	29,715
Total at 31 March 2023	**44,153**	**44,153**

Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	4,078	4,078
Other investments / financial assets	-	-
Cash and cash equivalents	29,701	29,701
Total at 31 March 2022	**33,779**	**33,779**

Note 27.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Obligations under leases	42,771	-	**42,771**
Trade and other payables excluding non financial liabilities	54,912	-	**54,912**
Other financial liabilities	-	-	**-**
Total at 31 March 2023	**97,683**	**-**	**97,683**

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Trade and other payables excluding non financial liabilities	46,120	-	46,120
Total at 31 March 2022	**46,120**	**-**	**46,120**

Note 27.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2023	31 March 2022
	£000	£000
In one year or less	68,894	46,120
In more than one year but not more than five years	18,965	-
In more than five years	20,214	-
Total	**108,073**	**46,120**

The increase in the recognised financial liabilities relates to the recognition of lease borrowings under IFRS16.

Note 27.5 Fair values of financial assets and liabilities

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

Note 28 Losses and special payments

	2022/23		2021/22	
	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	-	-	-	-
Bad debts and claims abandoned	2	6	9	96
Stores losses and damage to property	7	47	9	4
Total losses	**9**	**53**	**18**	**100**
Special payments				
Compensation under court order or legally binding arbitration award	-	-	-	-
Extra-contractual payments	-	-	-	-
Ex-gratia payments	36	168	126	6,332
Special severance payments	3	57	-	-
Extra-statutory and extra-regulatory payments	-	-	-	-
Total special payments	**39**	**225**	**126**	**6,332**
Total losses and special payments	**48**	**278**	**144**	**6,432**
Compensation payments received				

During 2021/22 the Trust has made ex-gratia payments to staff in line with the national settlement agreement arrangements for Overtime Corrective Payments in the NHS, and the settlement of legal claims with the Trust on this matter. HMT approval for these payments was confirmed by the Department of Health and Social Care as these payments were made by organisations across the NHS arising from the national settlement agreement. Agenda for

Change terms and conditions with regards annual leave have changed such that new payments are not losses and special payments.

Note 29 Related parties

During the year none of the Department of Health Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with East of England Ambulance Service NHS Trust.

The Department of Health and Social Care is the parent department and is regarded as a related party. During the year East of England Ambulance Service NHS Trust has had a significant number of material transactions with the Department, NHS England and with other entities for which the Department is regarded as the parent Department.

The 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

Health Education England

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 £56k. 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 2023 the Trust has a receivable recorded from the Charity of £76k.

Note 30 Events after the reporting date

In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023.

No other events have been identified after the end of the reporting period which require adjustment to the financial statements of the Trust.

Note 31 Better Payment Practice code

	2022/23 Number	2022/23 £000	2021/22 Number	2021/22 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	48,052	184,937	48,875	178,237
Total non-NHS trade invoices paid within target	42,900	161,502	43,751	155,183
Percentage of non-NHS trade invoices paid within target	89.3%	87.3%	89.5%	87.1%
NHS Payables				
Total NHS trade invoices paid in the year	248	4,417	309	4,269
Total NHS trade invoices paid within target	223	4,055	273	3,833
Percentage of NHS trade invoices paid within target	89.9%	91.8%	88.3%	89.8%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 32 External financing limit

The Trust is given an external financing limit against which it is permitted to underspend

	2022/23 £000	2021/22 £000
Cash flow financing	(13,046)	362
External financing requirement	**(13,046)**	**362**
External financing limit (EFL)	(13,046)	704
Under / (over) spend against EFL	**-**	**362**

Note 33 Capital Resource Limit

	2022/23 £000	2021/22 £000
Gross capital expenditure	13,020	10,618
Less: Disposals	(276)	(106)
Less: Donated and granted capital additions	-	-
Plus: Loss on disposal from capital grants in kind	-	-
Charge against Capital Resource Limit	**12,744**	**10,512**
Capital Resource Limit	13,930	10,512
Under / (over) spend against CRL	**1,186**	**-**

Note 34 Breakeven duty financial performance

Reconciliation of performance measures:

	2022/23 £000	2021/22 £000
Adjusted financial performance (control total basis):		
Surplus / (deficit) for the period	1,915	(9,695)
Remove net impairments not scoring to the Departmental expenditure limit	(1,905)	-
Remove (gains) / losses on transfers by absorption	-	-
Remove I&E impact of capital grants and donations	55	-
Prior period adjustments	-	-
Remove non-cash element of on-SoFP pension costs	-	-
Remove net impact of inventories received from DHSC group bodies for COVID response	(8)	(28)
Remove loss recognised on peppercorn lease disposals	-	-
Remove loss recognised on return of donated COVID assets to DHSC	-	-
Adjusted financial performance surplus / (deficit)	57	(9,723)

Note 35 Breakeven duty rolling assessment

NHS England (previously through NHS Improvement) has provided guidance that the first year for consideration for the breakeven duty should be 2009/10. * Periods prior to 2009-10 have been consolidated to provide the cumulative breakeven position. The Trust is subject to a three year period for recovery of any deficit incurred. The application of breakeven duty means that if a cumulative surplus or deficit is reported (greater than a materiality threshold of 0.5% of operating income), it should be recovered within the subsequent two financial years.

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

	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000
Breakeven duty in-year financial performance	(9,989)	1,790	(2,071)	50	24	(9,723)	57
Breakeven duty cumulative position	3,961	5,751	3,680	3,730	3,754	(5,969)	(5,912)
Operating income	247,134	266,929	281,740	324,171	402,193	400,345	421,611
Cumulative breakeven position as a percentage of operating income	**1.6%**	**2.2%**	**1.3%**	**1.2%**	**0.9%**	**(1.5%)**	**(1.4%)**

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