NHS
East of England Ambulance Service
NHS Trust

On an ordinary day...
an extraordinary service

Annual Report and Accounts

2019-2020

Report Period: 2019-2020
Date of Report: June 2020

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Welcome from our Chair: Nicola Scrivings

This year has been a year of challenges. I am immensely grateful to colleagues, volunteers, and partner organisations who this year came together to take on the immense challenge of COVID-19, working tirelessly to ensure we provided the best possible care to those who needed us. This report is written in early April as the potential impact of COVID-19 is only just being realised, but I am so proud of the commitment shown by every member of staff to respond to what currently has an unknown outcome. Thank you to all for everything that has been done, and everything yet to come.

As I write this preface to the Annual Report and Accounts, we do not know when the country and EEAST will be back to normal but I am confident that all colleagues will continue on the journey of quality improvement that was well established before COVID-19, for an organisation that had turned the corner in improving relationships with colleagues and the quality of patient care, demonstrating the commitment and skills to deliver on our organisational strategies and goals. Throughout the year we have made notable improvements to the services we provide to support the ambition of Integrated Care throughout the Region, these include the use of social workers to support referrals in AOC, joint nursing recruitment, rollout of a shared care record and support of rotational posts between providers.

We are proud to have developed with key stakeholders a new Corporate Strategy that articulates our four key strategic goals that sets the framework for our journey towards being known as an organisation with outstanding care and exceptional people; these are

- **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**

I would like to thank our Regulators, Commissioners and Communities for their ongoing support as we embark on an ambitious programme of improvement spanning culture change through to IT investment, from leadership capability through to new vehicles and investment in our Estate.

Following on from our CQC inspection in the summer of 2019, one of the key challenges was the pressing need to stabilise the leadership team. I was appointed as Trust Chair in November 2019, and Dorothy Hosein appointed as substantive Chief Executive Officer in January 2020. Marcus Bailey was appointed as Chief Operating Officer alongside 3 new Non-Executive Directors - Carolan Davidge, Neville Hounsome and Wendy Thomas. This has provided strength, depth, and stability to the Trust Board. We look forward to welcoming our new Audit Chair, Mrunal Sisodia, in May 2020 who will further strengthen the skills of the Trust Board team.

We are well placed to deliver on our ambition for 2020 and look forward to working with everyone in pursuit of our vision for *outstanding care, exceptional people, every hour of every day*.

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Statement from our Chief Executive: Dorothy Hosein

Reflecting on the last twelve months I want to acknowledge the enormous progress we have made in many areas including patient safety, increases in workforce numbers, delivering on our performance trajectories, staff development, estate and fleet transformation and many others. My Executive team and indeed many others throughout the organisation focused their support and commitment on our fast-paced change programme, which I am very grateful for. This combined effort has also enabled a team spirit to develop and the emergence of a renewed confidence that we are on a rapid improvement journey to excellence in all we do.

Whilst the overall Care Quality Commission rating in May last year was disappointing, their recommendations provided clarity on where we were and where we needed to be, to deliver our key clinical and operational priorities. We had already commenced work with our teams on devolved metrics at local level, backed up by clear lines of accountability. This framework has allowed us to improve our accountability throughout and from staff feedback, teams have embraced monthly accountability meetings led by myself and supported by my senior leadership team, seeing them as key to their improvements. The delivery of our CQC action plan is now well under way, with real progress in the majority of areas; our core focus points into the coming year are our staff survey and leadership. We again achieved Outstanding for Care of our patients, which is attributable to the wonderful caring staff we have at EEAST.

Our workforce vacancies continue to decrease, and our plans are now in train to significantly increase staffing numbers this coming year. Our staff survey highlighted how important personal development, manager relationships, wellbeing and staffing levels were to staff. To address these, we engaged approximately 400 of our staff in listening and air and share events. Feedback from these events has now been used to develop relevant training and development programmes in addition to wellbeing support. Leadership programmes including several masterclasses are being launched this summer.

We implemented our new Occupational Health contract back in January to enhance our wellbeing support for staff. Our new provider has a very holistic approach, offering staff many different pathways of support to meet their needs and this has been well received. Recognising the growing demand for mental health support, we are now in the process of rolling out mental health awareness training for our staff. We will continue to learn and further develop our wellbeing support for our staff with their input as their views are key.

Last October we held a very successful Volunteer conference. This event allowed us to recognise the incredible work that our volunteers, including our Community First Responders, do daily, as well as allowing us to provide update training modules, networking and importantly gain their views on how we were supporting them. I had the privilege of hearing their views through a series of workshop sessions. It was clear from their feedback that we had work to do to improve their experience, training and meet their ambition to offer further support to us. Since then, we have developed an action plan to address our shortcomings and I am delighted to say from a recent survey, our efforts are being recognised. Sadly, due to current social distancing regulations we are unable to hold our next planned conference. I was so looking forward to meeting up

with colleagues but next year we hopefully can get together again. However, we have planned a virtual conference so that we can feed back all the completed work and to thank all our invaluable volunteers.

The last few weeks have been some of the most challenging I have ever experienced in my NHS career. As a Trust we are sadly dealing with the pain of losing colleagues due to COVID 19 and our sincere and heartfelt condolences and sympathy are offered to their family and friends. I am however pleased to be able to report that despite the unprecedented challenges this virus has posed for both ourselves and the health sector generally, we have stepped up at pace and provided a robust response for our patients.

I have been humbled by the offers of support from our communities - their generosity has been a morale boost for our courageous staff. I am extremely grateful also to the numerous people who came forward from different organisations such as Fire, Military, and the public to join us in increasing our workforce rapidly. Our CFRs and volunteers were also a huge asset to us, as always. I cannot thank all these colleagues enough for their contribution.

We have rolled out many new initiatives this last year, as outlined throughout this Annual Report. What is different to other years is that all the transformation work has contributed to us delivering many of our agreed metrics and indicators. Patients have been central to the development of all our plans and are at the heart of everything we do. I am immensely proud to lead EEAST as CEO and I am thoroughly enjoying working with our staff to deliver on our ambition to become an organisation that is recognised as excellent in all we do for patients and staff.

In summary, this has been a year of challenges and undoubtedly towards the end with COVID 19 appearing from nowhere, I am proud to say that our staff have met these challenges. Despite the uncertainty of the coming months, the lessons learned and the improvement work achieved have enabled us to become a more agile and flexible organisation in responding to challenges such as COVID 19 and also to optimise its opportunities to improve performance.

An enormous thank you to colleagues, stakeholders, regulators and all who have supported us in the last year.

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Our Achievements

This year, we have been focussed on establishing a culture of continuous improvement, to better the way in which we provide our services to our patients and support our staff. Because of this focus and hard work, we have made clear progress and achieved across a wide number of areas within the strategic goals we had set for the 2019/2020 year.

The following gives an outline of some of our achievements in the year:

Value Our People

- Our Hazardous Area Response Team (HART) received a certificate of appreciation from the Chief Fire Officer, for saving a fire officer's life. HART was then recognised, winning the 'Stars of Norfolk and Waveney' award.
- We delivered our Get Real Change leadership programme, to establish a consistent understanding of our leadership behaviours and pave the way for cultural change.
- We have transformed our governance framework and approach following an effectiveness review, implementing committee changes to allow focus on transformation and engagement.
- We implemented 'Building Better Rotas'; a transformational initiative developed with significant staff collaboration to minimise late shift finishes, missed meal breaks and out of service time.
- We are proud to say we held our first conference for our volunteers, to give something back and to recognise the passion and support these individuals bring to the Trust, our patients, and the communities we serve.

Provide Better Care

- We are most proud of our staff, who remain rated as 'Outstanding' by the Care Quality Commission for the care provided to our patients.
- We have improved the safety and security of our medicines management approach for our staff, through a pilot and roll out of better systems
- We have innovated in the emergency care sector, through our 'social workers in the 999-control room' scheme, which has supported system-wide improvements in the way potential safeguarding concerns raised by crews are handled, through improved pathways, sign posting and information gathering.
- We launched our 10:10 initiative to support the swift transfer of time critical patients to acute care.
- We launched our ReSPECT campaign, which aims to inform decision making for ambulance clinicians when the patient may lose capacity to make decisions for themselves.

Improve Performance

- We met our targets in the winter performance trajectory agreed with our regulators, ensuring an improved service and care for patients over several challenging months, demonstrating our ability to improve.
- We embarked on a nurse recruitment pilot to expand our healthcare professionals and support reduction of our capacity gap.
- We recruited over 700 staff to reduce our capacity gap and support improved response times to our patients
- We have improved our approach to abstraction management to ensure that patient facing staffing levels are maximised
- We have continued to work with regulators, our acute colleagues and system partners to ensure that patient flow through the NHS system is improved

Deliver Value for Money

- We implemented several make ready sites in the first phase of the make ready programme, a scheme to get ambulances cleaned and re-equipped so crews get back into communities more quickly so are patients are not left waiting
- We have fully embedded our Integrated Improvement Plan approach across all areas of our business, to ensure we look to continuously improve in everything we do.
- We established our recovery plan to support improved financial control that allows a balance with patient safety, quality and performance
- We established our robust Quality Cost Improvement Programme approach, to better ensure our ability to deliver recurrent efficiency gains across all areas of the Trust

Our Objectives Looking Forward

Towards the end of 2019/20, the Trust Board set out the new vision and goals for the Trust, in recognition of our desire to ensure the organisation is an ambulance service our community and our staff can be proud of. The steps taken to establish our vision and goals included significant consultation with staff and other partners, and we are proud to have in place a clear outline of what we want to achieve as an organisation:

Our ambition is to transform the services we provide, to meet the requirements of the NHS Long Term Plan and Urgent and Emergency Care Review.

Our Corporate Strategy and underpinning work plans will be implemented in 2020/21 and will form our road map to achievement of our vision and goals over the next five years.

In line with our Vision and Goals, our priorities for the coming year include:

1. Be an exceptional place to work, volunteer and learn

- Deliver robust plans to attract, recruit, develop and retain the workforce with a focus on supporting the health and wellbeing of staff, whilst developing an integrated workforce which values the diversity of multi-professional groups across the Trust.
- Establish a clear organisational development approach to support cultural improvement across the organisation, moving us to a place where our staff consistently believe that we are the employer of choice.
- Continually support the development of staff through education and promotion of a positive culture founded on the Trust values.
- Fully embed our apprenticeship schemes into the organisation and ensure the delivery of high-quality training to our students.
- Ensure we fully engage with all employees, recognising the importance of the workplace being a fair and equal place for all, maximising our diversity and inclusivity
- Implement the volunteer strategy, ensuring that everything we do demonstrates the level of value we feel from our volunteer workforce in the critical support they provide to us and the community.

2. Provide outstanding quality of care and performance

- Ensure we continue to deliver safe, effective, and compassionate care that promotes high-quality health outcomes for patients in urgent and emergency care and non-emergency patient transport services.
- Move from a Trust-wide Care Quality Commission rating of 'Requires Improvement' to 'Good' and beyond.
- Increase patient engagement and involvement, using patient stories and experiences to help shape how services are delivered, looking to support a reduction in patient inequalities.
- Implement our Clinical Strategy, putting the patient and clinician caring for them at the heart of the organisation.
- Continue to improve the timeliness in our attendance to patients, in line with national targets, through a suite of schemes including recruitment, retention, operational efficiencies and models of care.

3. Be excellent collaborators and innovators as system partners

- Ensure we are fully engaged and leading on local and regional schemes to support achievement of the NHS Long Term Plan, including our role to be at the heart of urgent and emergency care. We will do this by building on the work done in 2019/20 on engaging with our partners, STPs and other agencies
- To maximise engagement and consultation with system partners, ensuring our objectives and goals align with the wider healthcare system.
- To consider and support regional workforce models, seeking to improve the patient journey from 999 call through to discharge from hospital.

4. Be an environmentally and financially sustainable organisation

- Deliver our sustainability strategy to improve how 'green' we are and deliver on our corporate and social responsibilities.
- Continue to introduce new initiatives, such as 'Make Ready' to facilitate improvements in readiness and responsiveness.
- Ongoing deployment of a new fleet of vehicles that are more efficient and economical to operate.
- Delivery of our recovery plan, including our Quality Cost Improvement Programmes, to improve our financial position whilst positively impacting the care delivered to our patients through efficiency gains in operations and across the wider organisation.
- Develop our digital capability and build upon the Digital Aspirant status which the Trust achieved from NHS Digital in early March 2020, to achieve the recognised level of Global Healthcare Maturity Status by 2023. Ultimately, this will ensure we use digital technology effectively to support integrated, modern services for our staff and patients.

It is important for us to recognise that the ongoing pandemic at the start of the new financial year brings a level of uncertainty to progression of our longer-term plans, however it has also opened opportunities for transformation. As a result, not only are we focused on maximising our ability to support all of our patients and our communities at this time of crisis and supporting staff to ensure that they are safe when delivering care on the frontline; we are also continuously assessing and learning to establish 'new world' transformation opportunities that support our long term vision.

Performance Report

This section of the report provides detail of the level of performance in core areas, such as how quickly we have responded to our patients, the quality of care we have provided, the delivery of our workforce plan and our financial management.

Whilst for the 2019/20 financial year the performance analysis section of the annual report is optional considering the current pandemic, we believe it is important to provide as much detail as possible to ensure transparency of our business. We have therefore provided detail on the core aspects of performance for the year, but we do recognise that this is less fulsome than we would normally provide.

Responding to the Pandemic

Whilst the annual report and accounts are dedicated to delivery throughout the whole of the 2019/20 financial year, it is important to outline the significant effort in the last months of the financial year and into the 2020/21 period, as a result of the need to respond to the Covid-19 pandemic. The pandemic has brought significant challenges to the healthcare system as a whole and as a result, we have had to work tirelessly to maximise our ability to continue to deliver care to our patients, as well as support the wider healthcare system response, whilst ensuring our staff are safe and supported.

It is important for us to recognise the significant effort and work undertaken throughout March and into April 2020 by all areas of the Trust. With the pandemic, there has been a critical requirement to significantly increase the size of our workforce, the number of operational vehicles and the level of medical equipment available to our staff, over and above the level of delivery through the rest of the year.

The work undertaken has resulted in over 400 vehicles being available to deliver care to patients, and an expanded, interim workforce of volunteer, fire officers, military responders and numerous others who have made themselves available to support our pandemic response. This workforce, combined with our extremely hard-working existing staff, have meant that we have in place a far greater ability to support our patients throughout the pandemic, and we are looking to retaining additional workforce long term where possible, to support delivery of our long-term workforce plan.

The full details will be published in next year's report as the pandemic spans both financial years.

Overview of Performance

In the following pages we have outlined our achievements against key areas of business delivery within the 2019/20 financial year. For ease we have separated these out into five key areas; Performance Analysis of Operations; Quality, Safety and Patient Experience; Workforce; Finance; and Strategy and Transformation.

In summary our highlights relating to our performance:

- We have delivered care to over 90% of our sickest patients within the 15-minute time standard.
- We increased our Hear and Treat rates to over 8% in March, meaning that more patients were cared for appropriately through advice or signposting to the best pathway for their needs.
- Avoidable patient harm continues to reduce this year, meaning our patients are safer.
- We have focussed upon and improved our compliance with ensuring our staff have received their statutory training, which includes safeguarding and information governance, through focus in the Accountability Forums.
- Over 92% of patients who responded to our friends and family test said they would recommend our service to others.
- We have recruited over 725 members of staff within the year, 618 of which are frontline members of staff who will be caring for our patients.
- We have continued with delivery of our clinical apprenticeship pathways – including Apprentice Emergency Medical Technician and Apprentice Emergency Care Support Worker programmes, to good effect.

Our key areas relating to performance where further work is needed in the coming months:

- We need to be more consistent in our call pick up times, through stabilising the workforce in our control rooms and ensuring we have enough staff to manage the incoming calls, particularly at peak points in the year.
- In line with the plan agreed with our regulators and commissioners, we need to continue to focus on improving response times to all our patients, through continued recruitment and improving our efficiencies within operations.
- We will continue to work with our commissioners and other providers to reduce the delays in hospital handover, so that we can reduce the time taken for us to respond to the next patient who needs us.
- We need to continue to implement and embed a range of schemes to improve our reputation as an employer of choice, so that staff stay with us for longer. This includes increasing engagement, talent management, embedding a consistent leadership approach, and continuing work on cultural improvement.
- We will continue to embed core management tasks such as high-quality appraisals into our business as usual leadership functions. Whilst the staff survey outlined a significant increase in appraisal completion, it is equally important that we ensure these are high quality and effective in supporting individual development, and clear objectives.
- We need to improve consistency in delivery of the infection, prevention, and control standards, through our vehicle cleaning programme
- We will improve the speed of investigating and responding to formal complaints, so that people receive feedback in a timely manner

Performance Analysis – Operations

Urgent and Emergency Operations (999)

Since its implementation in 2017, all ambulance trusts in England are measured under the Ambulance Response Programme (ARP). The table below provides detail on each of the main response categories along with the national standard, as well as our performance over the year. In 2019/20, in line with regulatory discussions whilst we are working towards the standards, a trajectory was set with our regulators to progress towards achievement. This was in recognition of the workforce gap and the recovery plan being longer than a one-year duration.

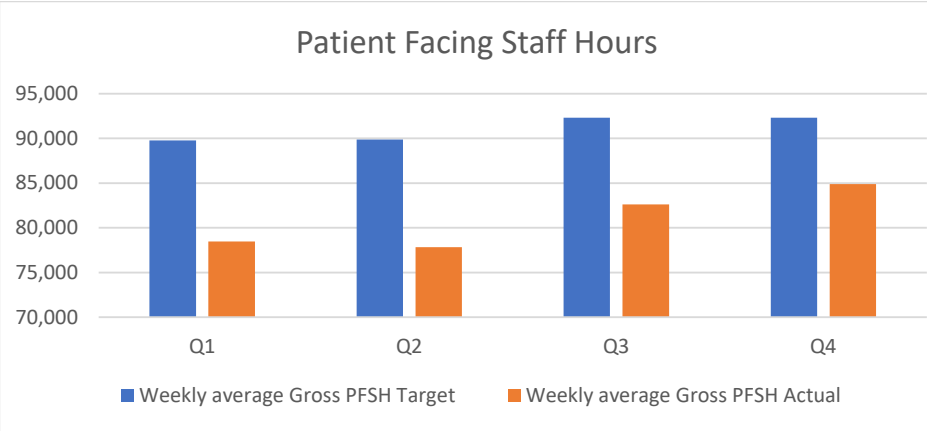
Category	Definition	National standard	Performance (hh:mm:ss)
C1	Immediately life-threatening injuries and illnesses.	7 minutes mean response time	00:08:05
		15 minutes 90th centile response time	00:14:46
C1T	Immediately life-threatening injuries and illnesses where the patient is transported to hospital	7 minutes mean response time	00:12:05
		15 minutes 90th centile response time	00:21:53
C2	Emergency	18 minutes mean response time	00:28:27
		40 minutes 90th centile response time	00:58:52
C3	Urgent calls and in some instances where patients may be treated in situ (e.g. their own home) or referred to a different pathway of care	120 minutes 90th centile response time	04:00:26
C4	Less urgent. In some instances, patients may be given advice over the phone or referred to another service such as a GP or pharmacist.	180 minutes 90th centile response time	04:11:44

It can be seen from the table that we met the national standard for C1 90th percentile (the average time taken for nine out of ten ambulances to arrive), with an end of year performance of 14 minutes and 46 seconds - the second consecutive year we have met this requirement. However, our performance against the other categories did not meet the standard, as expected for the financial year. It is important to note however that the targets agreed with commissioners over the winter period were met, demonstrating good grip on how we continue to progress towards the targets.

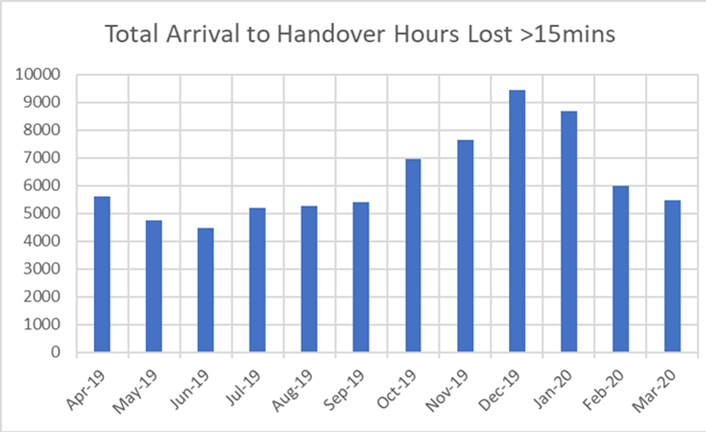
There has been progress in a number of areas to support performance improvement – recruitment and growth of the workforce; delivery of Building Better Rotas, designed to improve the ratio of double staffed ambulances over conventional fast response cars; and improved productivity to increase the number of patients we are able to see with the resources we have. Whilst we have made significant progress in delivery of these, the realisation in relation to the response targets will take longer to deliver. This is due to factors relating to abstraction (staff off the frontline) and other elements, as outlined below.

To support progression towards delivery of performance indicators, we have in place targets for the levels of ambulance cover we provide. Known as Patient Facing Staff Hours, levels were set each quarter for us to meet, to ensure the levels of ambulance cover provided were sufficient.

The level of hours was met in 2018/19, with an increase in required hours moving into the 2019/20 financial year. Delivery of these hours has been dependent on a range of factors including recruitment, abstractions (such as staff members on a clinical training programme being unavailable to provide ambulance cover due to being in training), levels of overtime and the availability of private ambulance provision.



These targets were not met in year despite extensive efforts to achieve them. However, significant progress was made in quarter four with a reduction of the gap between target and actual levels, with over 6,000 additional hours per week compared to in the first quarter. Efforts remain focussed on this area, via our workforce plan, skill mix analysis and the approach to retaining a proportion of the incoming workforce during the pandemic.



Over recent years we have experienced a significant loss of ambulance hours because of delays in handing patients over to hospital care. As a result, we have worked hard collaboratively with regulators, commissioners, and hospitals to reduce the delays seen, so that our patients in the community are not waiting for an ambulance.

As a system, we have continued to implement the handover escalation protocol which helps all providers rapidly identify areas of concern and work together to resolve the barriers, reducing delays. Unfortunately, despite the work undertaken across the system, hospital delays did not improve compared to the previous year, which had an obvious impact on our ability to deliver timely care.

On average we lost around 6,000 ambulance hours per month due to handover delays – around 250 ambulance shifts; we will continue to work with our partners in the coming year, so that we can respond to more of our patients, faster.

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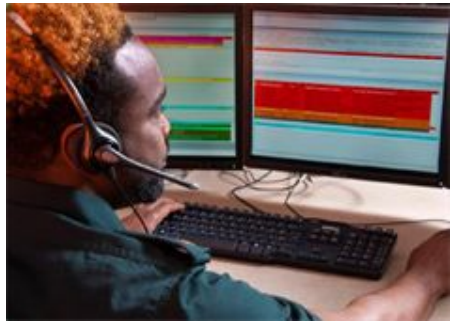
Ambulance Operations Centres (AOC)

East of England Ambulance Service		Call answer times (seconds)			
		Mean	Median	95th centile	99th centile
2019-20	April	5	1	24	77
	May	4	1	21	70
	June	9	1	53	114
	July	11	1	69	122
	August	6	1	34	88
	September	9	1	55	106
	October	9	1	58	114
	November	9	1	56	109
	December	7	1	45	103
	January	3	1	11	59
	February	7	1	40	98
	March	15	1	84	148

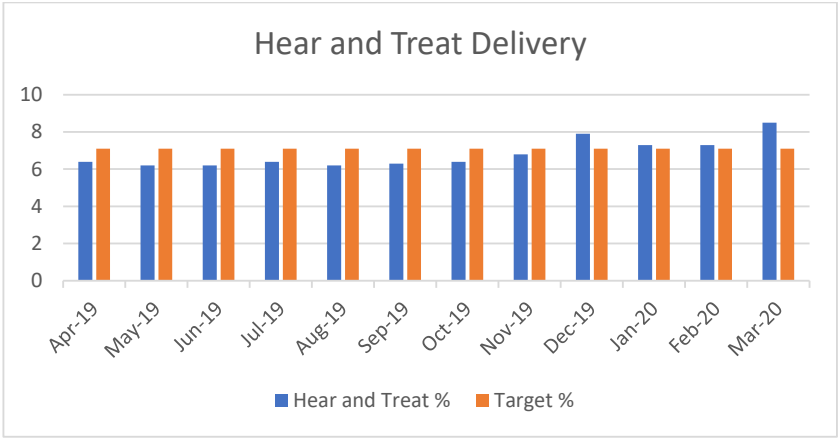


Our staff in the Ambulance Operations Centres receive all our 999 calls, triaging our patients to make sure everyone receives the right response for their condition. The time taken to answer a 999 call is an important indicator of our performance, as for our most unwell patients such as those in cardiac arrest, every second counts.

Call pick up has varied over the year due to staffing factors within the control room, but we are pleased to say that despite these challenges, the median average has remained at one second for call pick up. This is despite the significant challenge through increased activity seen in March due to the pandemic, which impacted our ability to answer calls as quickly as we would want.

Many patients who call 999 do not need an ambulance, but need advice, guidance, and signposting to other pathways. To do this, we have a team of clinicians in our Enhanced Clinical Assessment and Triage team, who undertake our 'hear and treat' process to these patients. The national benchmark target for hear and treat is 7%, with our modelled target being 7.1%.

On average, around 7% of our patients who call 999 have been managed safely through hear and treat. Efforts are underway to increase this percentage, through an increased number of clinicians in the control room, to better apply alternate pathways for patients calling 999, who do not need an ambulance. This is proving to be successful, as shown by the increase in Hear and Treat in March.



Emergency Preparedness, Resilience and Response (EPRR)

Under the NHS Constitution all NHS funded services must ensure they have robust and well tested arrangements in place to respond to and recover from emergency situations.

The Civil Contingencies Act (2004) specifies that responders will be either Category 1 (primary responders) or Category 2 responders (supporting agencies); we are a Category 1 responder and therefore subject to the full set of Civil Protection Duties.

The minimum requirements which providers of NHS funded services must meet are set out in the current NHS England Core Standards for EPRR.

These standards are in accordance with both the Civil Contingencies Act (2004) and the Health and Social Care Act (2012).

The NHS Standard Contract requires providers to comply with EPRR Guidance and NHS England will ensure that NHS funded organisations are compliant as part of an annual assurance framework.

As part of an annual programme, NHS England seeks assurance on the preparedness of Ambulance Services in the form of a self-assessment against the NHS England EPRR core standards framework. This self-assessment informs the NHS England assurance provided to the Department of Health in relation to EPRR.

As part of the assurance to NHS England, our Trust Board ratifies the EPRR annual return. The Chief Executive Officer, who is also the Accountable Emergency Officer, along with the Executive Leadership Team approved the EEAST return for submission, having sought assurance, and confirmed it was a true reflection of the Trust's position. The approved return was submitted to NHS England on 31 August 2019 and subsequently presented to the Trust Board for assurance on 11 September 2019.

Non-Emergency Patient Transport Services (PTS)

Non-Emergency Patient Transport Services – the transfer of patients at home to and from hospital appointments, or home following discharge from hospital – is an important component of every patient's healthcare journey. Patient transport is commissioned separately to other parts of our services, and we currently hold five transport contracts, as well as a small out of hours element to help patients 24/7. In total over the year, we helped over 550,000 patients to get to or from the healthcare that they needed.

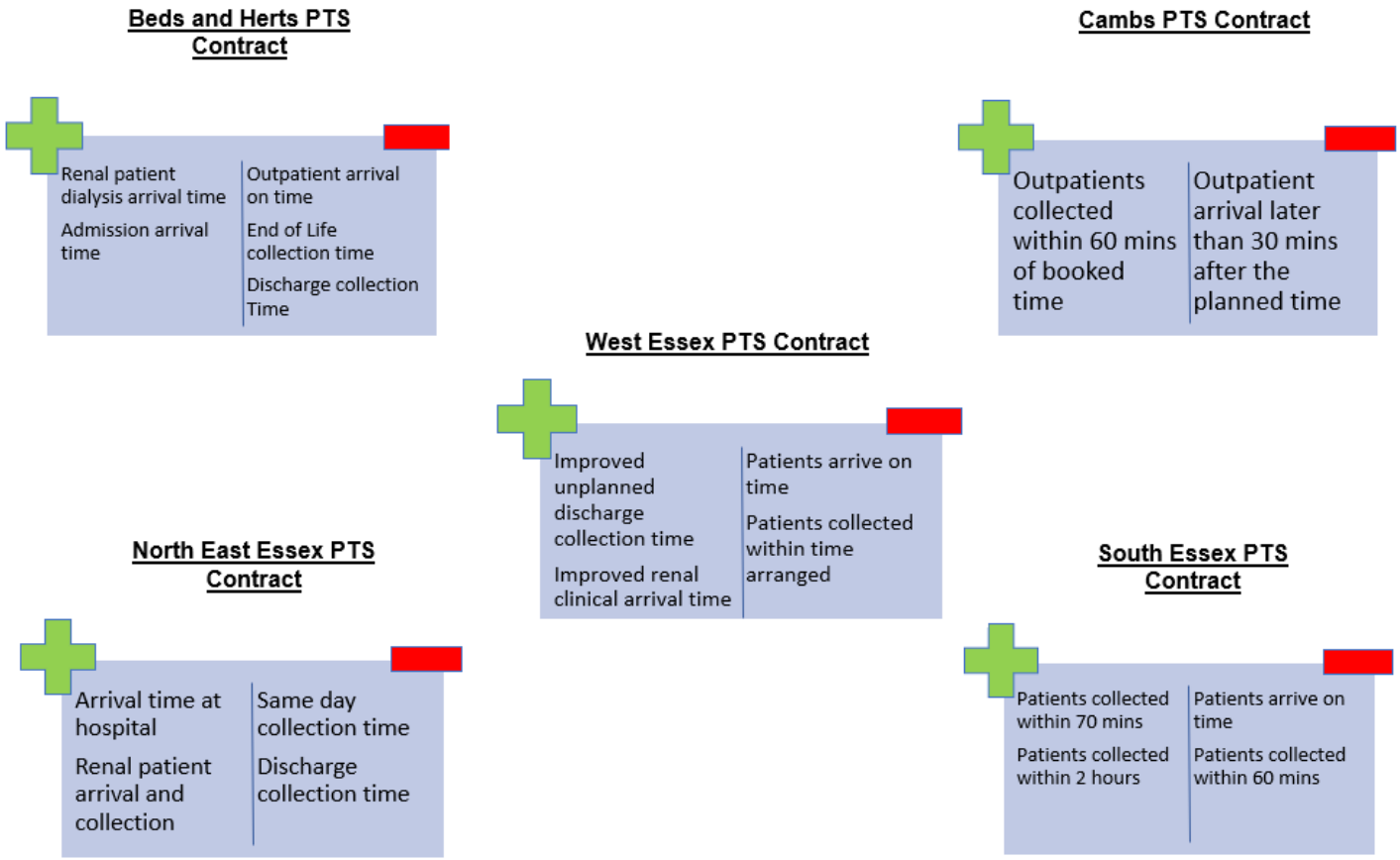
Over the last year we have been focussed on delivery of improvements to our patient transport services, as our delivery varies between each contract, dependent on the requirements put in place by the commissioners for each contract. Whilst all our PTS contracts are slightly different, we have adopted an improvement plan approach across all areas and the key points of focus have been:

- Recruitment and retention of staff to our in line with our workforce plan, so we have enough resources to deliver the service to our patients
- Delivery of improved control room capability so that the coordination of patient transport for appointments and discharges are managed more effectively. This work has included transfer of the control room so that all PTS are coordinated together, in one way
- Improvements to the technology and informatics within PTS for improved planning and analysis
- Recruitment of a Head of Non-Emergency Services role, to support oversight and delivery through better leadership across all contracts
- Increased engagement with staff to listen to issues and put things right
- Continuous engagement with commissioners to ensure the contract is fit for purpose and enables high quality delivery to our patients.

Operationally, we have focussed on making improvements for five key areas:

- End of Life journeys, to ensure patients are supported with dignity in line with their wishes and needs.
- Discharges from hospital, to ensure patients are not waiting any longer than necessary to be taken home, and to support patient flow in hospital.
- Renal Dialysis patients, ensuring that frequent users of our service receive consistent and timely transportation to their clinic appointments
- Must Travel Alone journeys, improving our approach and capacity so that patients who must travel in isolation for their health do not experience delays
- Clinic turnaround times, making sure that patients both arrive on time and are collected without a prolonged wait for their transport

The following provides an overview of the areas of high performance, as well as those which require the most focus in the coming financial year.



Community First Responders and our Volunteers

We are exceptionally proud of the dedication and hard work of all our volunteers every year, and this year is no different.

We have recognised that as an organisation it is vital that we support our volunteers so that they in turn can continue to support our community and as a result, this year has seen us improve our focus on this exceptional group of people.

Our volunteer workforce is extremely varied, including our Community First Responders (CFRs), Volunteer Car Drivers within the patient transport services, Chaplains, our community engagement group, and our BASICs doctors to name a few.

This year we have focussed our efforts on ensuring that our volunteers have a strong leadership and support model around them, so that we work as closely together as possible for the benefit of our public. The Volunteer Advisory Forum and the Community First Responder Operational Group are well embedded to support the daily leadership and activity of community response, and with their support we have been able to focus on providing further support for our volunteers.

Our inaugural volunteer conference in October 2019 identified areas of focus to enhance the support provided to volunteers. A plan was put in place focussing on areas such as:

- Equipment and uniform standardisation
- Further improvements to communication and engagement with our volunteers
- Focus on improving the volunteer recruitment process, including the time taken to successfully become a Community First Responder – this will help further expand the schemes in place and bring even greater impact for our patients

Whilst all our volunteer groups play an essential part in the delivery of our business, the largest group is our Community First Responders (CFRs). We are proud to say that we have a large cohort of over 850 CFRs in over 250 CFR volunteer groups across the region. CFRs are members of the public who volunteer to support us in attending emergency calls within their local communities. CFRs are trained to a national standard and support us to reach patients with life-threatening conditions within the first few vital minutes, before the arrival of an ambulance crew.

The community response team continues to target local areas to recruit more volunteers and to establish further new groups where identified. Over the year we have seen new groups come online in targeted communities.

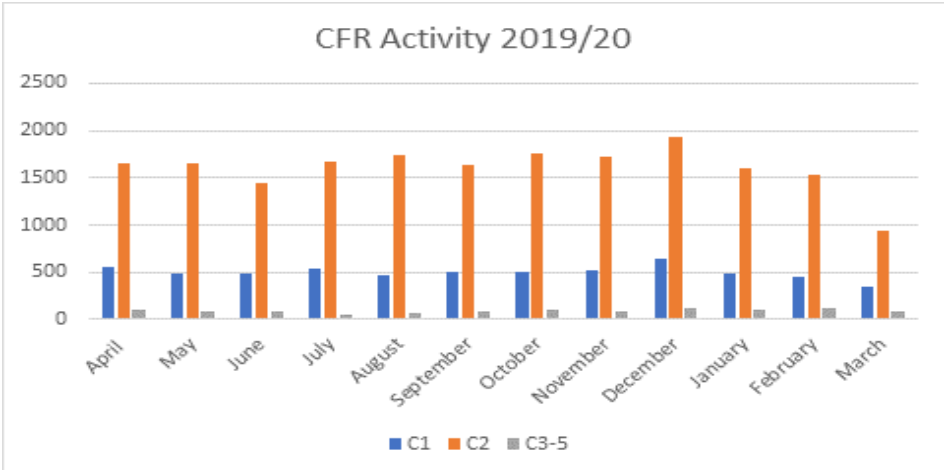
This year we have introduced new skills to CFRs through the development of falls training, and pilot of the falls process. This has enabled some CFR groups to be trained in additional assessment skills, such as blood pressure and temperature, and been given additional equipment, such as lifting aids, to enable us to deploy them to patients within their community who need assistance following a fall, but who do not have any injury. This allows us to support these patients with a timely and appropriate response from the local community.

Our volunteer CFRs have provided a strong commitment in providing availability to respond to emergency calls, with thousands of hours of volunteer time made available to help some of our sickest patients throughout the year.

This equates to around 2,200 patients supported by CFR's each month (26,500 annually).

Without this input, these patients would have had a reduced level of experience and so our first responders are an essential component of ensuring patient safety and supporting good outcomes for our sickest cohort of patients.

Many Community First Responders also support their local communities through local awareness sessions, talks and school visits, to raise the profile and support within the community.



Our community response team also work with other partners to provide services to the community. This includes working with the military to provide a response capability to the region through the three military response teams operational in Norfolk, Suffolk, and Bedfordshire - these groups attend over 1,300 patients during the year, supporting us in delivering care to patients.

The team have also been working with the fire service to explore and develop models of response that enables both organisations to respond to the local communities, which can be through the development of a falls capability through Bedfordshire Fire and Rescue Service, or through a cardiac arrest response, with Norfolk, Essex and Cambridgeshire Fire and Rescue Services. These joint services attend nearly 80 patients a year.

Our Volunteers and Partnership Working During the Pandemic

Our CFRs, existing volunteers and the pandemic volunteer workforce have and continue to offer phenomenal support to us during the COVID-19 pandemic, volunteering to undertake different and diverse roles within the Trust to support us in meeting the needs of patients. This has included working within the control room environment, supporting our patient transport service or emergency operations through driving, and assisting our colleagues to provide resources at times of demand. This fantastic response by hundreds of CFRs and volunteers demonstrates their commitment to support and assist the Trust and their local communities.

It is vital to also recognise the levels of support our emergency partners are providing to us during the pandemic. Both the military and fire services have supported through sharing of estate, workforce, vehicles, and equipment to allow us to ensure we can continue to support our patients during this national crisis.

More detail on the incredible support we have received during the pandemic will be featured in our 2020-21 annual report and accounts.

Community Defibrillators

The community response team also continues to provide support to the growing network of over 5000 defibrillators across our region, working with businesses, sports facilities, community groups, parish councils and others in their communities. These vital pieces of equipment help save the lives of people who go into cardiac arrest and help deliver a better service to our patients.

It is important to us that we also take the time to recognise the impact of the charitable donations we receive as an organisation from patients and members of the public.

This year, for example, we received a legacy donation of £135,000 which we have put to good use, replacing the batteries in 1,000 community defibrillators across the region. This legacy will make significant impact upon the chances of successfully managing cardiac arrests in the community for several years to come, and we are extremely grateful for this show of support to the service we provide.

Performance Analysis – Quality, Safety and Patient Experience

Quality Account

Patients are at the heart of everything we do. Our standards are set to ensure the level of quality clinical care given to patients is what we would want for our own family and friends, to deliver positive clinical outcomes.

To help support this, every NHS Trust has a Quality Account which reflects on the progress made during the previous year and identifies priorities for the coming year. Our priorities for 2019/20 continued to focus on the core priorities which match the mandatory indicators for ambulance trusts set by the Department of Health.

This included areas defined within our soon to be launched Clinical Strategy and has considered the priorities in the NHS Long Term Plan, such as cardiovascular disease and stroke care.

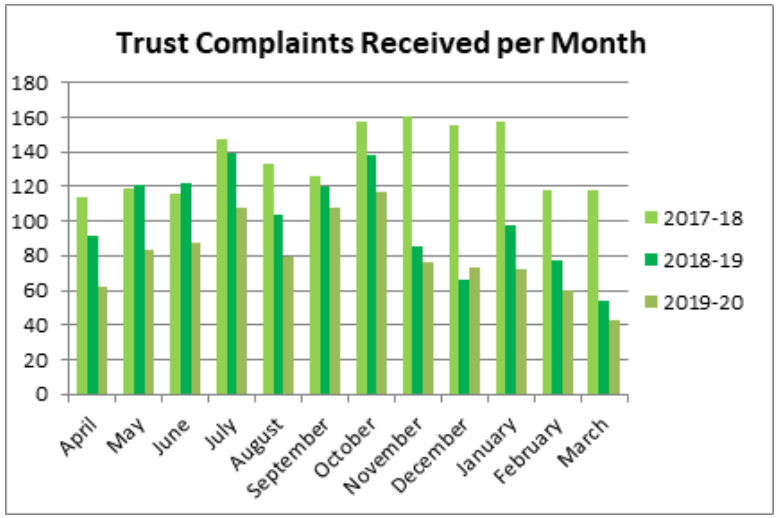
For 2019/20, the locally defined priorities set are outlined in the table opposite. Good progress has been made on these and will be reported in the Trust's Quality Account later in the year.

Outcomes for 2019/20 and further information for the priorities defined for 2020/21 can be found in our Quality Account which will be on the NHS Choices website in line with the amended timescales stipulated by Government and Regulators, due to the Pandemic: Overview - East Of England Ambulance Service NHS Trust - NHS

Our 2019-2020 Quality Account Priorities	
Priority 1: Patient safety	• Introduction of a Learning from Incidents Policy • Delivery of a compassionate and responsive service to dialysis patients through the Patient Transport Service • Embed recommendations where possible from the human factors/ergonomics project within the operational setting
Priority 2: Clinical effectiveness	• Implementation of clinical supervision • Increase the recognition of sepsis and neutropenic sepsis supported by the delivery of the sepsis care bundle to provide the highest standards of pre-hospital care • Produce a Public Health Strategy in collaboration with Public Health England. • Develop greater system intelligence using public health data to inform population health management and the development of urgent and emergency care services and become key stakeholders in the development of Population Health Management • Stroke Mobile Unit – trial within Norwich and Ipswich areas • Launch of the Trust's Clinical Strategy
Priority 3: Patient experience	• Obtain feedback from harder to reach groups of patients such as those with Learning Disabilities, Dementia, and younger people • Launch of the Learning Disabilities and Autism Workplan • Improving experience and quality of care for people with Learning Disabilities / Autism

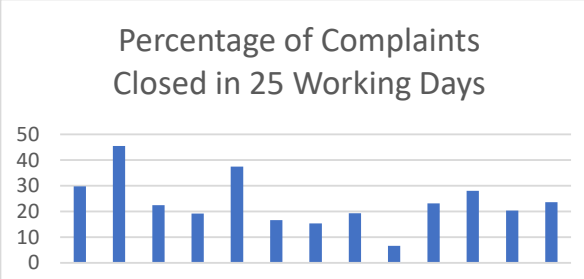
Patient Experience

We take the experience of our patients seriously, gathering feedback in several ways. We look for common themes or trends in the types of things people bring to our attention or report to us, to find ways to learn and improve the care provided. People contact us by telephone, by email and by post to raise concerns they have, which range from things such as a lost key during transportation, rudeness or about the care they received. We listen to all these concerns and respond in the way that the person indicates that they would like to receive their response.



This year, more people have asked for an immediate, verbal, or informal note than in previous years. We have received fewer formal complaints in 2019-2020 than in previous years because of both the change in the way people have asked for feedback, and because of the improvements we have made to our services. We will be working with our new patient experience lead to improve the timescales for complaint responses in the coming year.

When looking at independent reviews of our complaints by the Ombudsman, none required further action, indicating that our investigations and conclusions are robust and appropriate, with six cases referred in the previous 12 months and none upheld.



Things we need to improve
We know that we need to improve the speed of investigating and responding to formal complaints.
In the last 12 months less than 25% of formal complaints received their response in our target time of 25 days.

We also gain feedback from surveys we undertake – paper surveys are handed out to patients to post back. This includes the mandated Friends and Family Test.

The table to the right shows that a high percentage of patients would recommend our service to friends and family, which aligns with the Care Quality Commission's rating of our service as Outstanding for care.

Trust Patient Experience Results: April 2019 to March 2020	Friends and Family Test ('real-time')	
	Quantity of patients	FFT Performance ('real-time')
'See & Treat' Emergency Services	377/386	**97.7%**
Patient Transport Services	1509/1659	**91.0%**
All Services	1886/2045	**92.2%**

Safeguarding

As a Trust, we have a responsibility to safeguard Children and Vulnerable Adults, as described in the Care Act (2014). Safeguarding is a core value of our business.

The Safeguarding Team provide expert knowledge, advice, direction, and education in safeguarding issues across the Trust.

The team liaises with clinicians, heads of service and managers, who have responsibility for clinical governance and risk management.

All safeguarding referrals from staff are managed through our Single Point of Contact (SPOC) system.

Compliance with mandated standards is regulated through the Care Quality Commission, the Fundamental Standards of Care and associated Key Lines of Enquiry and reported through statutory safeguarding self-audits (Section 11 of the Children's Act (2004) for children, young people and adults).

External engagement with all 22 safeguarding boards in the region allows us to promote and highlight performance, challenges, and initiatives that aim to keep all patients safe from harm.

The team also support our safer recruitment processes, including our employee & volunteer clearance panel, and manage any allegations against persons in a position of trust, with the support of our Named Doctor.

Training - Our training is aligned to the Royal College of Paediatrics and Child Health; the blended learning method was open to all patient-facing staff. This year's training has been made up of learning from case reviews to ensure that our staff are fully aware of the importance of safeguarding and the part they play in protection of both adults and children.

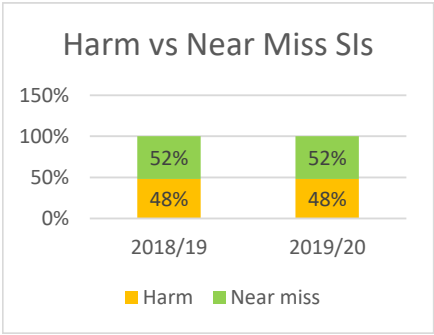
Team Innovation - CQUIN funding has resulted in the employment of three Social Workers as part of the Safeguarding Team. This has seen our pathway questions in SPOC align to the thresholds for both adult & children and is innovation for the pre-hospital sector. This has helped improve the use of appropriate pathways for vulnerable patients and will continue into the new financial year.

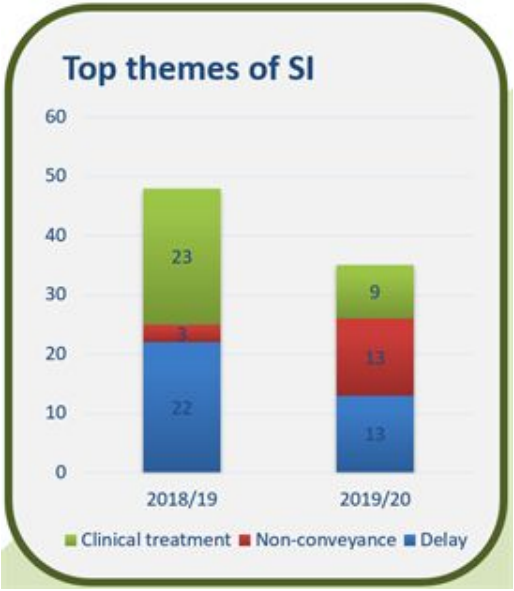
Patient Safety

During the 2019/20 financial year, we declared 55 serious incidents (SIs), compared to 80 SIs in the previous year. This represents a reduction in incidents meeting SI criteria by 31%.

Of the 55 SIs declared in the financial year, 46 were submitted within the 60-day timeframe as per the NHS England SI Framework, with the remaining nine SIs still under investigation at year end.

We are committed to learning from incidents prior to harm occurring; an incident of this nature is often termed a 'near miss'. Serious incidents can be declared when a near miss occurs as well as when harm occurs. During the previous financial year 52% of SIs were deemed to be near misses. The chart to the right demonstrates the change in picture across the two years, depicting an even split between harm and near miss cases.

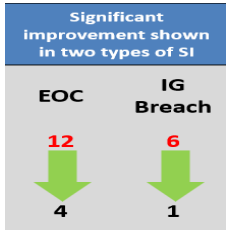




A thematic review of the top three SI themes was undertaken. There were:

- Fewer response time related incidents 2019/20 compared to 2018/19
- Fewer clinical treatment SIs
- More non-conveyance SIs due to more clarity between clinical treatment and non-conveyance categorisation

A reduction in patient safety incidents reported was seen this year, mirroring the reduction in complaints, and demonstrating the improvement in the service we deliver

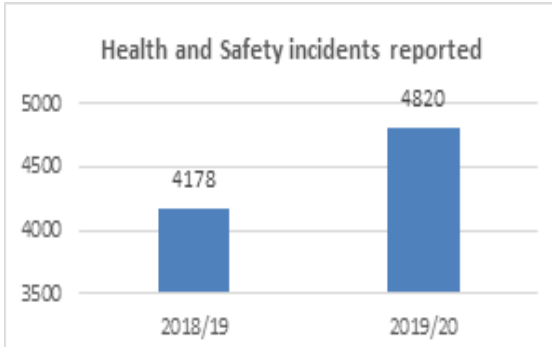


14% fewer
patient safety incident than 2018/19
2018/19- 6,166
2019/20- 5,285

3% fewer
incidents reported
2018/19-13,415
2019/20- 13,004

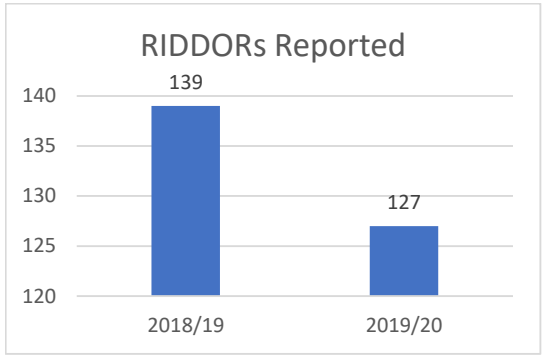
Health and Safety

Our Health, Safety and Security team is part of the Clinical Quality Directorate. work in liaison with the patient safety team, collaborating on many reviews of incidents. The team also support managers in undertaking risk assessments. We are proud to have members of our Health, Safety and Security Team Chairing the National Ambulance Risk and Safety Forum and the National Ambulance Security Group, demonstrating our commitment to collaboration and shared learning.



This year, we have seen a significant increase in the reporting of health and safety incidents with 15% more incidents reported by our staff compared to the previous year. This is positive as it helps us to understand the areas requiring focus and improvement.

Fewer incidents required reporting under the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) to the Health and Safety Executive, indicating improved ways of working to prevent staff and patient injuries.



Improvements:

- A greater number of risk assessments have been completed in the year than previously.
- A review of Manual Handling Incidents undertaken in November 2019 demonstrated the impact on both individual wellbeing and Trust finances, recommending changes to the way in which we deliver our manual handling training. As a result, the training was reviewed jointly between the team and our external training provider, enabling our training moving forwards to be based on our specific trends, themes, and scenarios.

Areas to improve:

- Health and Safety Training is being added to the Board development programme considering the in-year changes at Board level
- Risk assessments has been highlighted as an area for additional manager training in risk assessment across the Trust
- It has been noted that the frequency of reports of Violence and Aggression of members of the public on ambulance crews had increased for the last several years.
- The Trust agreed to be part of a national pilot to trial Body Worn Cameras in 2021. A generic imaging policy encompassing the use of body worn cameras will be finalised in 2020 to support the project.

Infection Prevention and Control

We put infection control and basic hygiene at the heart of good management and clinical practice. To deliver this standard, we are committed to ensuring that appropriate resources are allocated for the effective protection of patients, their relatives, staff, and members of the public. In this regard, emphasis is given to the prevention of healthcare associated infection, and the sustained improvement of staff practice and the cleanliness of our vehicles and stations.

Infection, Prevention and Control – Interim cleans - compliance

Target	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
85%	76%	72%	74%	74%	69%	68%	71%	74%	76%	75%	75%	77%	81%

Infection, prevention, and control – service vehicle cleans - compliance

Target	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
90%	95%	89%	84%	87%	90%	82%	82%	84%	88%	89%	86%	87%	92%

The team has developed an updated process for the regular decontamination of vehicles, which has been implemented across the Trust and can be seen in the improvement in the compliance figures in the latter part of the year.

This has been successful in improving the cleanliness of vehicles and in providing a higher level of assurance on the protection we have in place for our patients.

The ongoing implementation of our Make Ready programme will in coming months improve our compliance with infection, prevention, and control targets further, through the establishment of an approach that ensures vehicles are ready for our clinical staff.

Quality Improvement (QI)

We have in place a central Quality Improvement team to coordinate QI work throughout the Trust. In the Autumn of 2018, more than 100 QI suggestions for improvements were received from staff members across the organisation.

In the last year, we have reviewed all these suggestions and as a result we have several active QI projects underway across the organisation.

In late 2018 we implemented our Quality Improvement Strategy which spans three years and as a result, 2019/2020 has seen us focus on progression towards the three objectives we set out within the document:

- A sustainable process to embed Quality Improvement in all aspects of our business
- A reduction of clinical variation.
- An established Quality Improvement Faculty
- Promote and support opportunities for staff to share ideas for improvements.
- Provide further visibility and promotion of QI work.
- Work using data sets to identify trends/themes and identify support available to improve.

Ambulance Clinical Quality Indicators

Introduced in April 2011, Ambulance Clinical Quality Indicators (ACQIs) for all ambulance services in England look at the quality of care we provide to specific patient groups. The indicators are ambulance specific and provide consistent monitoring as a vital indicator of how well are maintaining and improving the care our patients receive.

Originally set to measure how well we treat patients who are in cardiac arrest, or experiencing a stroke or heart attack, two additional indicators were introduced in 2018/19 – how we treat people who have a return of pulse after suffering a cardiac arrest (Post-ROSC) and how we identify and treat patients who have sepsis. No targets are set nationally, but commissioners set local thresholds and monitor monthly. It is important to note that the latest published national data available at the time of writing this report id April-November 2019 inclusive and as such, end of year compliance may change.

ACQI	Locally set threshold 2018/19	EEAST Average 2018/19	Locally set threshold 2019/2020	EEAST Average 2019/20	National Average 2019-20
ROSC at hospital (overall)	27.0%	30.2%	30.0%	26.7%	30.9% *
ROSC at hospital (Utstein)	53.0%	58.4%	58.0%	53.2%	55.2% *
Survival to discharge (overall)	7.0%	10.8%	11.0%	8.5%	9.7% *
Survival to discharge (Utstein)	27.0%	36.1%	36.0%	29.5%	29.2% *
Post ROSC Care Bundle	None set	62.7%	None set	74.9%	69.2% *
STEMI Care Bundle	86.0%	91.4%	95.0%	88.1%	78.7% *
Stroke Diagnostic Bundle	98.0%	99.2%	98.0%	99.4%	97.8% *
Sepsis Care Bundle	None set	81.5%	None set	73.1%	78.3% *

Full information regarding the ACQIs, analysis and other clinical audits completed within the year can be found in our Quality Account at: Overview - East of England Ambulance Service NHS Trust – NHS, following the later publication date due to the pandemic

In 2019/20 NHS England revised the ACQIs relating to timely responses to patients experiencing a heart attack or stroke to:

STEMI (heart attack) Mean (average) and 90th centile in hours and minutes from receipt of a 999 call to catheter insertion for angiography

Stroke Mean (average), median and 90th centile in hours and minutes from receipt of a 999 call to arrival at hospital

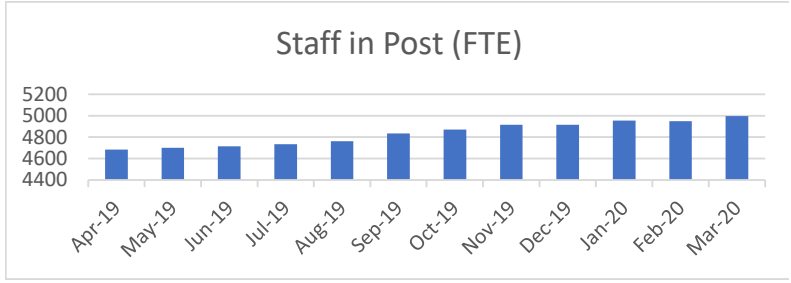
STEMI Performance*					
Mean average time from call to catheter insertion for angiography (hours:minutes)				90th centile time from call to catheter insertion for angiography (hours:minutes)	
EEAST		National average		EEAST	National average
02:16		02:13		03:02	02:58
Mean average time from call to hospital arrival (hours:minutes)		Median time from call to hospital arrival (hours:minutes)		90th centile time from call to hospital arrival (hours:minutes)	
EEAST	National average	EEAST	National average	EEAST	National average
01:25	01:22	01:14	01:12	02:08	02:09

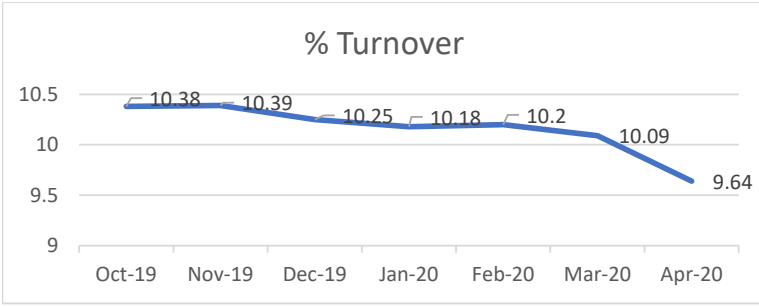
**this outcome data is based on 'Unvalidated, preliminary data from the Myocardial Ischaemia National Audit Project (MINAP)*

Performance Analysis - Workforce

Workforce Recruitment and Retention

Our recruitment function has made several improvements during 2019/20. Most notably the introduction of the TRAC recruitment system, which has reduced our time to hire and improved the transparency of our workforce pipeline, helping to increase the effectiveness of the recruitment team. In year we have developed an aligned workforce and training plan for 2020/21, with metrics set for the number of offers made per month and clear pathways established for candidates to progress through into training. We have invested in removing barriers to recruitment, such as funding candidates to undertake the C1 driving licence test that is required to be able to drive our ambulances. Better alignment between recruitment and training has meant that course fill rates neared 100% during March 2020, leading to net recruitment of a further 67 FTE in April.





The concerted effort on recruitment has resulted in more than 725 staff recruited over the course of the financial year, with our overall vacancy rate reducing from 14.5% in April 2019 to 10.19% in February 2020 – a reduction of 250 vacant whole-time posts. Whilst the recruitment does not immediately bring a tangible benefit to the frontline due to the need for our new staff to progress through training, we are pleased with the progress on workforce pipeline delivery through the year. To support this, our workforce turnover rate has reduced to below 10%, which shows an improved picture of staff remaining with the organisation for longer than seen in the previous year.

We have also improved trade union relations significantly in quarter 4 of 2019/20 with a successful joint project to review out of date HR, policies providing a platform for sustainable and positive engagement and genuine partnership working. We successfully reviewed and published over 20 policies because of this workstream.

The number of outstanding employee relations cases also began to reduce in the second half of the year, with the introduction of a new case management system and a concerted effort between our managers, staff and union representatives to find pragmatic resolution to cases. The Trust has also successfully reduced the number of outstanding employment tribunals by 4 in quarter 4 of 2019/20.

Health and Wellbeing

Our Health and Wellbeing approach has been strengthened further this year, with the implementation of a new occupational health contract to provide additional support and enhanced services to our staff.

The transfer to the new provider and establishment of the appropriate pathways for our staff to be able to use has been the focus of the second half of the year.

Our wellbeing champions remain in place, and their aims are to:

- Support staff to become connected, motivated, and self-aware of their own personal wellbeing and aware of how the Trust can support this
- have a team of empowered staff, proactive in assisting other staff members with a wide range of issues and/or concerns
- undertake self-reflection and to seek support where appropriate
- encourage an open and safe place for discussion
- build a compassionate and supportive environment for all staff to work in
- assist with retention of new staff

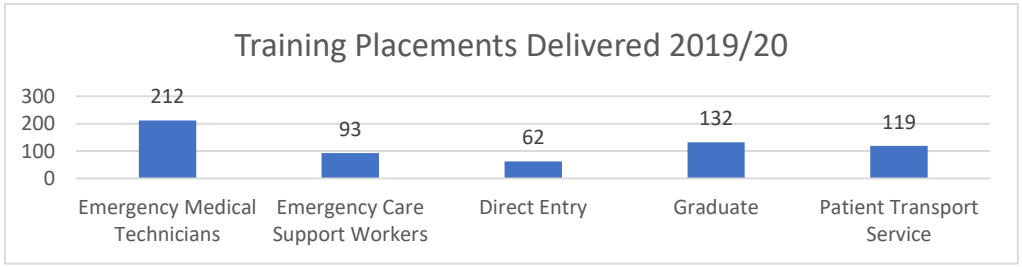
The focus we have placed on health and wellbeing has resulted in improved management of the sickness absence process and a significant increase in the proportion of staff taking up the flu vaccination this year (88% responding, with 71% vaccinated).

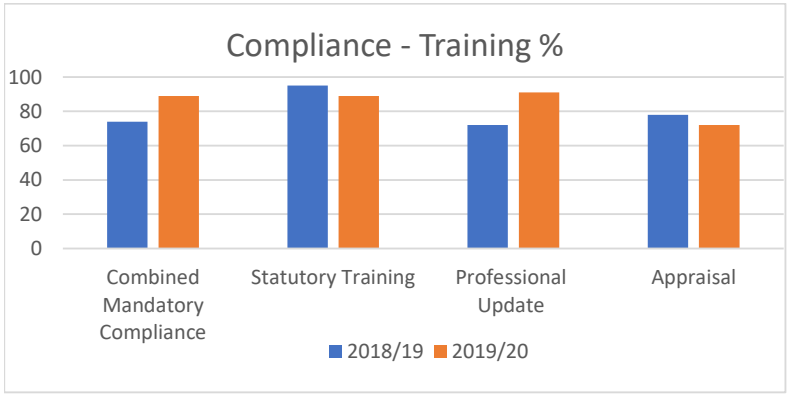
Next steps for health and wellbeing in line with the proposed Workforce strategy is the establishment of a clear Health and Wellbeing strategy, with the main intention of establishing an effective wellbeing service managed by the Trust and utilising the expertise of our occupational health service provider, other providers and our own in house team.

Training and Education, including Apprenticeships

We are proud of our focus on training and education of our workforce, with the provision of apprenticeship schemes for both Emergency Medical Technician and Care Support roles to support the delivery of our workforce plan.

This year we have focussed on establishing the right senior management tutor team to run our training and education centres, and prepare ourselves for future regulatory inspections from OFSTED; at the time of writing this report, we had not been inspected but have a quality improvement plan in place and completed a self-assessment report. A “mock” inspection commissioned from Health Education England took place in February and has helped to focus further on key priority areas for improvement.





Statutory and mandatory combined compliance has improved by 15% from last year’s figures and reached 89%. Whilst lower than forecasted (90%) this is the result of the critical shift in focus in March to the management of the pandemic. At the point of writing this report, we have delivered against the target, demonstrating that the trajectory set because of the pandemic has been achieved.

A comprehensive programme of leadership and management development and other Continuing Professional Development activities was also delivered throughout the 2019/20 year.

Equality, Diversity, and Inclusion

This year, we have reviewed the systems and processes we have in place for the oversight of Equality, Diversity, and Inclusion. We have recognised that whilst there are examples of good practice in areas, there remains work to be done to ensure we address inequalities and promote diversity in both healthcare and our employment. This is evidenced via the Workforce Race Equality Standards and Disability Equality Standards. Improvements this year have included a review and realignment of our former steering group to the new Equality, Diversity, and Inclusion Group. This enables a more formalised approach to ensuring ideas and feedback from our equality networks is heard and ensures we deliver on our commitment to improving equality, both for our staff and patients. The group will embed over the coming months and report into the new People Engagement Committee, which is focussed on assuring the Board that this area is being focussed upon in everything we do.

The Trust will also be welcoming back in 2020/21 our Equality, Diversity, and Inclusion Manager from a career break to provide additional resource in the promotion of the EDI agenda in the Trust.

- **LGBT Network**: launched in April 2018, the group meets frequently, attends the National network. Nationally we are considered the most improved Ambulance trust for promoting and supporting LGBT individuals and have received a gold star in recognition of this. We remain committed to supporting employees who identify as lesbian, gay, bisexual, or transgender.
- **AWE (All Women in EEAST):** designed to support improved experience within the workplace with a focus on gender and issues impacting women at work. By tackling gender inequality and discrimination, we can be a better place to work.
- **BAME Network:** Launched in October 2018, a representative from EEAST attends the National BAME Network. Meetings this year have focussed on gaining senior support and the need for progress with good effect, and the group has a clear workplan. Consideration is being given to initiatives such as reverse mentoring
- **Disability Network:** Launched in March 2019, the new disability network has been well attended by staff from operational and support roles. The year has focussed on scoping out the aspirations and intentions of the group and work will continue into the coming year.
- **Multi-Faith Group:** We are committed to ensuring the group is representative of the wide-ranging faiths of our workforce and in late 2019-20 work began to this effect; this will continue to progress once the pressure from the pandemic eases.

Leadership

We recognise the importance of quality leadership to setting the tone, improving our culture, and ensuring we are an employer of choice. As a result, we remain committed to the ongoing development of both our current and aspiring leaders, running several programmes to support this aspiration. This has included an extensive programme called 'Get Real Change', ran from September to March this year.

The programme has been multi-faceted and designed to bring leaders from all levels and all areas of the organisation together, to better understand our culture and the views our staff have of us as an employer. The programme has allowed us to establish a consistent approach and set of behaviours and launch our 'Dragon's Den' approach to give our staff the opportunity to make improvements through innovative schemes they have identified themselves.

The next phase of work in the 2020/21 year will establish a clear culture strategy and implementation plan to address the key areas requiring improvement, this will take place during the recovery phase following the pandemic.

Staff Survey Results:

The National Staff Survey was undertaken by Quality Health during October and November 2019 with the results published in February 2020. Our response rate continues to increase year on year with a response rate of 47%, compared with 39% in the previous year's survey.

We were really pleased that there were many areas where improvement was identified by staff, with key improvement areas.

Despite the significant improvement seen, we know that we are below average for several of the scores compared with the national ambulance service picture. However, most of these indicators are showing improvement in the 2019 survey. Our focus now is on using the results to drive improvements across the Trust, working closely with our staff.

	Top 5 scores (compared to average)
58%	Q19f. Appraisal/performance review: training, learning or development needs identified
72%	Q12d. Last experience of physical violence reported
42%	Q13d. Last experience of harassment/bullying/abuse reported
39%	Q22b. Receive regular updates on patient/service user feedback in my directorate/department
8%	Q11g. Not put myself under pressure to come to work when not feeling well enough

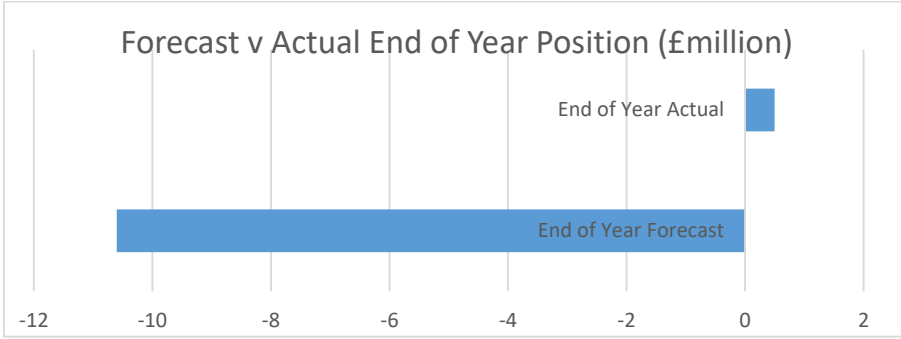
	Bottom 5 scores (compared to average)
35%	Q8c. Immediate manager gives clear feedback on my work
31%	Q19g. Definitely supported by manager to receive training, learning or development identified in appraisal
39%	Q4b. Able to make suggestions to improve the work of my team/dept
48%	Q8a. My immediate manager encourages me at work
63%	Q14. Organisation acts fairly: career progression

	Most improved from last survey
73%	Q19a. Had appraisal/KSF review in last 12 months
39%	Q22b. Receive regular updates on patient/service user feedback in my directorate/department
59%	Q21b. Organisation acts on concerns raised by patients/service users
32%	Q22c. Feedback from patients/service users is used to make informed decisions within directorate/department
59%	Q21a. Care of patients/service users is organisation's top priority

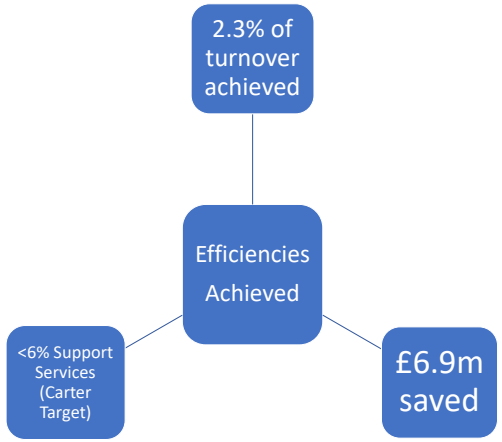
	Least improved from last survey
31%	Q19g. Definitely supported by manager to receive training, learning or development identified in appraisal
53%	Q28b. Disability: organisation made adequate adjustment(s) to enable me to carry out work
17%	Q19c. Appraisal/performance review: Clear work objectives definitely agreed
71%	Q16a. In last month, have not seen errors/near misses/incidents that could hurt staff
16%	Q19d. Appraisal/performance review: definitely left feeling work is valued

Performance Analysis - Finance

We finished the financial year with a small surplus compared to the initial forecast; the final position was achieved due to the late allocation of Provider Sustainability Fund(PSF)/Financial Recovery Fund (FRF) of £11.5m. This reflected that whilst we did not achieve the eligibility criteria against our initial control total, the regional system did achieve its targets, and this led to the Trust being eligible to receive any core allocation not previously distributed under the system achievement incentive scheme. Funding from Commissioners was put to effective use across the year in serving our region's patients, with the utmost priority placed on protecting their safety.



We faced financial challenges in 2019/20, which led to the forecast deficit of £10.6m. Firstly, the delivery of our Patient Transport Service contract in Bedfordshire and Hertfordshire continued to cause financial issues, arising from continuing difficulties in recruiting the number of staff required. However, we continue to be committed to the successful delivery of this contract and negotiations with Commissioners during 2019/20 secured a future stable financial settlement for this contract moving into 2020/21. Other challenges included the support of additional temporary resources to supplement frontline services together with investments in fleet, IT and medical equipment, all of which has put us in a good position going into 2020/21 to support transformation and manage financially effectively.



We improved our efficient use of front-line resources through our quality cost improvement programmes, building on Lord Carter's focus on variations between Ambulance services with our own efficiency initiatives.

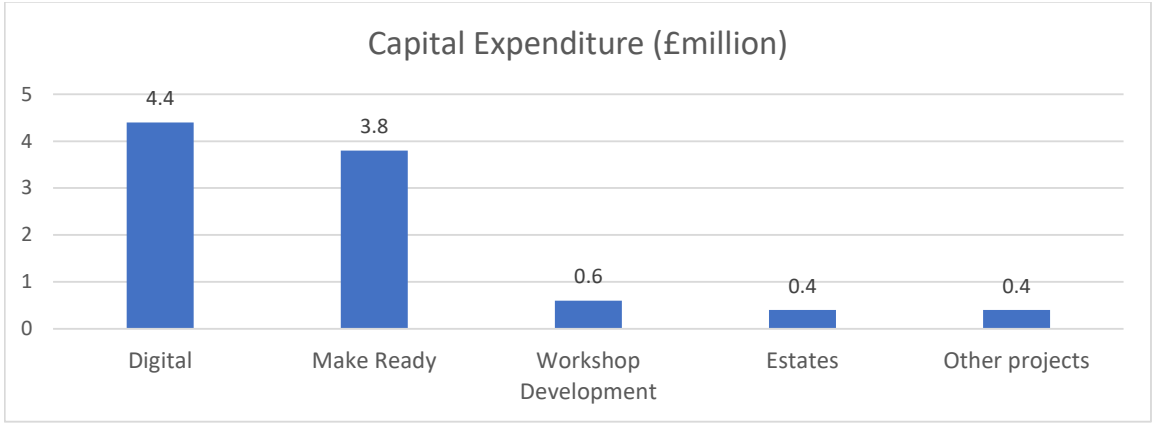
We continue to have a good record for delivering substantial savings, particularly over the last six years; however, the increased challenges recognised for us to maintain this record whilst attempting to improve operational performance, led to investment in additional external consultancy support for us to develop our longer term financial recovery plan. This plan takes us into 2020/21 and beyond with a firm financial strategy to enable target achievement alongside continued efficiency savings.

Our expenditure on Corporate Support Services pay remains significantly below the Carter Target (less than 6% of our annual turnover spent on support services) and when benchmarked against similar costs for other ambulance trusts, we continue to rank amongst those with the lowest costs for this area of expenditure.

We met our important financial targets in complying with its External Financing Limit and Capital Resource Limit.

We worked closely with NHS Improvement throughout the year to monitor our financial performance and ensure all efforts to improve the financial performance were made.

As part of our multiyear capital plan to deliver improvements to patient services, we invested £9.6million into capital assets during the year.



We delivered the second year of its six-year Emergency Services Contract agreed with CCG Commissioners following the publication of the Independent Service Review in 2018. This contract ensures continued investment in us to enable delivery of the Ambulance Response Programme targets.

During March 2020 we spent an additional £1.3m above planned expenditure in preparing and delivering a response to the pandemic, supported by national funding – this included investment to enable remote working for our workforce. The NHS has moved to a block funding arrangement following the suspension of normal contractual activity within the NHS. The block allocated for us is calculated based on previous financial activity and is sufficient to cover 'normal' expected costs, and will currently run until the end of July 2020, dependent on the pandemic. All Covid 19 related costs are currently supported by additional national funding.

The Board will continue to monitor the financial position and key risks which include significant financial risks around the delivery of the savings plans together with the production of target patient facing hours over the year.

The full financial statements for the year ending 31 March 2020, are presented within the Annual Accounts at the end of the Annual Report.

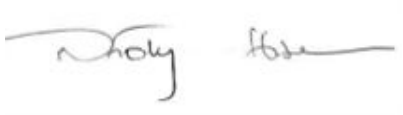
#WeAreEEAST

Performance Report – Strategy and Transformation

Whilst we have for 2020/21 realigned and amended our vision and goals, this section of the annual report provides a summary of the progress made in delivering on the objectives in place up to the end of the 2019/20 financial year. We remain committed to building on this hard work to progress even further in the coming year.

Value Our People	Provide Better Care	Improve Performance	Deliver Value for Money
• Continued recruitment via the workforce plan to ease the burden on our staff and reduce our capacity gap • Implementation of apprenticeship schemes • Expansion of the clinical training and education team to maximise development opportunities • Implementation of our new occupational heath contract, focusing on mental health and wellbeing • Focus on completion of quality appraisals for staff • Employee relations casework project to reduce the backlog • Implementation of the Get Real Change Leadership programme	• Quality Improvement (QI) Strategy implementation and development of QI specialist across the organisation • Change Team embedded within operations, using QI methods • New supervision and Continuous Professional Development frameworks established for 2020/21 • Learning from incidents workshops for staff to reduce variation in practice • Medicines Management process changes to improve security and reduce administration errors • Roll out of the 10:10 scheme for five patient groups such as stroke, to minimise the time taken to assess and convey patients	• Completion of the Building Better Rotas project to improve rotas for staff, reduce late finishes and improve resource availability • Maximisation of available resource through improved planning and oversight • Collaborative working with other providers and regulators on pathways and improving patient flow • Constant focus on efficiencies within the way we work, to improve vehicle availability • Established a clear engagement framework to support improved working with our six Sustainability and Transformation Partnership (STP) areas	• Establishment of the recovery plan to balance safety, performance and financial requirements • Quality Cost Improvement Programmes embedded as business as usual to deliver value and quality • Delivery of the fleet transformation programme to give a more efficient and economical fleet, reducing both cost and carbon emissions • Delivery of five make ready hubs as part of the Estates strategy • Recruitment of our Chief Information Officer to establish and lead our digital transformation

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



Dorothy Hosein

Chief Executive Officer

Accountability Report and Annual Accounts

The Accountability Report and Annual Accounts consists of several reports and sections to allow an understanding of the governance, compliance and remuneration processes we have in place within the organisation. These sections include:

1. Corporate Governance Report
    - Director's Report
    - Annual Governance Statement
2. Remuneration and Staff Report
3. Annual Accounts
4. Statement of Accounting/Accountable Officer's Responsibilities
5. Auditor's Opinion

Corporate Governance Report

The Corporate Governance Report provides detail on the governance arrangements of the organisation as follows:

- Director's Report
    - Outlines Director's responsibilities, Board appointment and membership
    - Describes our regulatory rating for the financial year following inspection and outlines the improvement approach we have undertaken
    - Describes the membership of the Trust Board Sub-Committees
    - Provides the Trust Board's Register of Interests

- Annual Governance Statement
    - Provides detail on risk management approaches and significant risks to internal control over the course of the year
    - Outlines the Board and Committee assurance and effectiveness approach and any improvements made through the year because of findings
    - Informs of the registration compliance of the organisation
    - Includes Internal Audit view on the system of internal control

Director's Report

The Trust Board is made up of six non-executive directors, including the chair, who sit alongside five executive directors. The Board functions as the corporate decision-making body of the Trust. It is responsible for all strategic, operational, and financial decision-making, but may delegate these powers to any of its sub-committees, as outlined in the terms of reference. The executive directors who currently sit on the Board are the Chief Executive, Medical Director, Director of Finance and Commissioning, Chief Operating Officer and Director of Clinical Quality and Improvement The Director of Workforce, Director of Communications and Engagement and one associate non-executive director are non-voting members of the Trust Board.

Members of the Trust Board

Nicola Scrivings

Chair of the Trust Board

Nicola joined EEAST in November 2019 from Cambridgeshire Community Services (CCS) NHS Trust, where she was chair from January 2015. Prior to that she was a Non-Executive Director with the Trust. She brings more than 20 years' experience with the Royal Mail, progressing from sales, marketing, and operational management to several Director level roles including, from 2009 until 2013, Regional Operations Director (Anglia). Nicola is also currently Group Chair of Cambridge Housing Society.

	From	To
Appointed to the Board	**18 November 2019**	**17 November 2022**

Tom Spink

Non-Executive Director, Chair of the Performance and Finance Committee

Tom has more than 20 years' extensive experience operating at board level, and 16 of these have been with Aviva Insurance working in a global capacity. Having joined the company in 2002 as Supply Chain Director, Tom had roles as Creditor and Partnerships Director, then went on to become CEO and General Manager of the Turkish arm of the insurance company in 2012 before going on to his current role as Procurement Director in 2013.

	From	To
Appointed to the Board	**15 January 2018**	**14 January 2020**
Re-appointed	**15 January 2020**	**14 January 2022**

Carolan Davidge
Non-Executive Director, Chair of People Engagement Committee (commencing April 2020)

Carolan has significant experience in the charity and public sectors, helping organisations drive positive change and impact in society. Passionate about health and social issues, she is currently Executive Director of Marketing and Engagement at the British Heart Foundation and is a Trustee at ASH, Action on Smoking and Health. Her previous experience includes senior roles at the Medical Research Council and Cancer Research UK. Carolan also has a keen interest in people leadership and organisation culture and is an experienced coach and mentor.

	From	To
Appointed to the Board	**4 July 2019**	**3 December 2020**

Alison Wigg
Non-Executive Director, Chair of Remuneration Committee and Chair of Transformation and Change Committee (commencing April 2020)

Alison has, for the past 20 years, played a crucial role in global telecoms both in the UK and the US, helping large multinationals expand their internal networks in up to 170 countries around the world. She worked as a General Manager with British Telecom (BT) where she has been an investment board member for six years working on the strategy for BT's global network. Alison is keen to bring her technological background into her role at the Trust.

	From	To
Appointed to the Board (Associate term)	**15 January 2018**	**14 January 2019**
Re-Appointed (Associate)	**15 January 2019**	**14 January 2020**
Re-Appointed (NED)	**15 January 2020**	**14 January 2022**

Wendy Thomas
Non-Executive Director, Chair of Quality Governance Committee

Wendy Thomas has been a registered Nurse since 1985 and spent most of her career in the NHS. She has worked in acute trusts as a surgical ward sister and as a general manager of A&E. Wendy also has community experience, where she was the Director of Nursing of a community trust and then of the PCT/CCG when they became commissioners. She left the NHS in 2012 for a couple of years, but then joined Essex Cares Ltd, a social care provider, and the local authority trading company of Essex County Council as their Director for Quality & Governance in 2014.

	From	To
Appointed to the Board	**4 July 2019**	**3 July 2021**

Neville Hounsome
Associate Non-Executive Director, Chair of Workforce Committee and Charitable Funds Committee

Neville's executive career as an HR Director spanned public, private, and not for profit sectors. He is both a Fellow of the Chartered Institute of Personnel and a Chartered Director via examinations with the IoD. He is now in a portfolio career which includes coaching and consultancy as well as NED work. Between 2015 and 2018 Neville served as a Non-Executive Director for the West Suffolk NHS Trust. Last year he was appointed as a member of the NHS Pay Review Body which recommends pay and conditions changes to government for over a million Agenda for Change staff throughout the NHS nationally. He is also a Non-Executive Director with Suffolk Housing.

	From	To
Appointed to the Board (Associate term)	**10 July 2019**	**9 July 2021**

Executive Directors

Dorothy Hosein
Chief Executive Officer
Appointed to the Board: November 2018 - December 2019 Interim; 13 December 2019 to date substantive

Dorothy joined the Trust on 1st November 2018. She has extensive experience as a senior healthcare leader along with private sector experience, Dorothy has delivered quality, performance and financial improvements at a range of hospitals, the most recent being Mid Essex Hospital (January – September 2018) and the Queen Elizabeth Hospital in King's Lynn, where she spent three years. Dorothy was appointed as substantive Chief Executive Officer for EEAST on 13 December 2019.

Dr Tom Davis
Medical Director
Appointed to the Board: February 2018 - June 2018 Acting; June 2018 to date substantive

Tom joined the Trust in February 2016 as deputy medical director before taking on the acting Medical Director role in February 2018 and becoming the substantive Medical Director in June 2018. He qualified as a doctor in 2004 and worked in London and Bath before moving to Buckinghamshire to take up a training post in general practice. On completing his training in 2011, Tom became a partner GP before moving into a portfolio of clinical, management and training roles prior. He is also the named doctor for safeguarding at EEAST.

Kevin Smith
Director of Finance and Commissioning
Appointed to the Board: June 2014 – February 2016 Acting; March 2016 to date substantive

Kevin has more than 20 years' experience in NHS finance, working in the acute, community, mental health, and ambulance sectors as well as in the construction industry. He began his career at Great Yarmouth and Waveney Health Authority, then moved to the James Paget Hospital and Norfolk Mental Health before joining the East Anglian Ambulance Service NHS Trust in 2005. Following the merger of ambulance services in 2006, Kevin was appointed as deputy director of finance for EEAST, continuing in this role until appointed as acting director of finance in June 2014.

Marcus Bailey
Chief Operating Officer
Appointed to the Board: March 2019 – September 2019 Acting; September 2019 to date substantive

Marcus has extensive experience within the ambulance sector, combing clinical and operational leadership roles. He took up the post of acting chief operating officer (COO) in February 2019. And was appointed substantive as Chief Operating Officer in September 2019 Professionally he is a paramedic and registered adult nurse who combines his leadership role with clinical practice.

Marcus joined the ambulance service in 1998 as a student ambulance technician and became a paramedic in 2002 before moving into education. He is currently completing a Florence Nightingale Scholarship focussing on leadership. His previous roles have included paramedic, nurse, general manager, clinical general manager, head of education and training and substantively as the deputy director (consultant paramedic).

Marcus' role focuses on ensuring our patients receive effective and high-quality care. This is achieved through leading a team of clinicians and managers across the sectors in emergency operations, non-emergency operations and our ambulance operations centres. He also plays a significant leadership role within our volunteers, including our CFRs.

Executive and Non-Executive Director Departures in 2019/20

Sarah Boulton
Chair of the Trust Board
Appointed to the Board: 10 March 2014-30 June 2019

Sarah has worked at NHS board level for many years and has chaired several NHS organisations including NHS Midlands and East Strategic Health Authority. Her background is in business and finance, and she has worked as a business and management lecturer and as a management consultant advising on strategy, change and board development.

Nigel Beverley
Interim Chair of the Trust Board
Appointed to the Board: 01 July 2019-17 November 2019

Nigel was appointed to EEAST as Interim Chair on 01 July 2019. He has a long and successful career in health management, primarily in the NHS, having held several chief executive positions in hospitals in Essex and London. He also has experience in commissioner roles at a regional level and in healthcare business development. Nigel is currently Chair of Basildon and Thurrock University hospital.

Nigel's experience in the NHS provides him with a range of expertise including performance improvement, change management and transformation.

Andrew Egerton-Smith MBE
Associate Non-Executive Director
Appointed to the Board: 7 October 2013 – 10 July 2019

Andrew qualified as a chartered surveyor in the 1960s and spent 30 years practising until his retirement in 1994. During the 1980s, he was a trustee of Garden House Hospice in Letchworth, which was established in 1985 as one of the first hospice charities working in partnership with the NHS. He remained a trustee until 1998 when he was appointed chairman of East Anglian Ambulance NHS Trust, a position which he held until 2006.

In 2000, Andrew was one of the trustees involved in establishing the East Anglian Air Ambulance charity and was chairman until December 2015. He is much involved in his own property activities and has been a board member of various organisations, including Flagship Housing from which he retired in 2013, and as deputy chairman of NHS Norfolk from 2006 to 2012.

Andrew was awarded the MBE in the 2013 Queen's Birthday Honours.

Lizzy Firmin
Non-Executive Director
Appointed to the Board: 15 January 2018-14 January 2020

Lizzy has gained extensive board experience in the private and public sector in both executive and non-executive roles, having in the past worked with NHS North East Essex Clinical Commissioning Group and the Central Arbitration Committee. She currently holds the position of HR director with the UK Border Force.

Peter Kara
Non-Executive Director
Appointed to the Board: 2 December 2013-12 June 2019

A fellow of the Chartered Association of Certified Accountants, Peter joined EEAST in December 2013. He is a director of two private companies and provides financial investments and strategic planning advice to small and medium sized companies. He has been widely involved in voluntary sector in Milton Keynes since 1991, as well as with a national charity.

Peter was non-executive director with Milton Keynes Community NHS Trust from 1993 until its dissolution in 2000. He was also a non-executive director of Milton Keynes Primary Care Trust before its dissolution in April 2013 and has been a lay board member of Milton Keynes CCG and chaired its Audit, Finance and Remuneration Committee until the end of April 2019. He has lived in Milton Keynes since 1980 and served as a trustee of the Milton Keynes Community Foundation and a director of its subsidiary, MK Community Properties Limited, having served as chairman of both organisations.

Ravi Mahendra
Non-Executive Director
Appointed to the Board: 01 May 2018-06 February 2020

Ravi has over 18 years' experience operating within the financial sector, working with businesses such as AIG Genworth Financial and General Electric. His last executive role was as finance director for Global Insurer AIG, where he worked at board level to develop strategy and finance leadership across 90 countries.

Wayne Bartlett-Syree
Director of Strategy and Sustainability
Appointed to the Board: 5 July 2016 to 18 August 2019

Wayne started his career as a nurse auxiliary at Bedford South Wing Hospital in 1998 before training as a nurse at the Queen's Medical Centre in Nottingham. After qualifying, he progressed to become a senior nurse in critical care then moved into management, where he delivered a range of service improvement programmes, before leading urgent and emergency care reform in Coventry and Warwickshire and the West Midlands. More recently, Wayne was a member of the national team for specialised commissioning at NHS England, where he led the strategic planning function.

Lindsey Stafford Scott
Director of People and Culture
Appointed to the Board: 29 March 2016 to 4 July 2019

Lindsey has held a range of senior HR roles in public sector organisations including the probation service, education, social housing, Greater Manchester Police and the Essex Fire and Rescue Service. Originally from Lancashire, she has lived in the eastern region for four years. Lindsey supported the development of effective partnerships and working with staff to ensure a positive culture and working environment for everyone is built, regardless of their role or location.

Tracy Nicholls
Director of Clinical Quality and Improvement
Appointed to the Board: April - June 2018 Acting Director of Clinical Quality and Improvement
June 2018 - 22 November 2019 as Director of Clinical Quality and Improvement

Tracy has more than 20 years' experience in the ambulance service. Beginning her career with the service as a PTS carer, Tracy qualified as a paramedic in 1998 and has worked her way through many frontline operational management roles. She has also undertaken the NHS change leaders programme and the Athena programme, and mentors others through their development, quality improvement fellowships and quality improvement programmes.

She has been a proud career-long member of the College of Paramedics, taking the role of east of England trustee for five years. She is now its first female vice chair and was awarded a fellowship in 2016. Tracy represents the College of Paramedics at the UK Sepsis Trust meetings and has a passion for sepsis recognition and treatment within prehospital care.

Yasmin Rafiq
Interim Director of People and Culture
Appointed to the Board: July 2019-November 2019

Yasmin was appointed to the Trust on an interim basis in July to support an enhanced recruitment and retention agenda.

Gillian Hooper
Interim Director of Clinical Quality and Improvement
Appointed to the Board: November 2019-February 2020

Gillian was appointed to the Trust in November 2019 on an interim basis to support preparations for the CQC inspection and to oversee the clinical quality agenda.

Directors' Declaration of Interests Register 2019/20

Name and Position	Declaration of Interest	Declarations made	Board Term of Office	
			From	To
Sarah Boulton Trust Board Chair	Director – Healthy Board Services Ltd Director – WMB Steele (2009) & Co Ltd Trustee to the NHS Providers Board as the representative for the Ambulance Services.	Mar-18 Mar-18 Jul-18	10/03/2014	30/06/2019
Nigel Beverley Interim Chair	Chair – Basildon and Thurrock NHS Trust Wife is CNO for England Niece is a paramedic in EEAST	Jul-19	01/07/2019	17/11/2019
Nicola Scrivings Trust Chair	Chair of CHS Group Independent Lay member - HCPC Remuneration Committee Independent Panel member JAC - Ceased Dec 2019 Volunteer and Member of C.N.P for YHA	Oct-19	18/11/2019	17/11/2022
Wendy Thomas Non-Executive Director	Director of Quality and Governance at Essex Cares Ltd Magistrate for the North Essex Bench	Jul-19 Jul-19	04/07/2019	03/07/2021
Neville Hounsome Associate Non-Executive Director	Member - NHS Pay review Body NED-Suffolk Housing Society Self-employed as HR Consultant Former Chair - Anchorage Trust Associate with Chameleon People Solutions Associate with LHH and Gatesby Sanderson	Dec-19 Dec-19 Dec-19 Dec-19 Dec-19 Dec-19	10/07/2019	09/07/2021
Carolan Davidge Non-Executive Director	Executive Director for Marketing and Engagement - British Heart Foundation Trustee at ASH Action on Smoking and Health	Jul-19 Jul-19	04/07/2019	03/12/2020
Andrew Egerton-Smith Associate Non-Executive Director	Honorary President – East Anglian Air Ambulance		07/10/2013	10/07/2019
John Syson Interim HR Director	Nil	Jan-20	24/02/2020	23/02/2021
Lizzy Firmin Non-Executive Director	Works for Waddington Brown, a supplier of the Trust Consultancy work for ESNEFT	Jul-18 May-19	15/01/2018	14/01/2020
Peter Kara Non-Executive Director	Mental Health Act Manager – Central & North West London NHS Foundation Trust Lay Board Member – Milton Keynes Clinical Commissioning Group	Jan-19 Jan-19	02/12/2013 02/06/2017	12/06/2017
Ravi Mahendra Non-executive Director	Trustee - Rain Forest Foundation UK Audit Committee member, Goldsmiths University	Dec-19 Dec-19	01/05/2019	06/02/2020
Tom Spink Non-Executive Director	Director - Aviva Wife midwife at Norfolk and Norwich Hospital	Dec 19 Dec 19	15/01/2018	14/01/2022

Name and Position	Declaration of Interest	Declarations made	Board Term of Office	
			From	To
Alison Wigg Non-Executive Director	Partner works for BT - Trust Supplier	Dec-19	15/01/2018	14/01/2022
Wayne Bartlett-Syree Director of Strategy and Sustainability	Wife is a nurse for NHS Blood and Transplants.	Mar-19	05/07/2016	18/08/2019
Marcus Bailey Chief Operating Officer	Nil	Dec-19	01/03/2019	
Gillian Hooper Interim Director of Clinical Quality and Improvement	Director of HealthHelp Ltd Kings Langley Owner of HealthHelp Ltd Kings Langley National Professional Advisor to CQC	Oct-19	19/11/2019	13/02/20
Yasmin Rafiq Interim Director of People and Culture	Director of Appono Ltd	Jul-19	10/07/2019	30/11/2019
Dr Tom Davis Medical Director	Board member, Hertfordshire Independent Living Service (HILS, social enterprise) Retainer of GP status at Wendover Health Centre Governor - Great Morwood C of E Primary School	Dec-19 Mar-19 Mar-19	02/02/2018	
Tracy Nicholls Director of Clinical Quality and Improvement	Vice Chair and Trustee, College of Paramedics Company Secretary for dormant company, Challenge your Thinking;	Mar-19 Mar-19	01/04/2018	22/11/2019
Kevin Smith Director of Finance and Commissioning	Nil	Dec-19	01/06/2014	
Dorothy Hosein Chief Executive	Nil	Jan-20		
Lindsey Stafford-Scott Director of People and Culture	Nil		29/03/2016	04/07/2019

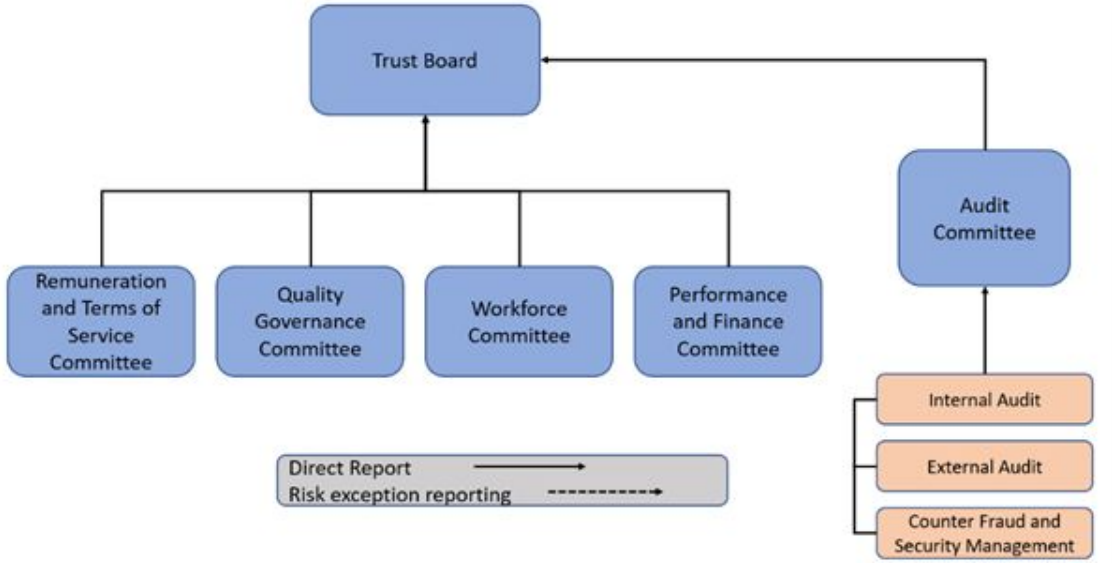
Composition of the Trust Board and Sub-Committees:

C= Committee Chair
M= Member

	Audit Committee	Performance and Finance Committee	Workforce Committee	Quality Governance Committee	Transformation and Change Committee	Engagement committee	Remuneration Committee	Charitable Funds Committee
Tom Spink	M	C			M		M	
Wendy Thomas	M			C		M	M	
Alison Wigg			M		C		C	M
Carolan Davidge	M	M				C	M	
Neville Hounsome			C			M	M	C
Nicola Scrivings	1 per annum	3 per annum	3 per annum	3 per annum	M	M	M	M
Audit Chair (vacant)	C			M	M		M	
Executive Lead	**Director of Finance and Commissioning**	**Chief Operating Officer/ Director of Finance and Commissioning**	**Director of Workforce**	**Director of Clinical Quality/ Medical Director**	**Director of Finance and Commissioning**	**Director of Workforce**	**Chief Executive Officer**	**Director of Finance and Commissioning**

Trust Board Sub-Committees and their Evaluation Process

In accordance with the Public Bodies (Admission to Meetings) Act 1960, the Board holds its meeting in public on a bi-monthly basis. The agenda and reports for the Board are published on the website and available to the public ahead of the meeting. The Board has powers to delegate and make arrangements to exercise any of its functions through a Committee, Sub-Committee or Joint Committee. The relationship of these for the 2019/20 financial year is shown in the diagram below:



Review of Effectiveness of the Board and Sub-Committees

The Board and sub-committees review their effectiveness formally on a yearly basis through an approved evaluation process. Within the 2019/20 year, the effectiveness reviews were undertaken in February and March 2020. The terms of reference for each of the committees were reviewed at the same time, with revised membership and focus agreed. Development plans were prepared to address the findings from the committee reviews. A more detailed overview of the findings and actions taken as a result can be found in the Annual Governance Statement section of this report.

Attendance at Trust Board and sub-committee meetings for 2019-20 is summarised in the table below:

Board Directors	Trust Board Formal Meetings Private Public		Audit Committee	Performance and Finance Committee	Workforce Committee	Quality Governance Committee	Remuneration and Terms of Service Committee
	Chair: Sarah Boulton/ Nigel Beverley/ Nicola Scrivings		Chair: Ravi Mahendra	Chair: Tom Spink	Chair: Lizzy Firmin/ Neville Hounsome	Chair: Sarah Boulton/ Wendy Thomas	Chair: Lizzy Firmin/ Alison Wigg
Nicola Scrivings Chair	4/4	2/2		4/4	3/4	1/1	2/2
Sarah Boulton Chair	2/2			2/2	1/1	1/1	1/1
Nigel Beverley Interim Chair	4/5	1/3	0/1	0/3	1/2	0/2	1/1
Peter Kara Non-Executive Director	2/2		2/2	2/2			
Andrew Egerton-Smith Associate Non-Executive Director	2/3	1/1	1/2	0/1			
Lizzy Firmin Non-Executive Director	5/9	2/4			2/7	2/2	2/2
Tom Spink Non-Executive Director	11/11	5/5		9/9		5/5	2/2
Alison Wigg Non-Executive Director	9/11	3/5		5/7	8/9		3/4
Ravi Mahendra Non-Executive Director	8/9	3/4	5/5		1/1	3/4	1/1
Wendy Thomas Non-Executive Director	5/9	4/5	1/3		1/1	3/3	0/2
Carolan Davidge Non-Executive Director	7/9	4/5	3/3	5/7			2/2
Neville Hounsome Associate Non-Executive Director	8/9	4/5			6/7		2/2

Regulatory Rating

The Care Quality Commission (CQC), England's independent regulator of health and social care ensures fundamental standards of quality and safety are met and sets out what good and outstanding care looks like. Then, through inspections, ratings, and published reports, it encourages care services to meet those standards. The CQC inspect organisations through five Key Lines of Enquiry (KLoE). The full inspection report from the April 2019 unannounced inspection can be found at http://cqc.org.uk/provider/RYC. We received a rating of 'Outstanding' for the Caring domain, and 'Inadequate' for well-led, with an overall the Trust was rated overall as 'Requires Improvement' by the CQC.

Overall rating for this trust	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Outstanding
Are services responsive?	Good
Are services well-led?	Inadequate

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires improvement Jul 2019	Requires improvement Jul 2019	Outstanding Jul 2019	Good Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019
Patient transport services	Requires improvement Jul 2019	Requires improvement Jul 2019	Good Jul 2019	Good Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019
Emergency operations centre	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Resilience	Good Jul 2019	Good Jul 2019	Good Jul 2019	Good Jul 2019	Outstanding Jul 2019	Good Jul 2019
Overall	Requires improvement Jul 2019	Requires improvement Jul 2019	Outstanding Jul 2019	Good Jul 2019	Requires improvement Jul 2019	Requires improvement Jul 2019

As an organisation we continue to be extremely proud of the recognition of the outstanding level of care provided to our patients by our staff. We are also immensely pleased that our rating for the responsive KLoE improved from requires improvement to good since the previous inspection in 2018.

The deterioration in the separately assessed well led domain is disappointing, with key issues raised by the CQC including instability at senior leadership level with numerous interim roles, a mixed culture, and the absence of a clear, realistic strategy. However, what was positive to note was the recognition that improvements had been made at the point of the assessment, and the assessors' view was that these required embedding to gain a tangible improvement.

In total, the CQC issued three improvement requirement notices to the Trust, pertinent to the following regulations:

- Regulation 12 HSCA Regulations 2014: Safe Care and Treatment
- Regulation 17 HSCA Regulations 2014: Good Governance
- Regulation 18 HSCA Regulations 2014: Staffing

These resulted in six 'must do' actions to ensure compliance with legislation. These are outlined in the diagram below, with a brief overview of some of the key actions taken.

The CQC also suggested five further 'should do' action areas relating to recruitment and retention, hospital handover delays, complaints management, sharps box labelling and transformation, which have all been incorporated as essential actions in our action plan.

The Trust must ensure staff consistently complete mandatory and safeguarding training, in line with the Trust target (Regulation 12)	The Trust must ensure that systems and processes to safely administer, store, and prescribe medicines are consistently applied across the Trust (Regulation 12)	The Trust must ensure that it improves response times in Emergency and Urgent Care and Patient Transport Services (Regulation 12)	The Trust must ensure that governance and risk management processes are embedded in all areas (Regulation 17)	The Trust must ensure that processes in place for appraisals and supervision are consistently applied and demonstrate that staff are competent for their roles (Regulation 18)	In Patient Transport Services, the Trust must ensure that it improves recruitment and retention to have enough staff to provide a safe and responsive service (Regulation 12)
•Monthly emphasis on training compliance with operational managers for their teams, through the Accountability Forums •Fortnightly compliance reports to managers for awareness of non-compliant staff •Utilisation of electronic learning platforms to maximise staff ability to comply •Education and Training Officer posts established to support delivery of the face to face elements of training	•Initial pilot and then regional roll out of a new medicines management process for storage and distribution, to improve compliance and reduce incidents •Estates and security work undertaken to successfully acquire Controlled Drugs Licence •Medicines Management deep dive of adverse incidents reported by staff, to establish areas for improvement •Clear medicines audit processes to identify and then resolve issues	•Significant discussion and negotiation with commissioners to ensure the contract value is fit for purpose, to ensure appropriate numbers of staff to deliver a timely service •Ongoing delivery of our workforce plan for both emergency and patient transport services •Engagement with staff to ensure that efficiencies are maximised to increase the speed of response to patients •Implementation of our quality cost improvement programme, including focus on improved handover times, increased productivity and reduced out of service time	•Risk training implemented for all managers and teams on an annual basis •Improved and enhanced risk reporting to groups and committees for oversight •Embedding of the Accountability Forums to ensure monthly oversight of objective delivery •Review and realignment of the Trust Board and Sub Committee terms of reference, schedule, and creation of new committees ready for 2020/21	•Emphasis and focus on delivery of appraisals to staff – demonstrated through the staff survey and a significant improvement on staff recognising they have had an appraisal •Introduction of the Education Training Officers to support improved levels of supervision for our clinical workforce and students •Review of the supervision approach, pilot of other methodologies and the approval of the new approach to commence in early 2020/21	•Implementation of a clear and robust workforce plan for Patient Transport Services •Focussed recruitment in hard to reach areas, or those contracts with the widest capacity gap •Work on retention and leadership to ensure improvements in staff relationships •Movement of the control room for patient transport services to the ambulance control rooms, to give improved support and enhance experience, improving the service and retention

Since the inspection, we have been focussed on completion of the action plan to improve in the areas set out by the CQC. We are confident that we have made real improvements across all areas, and we are looking forward to the next inspection. It is important to recognise that CQC inspections have been paused during the pandemic so there may be a delay in subsequent inspections; however, we will focus on continuous improvements, irrespective of when our next inspection will be.

Report of the Audit Committee

The Audit Committee completed all items included in its 2019/20 plan, and reported to the Trust Board that:

- The CQC inspection identified that risk management and governance required further embedding within the organisation to increase effectiveness, increasing the Trust's awareness that improvement in this area was a key activity for the year. The Committee has therefore sought assurance on this throughout the period, via risk register deep dives, reports on risk training compliance which demonstrates over 120 managers having had risk training, and additional layers of assurance from all other Board Sub-Committees. The Committee has been increasingly assured that processes are becoming further embedded within the Trust's business.

- The Audit Committee has been assured that progress has taken place in these areas through regular reports and updates. Further the Trust maintained an adequate system of governance, risk management and control to deliver against our goals, a view supported by the findings of internal audits throughout the financial year.

- Further during 2019/20 the Audit Committee is further positively assured through the establishment of the Accountability Forums across the organisation and the establishment of an assurance process from the Board Sub-Committees back to the Audit Committee on the principal risks reviewed by a Sub-Committee.

- There was an effective internal audit function, including Counter Fraud Services, established by management that met mandatory NHS internal audit standards and provided appropriate independent assurance. The Committee were assured through the level of improvements demonstrated within the Internal Audit reports.

In June 2020, the Audit Committee received the External Auditor's report and opinion, which gave assurance that financial reports were complete and accurate. The audit opinion confirms the Committee's view throughout the year that the accounts give a 'true and fair view' of the state of the Trust's income and expenditure for the year and that they were properly prepared in accordance with the accounting policies relevant to the NHS in England. There were two 'emphasis of matter' statements within the External Auditor's report, both in relation to the effects of COVID-19, in relation to the impact of the pandemic on patient demand, personnel available for work and access to offices, as well as property valuation uncertainty at this time. However, the External Auditor has made clear that these two 'emphasis of matter' statements have not altered the overall opinion in any way.

Annual Governance Statement for the East of England Ambulance Service NHS Trust 2019/2020

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 East of England Ambulance 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 2020 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 of maximising the capacity to handle risk.

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 Head of Governance as the responsible manager. Risk management is a core component of the job descriptions, role, and responsibility of senior managers throughout the Trust. The Trust has in place a Board approved Risk Appetite, Strategy and Procedure to facilitate risk management throughout the organisation.

Risk Management Training

Staff are trained or equipped to manage risk in a way appropriate to their authority and duties, in line with the Trust's Risk Management Strategy and Procedure.

The Trust has in place a risk management training approach to ensure that staff at all levels of the organisation are suitably equipped to manage risk in a way that is appropriate to their authority and duties. Training is based upon several tiers, to reflect the way in which risk management is approached throughout the Trust.

All Staff: Risk management training to all staff is embedded within the Corporate Induction, as well as annual refresher via the Mandatory Training requirements which are completed via e-learning. Compliance with this is monitored and has achieved 89% completion for the financial year. It is important to note that the emergence of the pandemic prevented delivery of the final weeks and 1% of compliance, but plans are in place to complete once focus has shifted from the pandemic to recovery and return to business as usual. Training at this level encompasses the recognition of risks, reporting of incidents and risks and the need for dynamic risk assessments.

Managers: This level of training is aimed at users of our risk register software system and seeks to standardise the approach to risk management within teams, manage risks within business as usual and alignment of risk management to delivery of objectives. Tier 2 training is provided annually, via a three-hour risk management surgery for teams. Attendees required are the Head of Department and their management team responsible for the management of risk their local risk register, plus any other staff they feel would support the process. Over 120 managers received this training in the financial year.

Trust Board: The Trust Board undertook its annual workshop in-year, in addition to further sessions focussing on other business areas as required.

The Risk and Control Framework

Risk Management Strategy and Risk Appetite

The Trust's combined Risk Management Strategy and Procedure describes the risk management processes established to identify, assess, and manage potential risks that may exist within the Trust. It outlines the principles that are applied to all Trust activities and services to ensure that any risks identified and analysed are suitably evaluated and treated, mitigating any risks that could prevent the Trust from achieving its strategic objectives. It also supports the governance, assurance and escalation arrangements established within the Trust, and affords the Board a clear view of the risks associated with strategic delivery.

The Board has in place an established Risk Appetite statement for the organisation, which was reviewed within the financial year to ensure it remains relevant within the current context.

The Trust Board has overall responsibility for the management of risks that hinder achievement of the strategic objectives of the Trust. The Trust Board has delegated the responsibility for managing the mitigating actions of the strategic risks to the Executive Leadership Team (ELT). The Compliance and Risk Group oversees the day to day management of the risk management systems and processes and has a risk management and internal control focussed remit, seeking to ensure that business as usual monitoring against key risks and objectives occurs, as well as utilising a risk-based approach to new business and decision-making.

Once a risk is identified, a risk assessment is undertaken using standard risk management principles, focusing upon causes and effects, and assessing the risk against impact and likelihood using the internationally recognised 5 by 5 matrix. Controls are then implemented, and mitigating actions established to reduce the risk to a target level, in line with the risk appetite of the Trust.

Embedding of Risk Management

Risk management is embedded throughout key activities in the organisation. For example:

- All risk registers for the Trust are managed via an electronic database. Escalation of risk is achieved through the well-established governance structures and processes within the Trust, in line with the Governance and Assurance Framework.
- Identification and assessment of risk is a core business function within the Trust, with managers responsible for recognising and assessing risks to the delivery of their aspect of the service. The Trust has a risk management and Board assurance process that is both top-down and bottom-up, which is subject to on-going review and improvement, that is assured via the Audit Committee.
- All cost improvement programmes have a reviewed and approved quality impact assessment, where risks and mitigating actions are identified prior to the scheme being able to proceed. If deemed to have too great a risk to patients, staff or a range of other indicators, the scheme does not go ahead.
- All policies have an Equality Impact Assessment undertaken prior to implementation
- 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 undertaken, to ensure a fully informed decision can be made
- The Trust has in place a fully embedded incident reporting system for staff to report any adverse incident or near miss. Annual refresher on reporting is provided to all staff to ensure incidents are reported, and the level of incidents and near misses reported demonstrates an open and honest reporting culture.
- Core groups all monitor the risks relevant to their terms of reference on a frequent basis
- Audit Committee undertakes a risk register deep dive at each meeting to gain assurance and insight into the operational risks and how embedded the risk management approach is
- Accountability Forum focusses upon locality risk areas that could/are impacting on business delivery

Quality Governance Arrangements

The organisation has a robust set of quality governance arrangements in place; most of which are outlined within this report. Other aspects include:

- Committee and sub-group infrastructure to ensure all quality issues are monitored and addressed. This includes the Quality Governance Committee, Compliance and Risk Group and its subgroups which include 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 and include data keys and definitions

It is important to note that in-year the sub-group infrastructure was reviewed and realigned to improve effectiveness, with implementation in quarter four. However, the progression of the pandemic has resulted in a delay to implementation of a small number of the new groups. This is mitigated through the overarching Compliance and Risk Group.

Compliance with CQC Registration Requirements

The Trust was not fully compliant with the registration requirements of the Care Quality Commission at the point of inspection in April 2019.

In early April 2019, the Trust had an unannounced core service inspection, which covered Emergency and Urgent Care, Ambulance Operations Centres and Patient Transport Services. This was followed in by the announced Well Led inspection. These were both completed under the new methodology and the Trust given an overall rating of 'Requires Improvement', with outstanding received for care. The core service inspection demonstrated improvement in several areas. A total of six 'must do' actions were determined by the regulator, to comply with three Health and Social Care Act Regulations:

- Regulation 12: Safe Care and Treatment
- Regulation 17: Good Governance
- Regulation 18: Staffing

The Well Led inspection brought a reduced rating of 'Inadequate' with emphasis being placed on the need to deliver key indicators through leadership and the embedding of the early improvements witnessed by inspectors during the review, in addition to establishing stability at Trust Board level. As a result, the Trust continued with the established integrated improvement plan to ensure focussed and sustainable improvements in the areas identified by the CQC in their inspection. The process includes weekly oversight of progress on actions, and triangulation of updates against key metrics, to gain assurance on progress. All Board members participate in the schedule of visits and overall assurance against CQC improvements is monitored through the Quality Governance Committee. There has been a specific Governance and Well-Led improvement plan in place throughout the year, reported frequently at Board meetings for assurance and oversight.

The Trust is confident that the improvements undertaken as outlined throughout the Annual Report and Annual Governance Statement, in addition to Board papers throughout the year, demonstrate compliance with the regulations at the point of writing this report.

The Trust has been notified that the 2020 inspection is delayed due to the pandemic.

Data Security Risks

Data security risks are identified, assessed, managed, and reported as per the Trust's risk management strategy and process. These are overseen by the Information Governance Group and the Trust's SIRO, respectively. For oversight and monitoring purposes, the principal risks pertaining to data security, as well as the risk profile, are reported to and monitored by the relevant Trust Board Committee.

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. A summary of the Trust's strategic and principal risks is as follows:

- **Failure to deliver a timely response to our patients in line with commissioned national standards, to ensure a safe level of service**

This risk has continued to be challenging for the Trust to mitigate within the year due to the recognised capacity gap in the clinical workforce, combined with external pressures such as delays in hospital handover and the need to maximise our operational productivity. Ongoing growth of the clinical workforce is and continues to be a core mitigating action, and redesign and implementation of the new rotas to improve productivity was completed this year. Tangible improvements in the timeliness of response to patients has been seen in quarter three and prior to the pandemic, with commissioner-agreed trajectories being delivered, indicating positive progression. The emergence of the pandemic in quarter four has resulted in a heightening of this risk and efforts are focussed on short term mitigations through rapid expansion of the workforce and fleet through volunteers, honorary contracts, and secondments from other businesses.

- **Failure to achieve continuous quality improvements in the quality of care delivered to our patients**

The incidence of avoidable harm has continued to reduce over the year, and improvements have been seen within other areas including infection, prevention and control compliance, and improvements in compliance with statutory and mandatory training. The Ambulance Clinical Quality Indicators have been a challenge to deliver, with the targets being realigned to a higher compliance level, but performance has not reduced from the previous year. The 2019/20 financial year focussed on the development of the clinical strategy, amended clinical supervision and Continuous Professional Development approach, all of which are due for implementation once the pandemic moves to a recovery phase. Currently in line with the risk highlighted above, the emergence of the pandemic has heightened the level of this risk due to the likely delays and safety implications seen during the pandemic.

- **Failure to embed a patient-focussed culture that puts the patient at the heart of everything we do**

Significant work to mitigate this risk has been undertaken to date, including the implementation of the Get Real Change Leadership Programme; focussed attention on the resolution and improvement of the management of employee relations casework; reinstatement of a good working relationship with the recognised trade union; and the progression of the continuous improvements demonstrated in the well led and governance improvement plan. In the 2019/20 year, our NHS Staff Survey results overall broadly remained the same; however there were some very positive

improvements in areas such as the number of appraisals undertaken, indicating the plans implemented in-year have been successful in delivering the first stage of improvement.

- **Failure to deliver an efficient, effective, and economic service** (risk that funding, systems, and processes do not match the required pace of change for sustainable service delivery).

This risk has maintained a high score throughout the year due to the need to balance patient safety with delivery of financial targets and the challenges associated with undertaking the scale of transformation required to bring about stability. Decisions were taken collectively by the Board and there was full consideration of the financial and patient safety risks during decision making. As a result, there has been a clear focus on mitigation of this risk throughout the 2019/20 financial year, through stringent financial control measures, an ambitious and focussed quality cost improvement programme, and targeted change work on the delivery of efficiencies. Establishment of the Recovery Plan which is supported by regulators demonstrates the planning and preparation undertaken, with good output from the programme to date, delivering against targets set. Good progress has been made in delivery of a number of our strategic efficiency schemes including our fleet transformation, estates strategy and implementation of make ready services – designed to reduce the time our clinicians spend stocking our ambulances, to maximise their availability for treatment of patients.

- **Ability to deliver care to our sickest patients and deliver our objectives during the pandemic**

This risk has newly and rapidly emerged in quarter four in line with the emergence of the global Covid-19 pandemic. The effects of the pandemic on delivery of healthcare is significant, including factors such as increased demand, enhanced decontamination requirements, Infection prevention and control issues including personal and protective equipment to maintain safety of patients and staff, staff loss through isolation and financial risks associated with meeting the unprecedented demand. The Trust has implemented a streamlined governance framework to ensure compliance is maintained. This includes operational, strategic and assurance functions, in addition to a clinical ethics advisory group to support decision making. In spite of the significant effort underway to mitigate the pandemic, this remains the Trust's highest current risk, which will impact on the ability to deliver all strategic objectives for the coming period and as such, influence the status of the other strategic risks.

Governance Compliance Risks

The following provides a summary of the potential risks to compliance with the NHS Provider licence identified, and the actions we have taken to mitigate these:

- A risk was identified regarding the application of corporate governance in the form of suitable oversight and accountability to deliver the improvements required to the service provided. Actions taken included the refresh and strengthening of the governance and assurance framework. The implementation of the Head of Governance role has resulted in improved oversight; this has included the transfer of Information Governance functions into the corporate governance arena. These changes have significantly strengthened the appropriate principles, systems, and standards of good governance in place.

- A risk regarding the instability at Trust Board level and the need for robust Board development, along with the need to establish clear resilience through talent management and succession planning, was identified by the Care Quality Commission during the Well Led inspection. The year has focussed upon refresh of the Remuneration committee with clear focus, the recruitment to several substantive posts at Board level and bringing in expertise to support the next year's focus on development.

- A risk of insufficient oversight at committee level was identified. This has been addressed through a full review of the committee schedule and a temporary increase in meeting frequency, amendments to the terms of reference and agendas to ensure full coverage of all Executive portfolios. The Board has a well-established committee structure with clear roles and responsibilities in place for the Board, its committees and staff reporting to those fora. The Trust's scheme of delegation and governance and assurance framework have been updated in year to ensure these remain fit for purpose. Further improvements have been made following the Board effectiveness review through the instatement of the People Engagement Committee and Transformation and Change Committee.

- There was a risk identified of the interdependency between performance, patient safety and financial balance, which has given rise to the need for the Board to make choices in year to ensure and maximise patient safety that increased the Trust's financial challenge. The Trust has a complement of Executive Directors with a good ratio of clinical Executives, ensuring that quality of care and patient safety are considered fully within all decisions made. There is a comprehensive clinical governance system and process in place with clear oversight provided to the Board via the Quality Governance Committee. The Recovery Plan established provides an integrated approach to improvement focussed on quality, safety, performance, and finance.

Workforce Strategies and Staffing Systems

The Trust is working to a budgeted full time equivalent (FTE) workforce establishment informed by the Independent Service Review (ISR) to enable the delivery of safe and effective care to our patients. Current workforce projections, which only include known future job offers and anticipated attrition (e.g. through leavers and retirement), indicate there will be an approximately 700 FTE vacancy gap by 2020/21-year end. The Trust is focussed on meeting the budgeted workforce establishment by increasing recruitment and developing an Ambulance Nurse pilot scheme.

There will be additional focus on improving workforce retention, skill mix change, and flexible workforce utilisation. The completion of the roll-out of Building Better Rotas (BBR) in March 2020 will improve the quality and flexibility of rosters, which will continue to be monitored and reviewed throughout 2020/21.

Progress against the workforce plan will continue to be monitored through the Workforce Committee and Board. The service is committed to building an engaged and inclusive culture with listening events for staff to speak directly with Executives and Non-Executive Directors (NEDs), nominated Executive leads for each STP area and joint working with Trade Unions to revise and improve Workforce Policies and Procedures. The Trust has undertaken work with Get Real Change to inform and develop the approach to culture and leadership in the organisation. Working

with other ambulance trusts, a review of the appraisal process will be undertaken to align it with the Trust's strategic priorities while providing a common approach across all ambulance services.

Improved transactional processes, from recruitment and onboarding to pay and rosters, will help to improve recruitment and retention rates and enable staff and managers to focus on career development and fulfilment activities for staff. A new Occupational Health provider was appointed in January 2020 as part of a review and improvement of the Trust's Health and Wellbeing offer to staff.

The Trust will foster positive collaborative working relationships with Trade Union representatives and ensure that existing staff networks (LGBT+, BME and Disability) are supported and encouraged to play an active role in the decision making in the Trust.

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 twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

Pension Scheme

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

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.

UK Climate Projections

The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). 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 clear and effective 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. This involves a system of reporting finance and performance to the

Executive Leadership Team and the Trust Board, supported by detailed performance and financial reporting to the Performance and Finance Committee. The Performance and Finance Committee also scrutinises the Trust's Quality Cost Improvement Programme and reviews delivery of this programme, together with the Quality Governance Committee monitoring that Quality Risk Assessments are carried out on all schemes.

The Trust's Internal Auditors also play an important role in reviewing the economy, efficiency, and effectiveness of the use of resources as part of their programme of audits throughout the year. All Reports issued by Internal Audit are reviewed by the Trust's Audit Committee.

Our 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

This report details incidents reported to the Information Commissioner's Office (ICO) from the period of 1st April 2019 to 31st March 2020. During this period, the Trust reported that 50 information governance incidents had occurred, as detailed below. The table also outlines the decision taken by the ICO, as all these incidents were reported to them as per guidance.

Description	ICO Decision
When responding to a complaint, staff member mistyped the email address, resulting in an email response and call recordings being sent to the wrong email address. These were sent securely however the password was also sent to the same incorrect email address.	No further action required.
Hospital staff report that the crew spoke loudly about the patient and their condition in front of others.	No further action required.
Upon receiving a solicitor request for a copy of a Patient Care Record (PCR) dating back to 2015, it was discovered by the Release of Information team that the record was missing. Investigation suggests a PCR was not created, therefore unlikely to be a data breach.	No further action required.
A member of staff received and answered an FOI-related query without going through the correct FOI process. This resulted in more details being disclosed to the requester than would usually be allowed under the FOIA.	No further action required.
During auditing it was identified that a Patient Care Record (PCR) was missing.	No further action required.
During auditing it was identified that a Patient Care Record (PCR) was missing, although the number was logged on the envelope. Subsequently found so no breach	No further action required.
Sender accidentally pressed "Reply All" on an email containing personal details about a student. The email was intended for the university lead but was sent to all students, including the student named within the email.	No further action required.
The Trust has identified that a junior manager may have installed a remote access application that has allowed them to access another Trust computer, which they were not authorised to access.	No further action required.
Patient was transferred to another ward with her notes and drug chart, which were given to ambulance driver. Phone call received from the receiving ward stating that the patient did not have the notes with them.	No further action required.

Description	ICO Decision
Member of staff (data subject) was handed a return to work meeting form detailing the data subject's reasons for absence, ongoing medical treatment, and sickness sanctions (PID and special category data). This document had been discovered on a printer tray and then placed face-up on the desk within an office which all staff have access to.	No further action required.
A three-page PTS journey sheet, containing patient identifiable information such as names, addresses and health information, has been lost at Hospital.	No further action required.
A member of the dispatch team looked up the history of an address for a call they were dealing with. They noticed that a risk marker had been assigned to an individual living at the address (Data Subject). The risk marker was removed in 2018. The Dispatcher instructed the call handler, who was taking the call, to check with the caller (Data Subject's mother) whether the Data Subject was at the address. The call handler named the Data Subject during this check.	No further action required.
An email was received by the Rostering Services Team from the Trusts Wellbeing system enquiries which detailed a members of staff sickness absences. Copied into the email was also the Trusts IT Helpdesk. The email contained personal identifiable information in the form of the staff members full name as well as sensitive information relating to special category health data.	No further action required.
The Trust has been made aware that a photo of part of a Patient Care Record (PCR) has been shared with a member of the public (who is involved with the local Fire Service) via Facebook Messenger.	No further action required.
A staff member had access to work assessment. The staff member reports that they gave the report to their DEO, who apparently left this in the office in an envelope. The data subject believes that the Trust has lost this second report. Report subsequently found, so no breach.	No further action required.
A member of the Single Point of Contact (SPOC) team has accidentally sent an email containing patient information to a Clinical Commissioning Group (CCG) department. The email was intended for the patient's GP, but the email address within the contact section for that GP surgery contained the CCG email address instead. The error was not noticed until after the email was sent.	No further action required.
A Patient Transport Services (PTS) crew misplaced a daily run sheets, these sheets list all the drop offs and pick-ups the crew are due to make that day.	No further action required.
During audit checks it was identified that a paper Patient Care Record (PCR) was missing. The crew advised that they discovered the record the day after the attendance to the patient. They believe it had fallen out of the Shift Log envelope. When the box was emptied the record could not be found. The Trust believes that the record is likely to still be within Trust premises.	No further action required.
It was identified during a routine audit that a paper Patient Care Record (PCR) is missing. The crew advised that a paper record was created as the electronic Patient Care Record (ePCR) device was not working correctly.	No further action required.
During a routine audit it was identified that a paper Patient Care Record (PCR) was missing. The crew recall completing a paper PCR and putting inside the Shift Log Envelope.	No further action required.
A crew has misplaced a patient's ECG (electrocardiogram) paper within the A&E department of a hospital. The paper was last seen on the reception desk. The handover nurse at the hospital has reported that she may have picked this up and disposed of it but cannot recall.	No further action required.
During a routine audit it has been identified that a paper Patient Care Record (PCR) is missing.	No further action required.

Description	ICO Decision
During a routine audit it was identified that a paper Patient Care Record (PCR) was missing. The crew recall completing a paper PCR and putting inside the Shift Log Envelope.	No further action required.
A Care Home has reported that one of their residents (patient), who travelled with EEAST's Patient Transport Service (PTS), has been returned with her own medication and someone else's (data subject). At present EEAST are unclear on whether the error occurred within an EEAST PTS vehicle or whether the breach was caused by the discharging hospital. Both patients have travelled with EEAST's Patient Transport Service.	No further action required.
When attending a grievance hearing, the aggrieved party submitted an email for their case. This email had not been addressed to them and contained person identifiable information relating to the interview performance of the other candidates being interviewed. First and last names were used and the ranking within the process. It was confirmed that the email was received by the aggrieved party in a non-redacted format, although, by the time it was submitted to the hearing panel, it had been redacted. It is currently unclear whether the email was received in hardcopy (a printout) or an electronic copy (forwarding).	No further action required.
As the crew were unloading the patient from the ambulance a gust of wind blew the Patient Care Record (PCR) away.	No further action required.
During a routine audit it was identified that there was not an envelope for a vehicle on 02/09/19	No further action required.
It has been brought to our attention that a Trust paramedic may have disclosed details of an incident and patient to their partner. The paramedic's partner went to school with the patient. It has been alleged that the paramedic's partner has then disclosed this information further to others that know the patient.	No further action required.
At the end of their shift the crew identified that they were missing a paper copy of a Patient Care Record.	No further action required.
Patient Care Record (PCR) cannot be located.	No further action required.
Unable to locate a Patient Care Record for a solicitor request.	No further action required.
A member of Trust staff has received a letter intended for a colleague (data subject). The letter is regarding the outcome of a stress risk assessment for the data subject and contained the data subject's signature, the causes of the data subject's stress and actions to mitigate these.	No further action required.
This patient care record is currently unaccounted for and crew do not know the whereabouts.	No further action required.
The complainant has reported to the Trust that the ambulance crew have rummaged through her personal file of paperwork. They removed a document, which they used to write a note about access to the property, and then stuck this on the front door of the house.	No further action required.
Crew (crew 2) attended a patient, who had also been attended to the night before by a different crew (crew 1). During crew 2's attendance the patient's neighbour called by and handed a copy of a completed Patient Care Record (relating to crew 1's attendance) to the patient's daughter. The Patient Care Record had been completed by an EEAST crew the night before and had somehow came to be in the neighbour's possession.	No further action required.
An email was sent from a shared Trust mailbox to a group of 39 individuals (Trust employees) regarding a change of practice within their department. Accidentally included within this email was a sentence regarding an employee who had been referred to Occupational Health.	No further action required.

Description	ICO Decision
The Trust has identified that since 25th May 2018, when legislation changed, it has requested Enhanced DBS checks for staff members who do not require this level of checking. This is a breach of the Data Minimisation Principle (Data Protection Act 2018).	No further action required.
Information was sent to requestor in response to SAR, although this document was redacted the requestor was able to remove the redaction. This has enabled the requestor to gain access to information regarding another staff member.	No further action required.
A member of Trust staff (person responsible) updated the Trust's Silver notes (operational notes accessed by various operational staff members and managers) with identifiable details regarding a fellow staff member's (data subject) personal family emergency.	No further action required.
A member of Trust staff collected three sealed folders containing complete Patient Care Records from three stations. The folders contained a currently unknown number of records. Upon arriving at another station, the staff member noticed that one of the envelopes was missing.	No further action required.
During a sensitive investigation information has come to light which suggests a new member of staff's personal mobile number was taken from the CV or New Starter paperwork without consent and used for purposes not work related.	There is insufficient evidence to substantiate an offence.
Informed by a member of staff that they were receiving emails that were not intended for them.	No further action required.
An email was incorrectly attached to an FOI request uploaded to the Disclosure Log, this contained the name and contact details of the requestor.	No further action required.
Data breach reported that a member of staff was observed using the login details of another member of staff with the intension of viewing the CAD via Portal.	There is insufficient evidence to substantiate an offence.
When responding to a complainant via email, the administrator accidentally attached a letter relating to a different complainant (data subject).	No further action required.
One of the Trust's Patient Transport Service crews have accidentally lost one of their patient journey sheets.	No further action required.
An investigation has revealed that sickness information relating to a member of staff has been sent from a Trust account to their own personal email address. The document included details on the nature of the sickness and a plan for management. It was sent the day before the sender left the organisation.	No further action required.
A Trust employee, whilst attending to a young patient (child), took photographs of the patient's injuries on their personal mobile phone, without patient consent. The patient was identifiable from the images. The employee then showed these images to staff members within the hospital the patient had been transferred to.	No further action required.
When logging a Datix incident report regarding a former member of Trust staff (data subject), the reporter of the incident included person identifiable details within a field that should have been kept anonymised (there is a separate secure section for entering identifiable details). These details were included in a notification which was sent out to several staff members (20 people), some of which (approx. 14) did not need to know this level of detail. This disclosure could result in detriment/embarrassment.	No further action required.
Lost Patient Care Record.	Awaiting ICO feedback

Annual Quality Account

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

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

- Clinical data and outcomes
- Checked and verified by the Clinical Audit Manager (State Registered Paramedic) prior to submission to the national audit programmes
- Monthly checks of the Department of Health statistical reports to ensure latest comparative data is included
- Assurance through internal governance processes to Board Level via the Integrated Board Report
- Information Governance Toolkit
- Assurance provided through Information Governance Group to Trust Board via the Audit Committee
- Regular scrutiny of processes and information through:
- Quality Governance Committee
- Clinical Commissioning Groups through contracting requirements
- Information Management Group

The Quality Account for 2019/2020 will be published later in the year, in line with amended national guidance because of the pandemic.

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 and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust Board continues to adopt the National Leadership Council's principles as defined within The Healthy NHS Board Principles of Good Governance (2013). These are:

- Formulate strategy for the organisation.

- Ensure accountability by holding the organisation to account for the delivery of strategy and through seeking assurance that all systems of control are robust and reliable.
- Shape a positive culture for the Board and the organisation.

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 Trust's Standing Orders.
- The Reservation of Powers to the Trust Board and Scheme of Delegation.
- The Standing Financial Instructions.
- The Annual Operating Plan.
- Terms of reference of the sub-committees of the Trust Board.

The Trust has applied the principles of the relevant codes of corporate governance in the following manner:

- The Trust is led by a unitary Board comprising Non-Executive and Executive Directors, which provides leadership within a framework of internal control whilst promoting innovation and vision, and challenge to any performance issues. The Trust Board monitors the effectiveness of the internal control systems and processes through clear accountability arrangements.
- Each Executive Director is held to account in relation to control systems and processes, monitoring methods and weaknesses within their directorates during the year; cross checking evidence of compliance with statutory functions to ensure that the Trust remains legally compliant.
- Delegation of authority for executive management is to the Chief Executive, subject to monitoring and limitations as defined within the policies and procedures of the Trust, including Standing Financial Instructions and the Scheme of Delegation. The limitations require that any executive action taken in the course of business does not compromise the integrity and reputation of the Trust and takes account of any potential risks, health and safety, patient experience and finance issues while working with partner organisations.

The Trust Board

Director's Responsibilities

The Trust Board comprises the Non-Executive Directors and Executive Directors that form a unitary body. The Trust Board currently consists of a Chair and five other Non-Executive Directors, the Chief Executive, a Director of Finance and Commissioning, a Chief Operating Officer, and a Medical Director. The voting role of Director of Clinical Quality and Safety is currently vacant, but recruitment is underway. There is also a Director of Workforce and Director of Communications and Engagement who are not voting members of the Board, who provide additional advice and expertise to the Board.

Appointment of Board Directors

Due consideration is given to the composition of the Board in terms of the protected characteristic groups in the Equality Act 2010. Each Board member is appointed for their experience, their business acumen, and their links with the local community. NHSI is responsible on behalf of the Secretary of State for Non-Executive appointment and removal, and for on-going support through appraisal, mentoring and training. Terms of appointment are normally for periods of two years, with members eligible to be re-appointed or to re-apply up to a maximum of ten years. The Non-Executive Directors' responsibilities include:

- Helping to plan for the future growth and success of the organisation.
- Making sure that the management team meets its performance targets.
- Ensuring that finances are properly managed with accurate information.
- Helping the Board ensure it is working in the public interest.

The Chief Executive and the Executive Directors are appointed via public advertisement. All Directors undergo an annual Fit and Proper Persons assessment, in line with policy and regulatory requirements.

Register of Interests

At the time of their appointment, all Directors are asked to declare any interests on the Register of Directors' Interests. Board members are asked at each formal Board meeting to register any changes to their declarations and to confirm in writing on an annual basis that the declarations are accurate. The Register is maintained by the Head of Governance and is available to anyone who wishes to see it. This information is also published in the Annual Report and Accounts and published on the Trust website.

Trust Board and Sub-Committee Meetings and Their Evaluation Processes

The Trust Board, in accordance with the Public Bodies (Admission to Meetings) Act 1960, holds its meetings in public. The Trust Board has powers to delegate and decide to exercise any of its functions through a committee, sub-committee, or joint committees. The Trust Board has five committees, namely, the Audit Committee, Remuneration and Nomination Committee, Quality Governance Committee, Performance and Finance Committee and the Workforce Committee. Under the remit of the Board of Trustees for charitable accounts, there is also a Charitable Funds Committee.

How the Trust Conducts its Board Meetings

The Trust has maintained its support of the Nolan principles for public life and has continued to make the majority of decisions at Board meetings held in public. During 2019/20 the Trust Board met each month, conducting a series of different meetings throughout the day. These included six meetings in public, one of which was the Annual Public Meeting, which was held on 24 July 2019. Eleven private sessions of the Board were held; six prior to the public meetings.

Several workshop sessions were held during 2019/20 to allow the Board to forward plan and implement its Board development plan. These workshops included Risk Management; Integrated Performance Reporting; Safeguarding Allegation Training; Well Led; Apprenticeships; EPCR; Trust Strategy and Objective Setting; Building a Healthy Board; and Freedom to Speak Up. Membership attendance at Trust Board and sub-committee meetings is monitored throughout the year and is reported in the Trust's Annual Report and Accounts.

As part of the sustainability and environmental programme, the Board utilises Diligent Boards, the meeting and document collaboration solution that turns directors' devices into highly secure digital board and meeting packs, which improved the efficiency and effectiveness of the board and subcommittee meetings.

Review of Effectiveness of the Trust Board and Sub-Committees

The Board and the Sub-Committees review their effectiveness informally on a regular basis and formally once a year through the Board's approved evaluation process. The annual effectiveness review consisted of three core areas of feedback – a survey of members and relevant parties; analysis of committee functionality; and the review undertaken by the Trust Chair and Head of Governance over the course of three months commencing in December 2019.

The review comprised of three overarching areas of effectiveness, namely:

- Structure – including frequency of meetings, the agenda and schedule, and time afforded
- Leadership – including quoracy, skills and experience and constructive challenge
- Infrastructure and Support – including information provision and flow to the committee and board to enable robust decision making

The findings from the survey and analysis were broadly positive. Areas where no focussed improvement work is required are:

- Quoracy – all meetings have been quorate
- Skills, knowledge and experience on the Board and Committees have been deemed sufficient to meet the perceived needs.
- The level of constructive challenge is sufficient and effective to enable good decision making

Themes for improvement include:

- Quality of information
- Frequency of meetings
- Balance between strategic and operational focus
- Skills, knowledge, and experience

Action plans have been developed to improve the effectiveness of the Board based on the evaluation. Revised Terms of Reference for the committees were approved by the Trust Board in March 2020, which incorporated several immediate actions implemented from commencement of the 2020/21 financial year. These included:

- Incorporation of metrics and escalation criteria into the Committees' Terms of Reference
- Constitution of a People Engagement Committee and a Transformation and Change Committee to give improved focus to strategy and engagement
- Realigned Committee frequency to enable improvements in reporting and information flow

The Board's key activities during 2019/20 were:

- Monitoring and gaining assurance on the risk management processes via the Board Assurance Framework
- Reviewing and approving the Trust's winter planning arrangements, receiving the Easter Plan, and approving the new REAP arrangements.
- Receiving and approving the following annual reports: Safeguarding, Health and Safety, Medicines Management 'Controlled Drugs', Security Management, Infection Prevention & Control, Gender Pay Gap, Freedom to Speak Up.
- Signing-off the Annual report [including Financial Statements, Annual Governance Statement, the Annual Quality Report], the Trust's Charitable Funds Financial Statements, Data Security Protection requirements.
- Receiving the 2019 CQC inspection report and approving the actions identified, monitoring completion via the newly established integrated improvement plan.
- Agreeing the amended and improved governance arrangements, including delivery of the Governance and Well Led component of the Integrated Improvement Plan.
- Progressing and agreeing estate procurement in line with the Estate Strategy
- Agreeing to award several contracts including ambulance procurement, private ambulance provision and transformation work.

The Audit Committee

The Board has a fully established Audit Committee comprising three designated Members, appointed from the Non-Executive Directors. The Audit Committee's primary role is to review the adequacy and effective operation of the organisation's overall internal control system.

In performing that role, the Committee's work predominantly focuses upon the framework of risks, controls and related assurances that underpin the delivery of the organisation's objectives (the Board Assurance Framework or 'BAF'). As a result, the Committee has a pivotal role to play in reviewing the Board's disclosure statements that flow from the organisation's assurance processes. These declarations are independently assessed by the Committee as part of the annual report and accounts sign-off process, and actions are recommended to the Trust Board.

The Committee has responsibility for the review of the risk register as well as oversight of the systems and processes in place to manage risk. The Committee reviews the BAF at every meeting and recommends new processes and formats for the BAF to enable better management of

corporate risks and associated action plans. Within this financial year improved risk oversight has been implemented, comprising of a deep dive into a local risk register, and receiving risk assurance reports from the other Board Sub-Committees, at every meeting.

The Committee also provides assurance to the Board on compliance with relevant regulatory, legal and code of conduct requirements. The Committee reviews the arrangement by which the Trust's staff may raise, in confidence, concerns about possible improprieties in matters of financial reporting and control. The Committee's aim is to ensure that arrangements are in place for an independent investigation of such matters and for appropriate follow-up action through Internal Audit or the Counter Fraud Service. It maintains appropriate relationships with the organisation's auditors, both internal and external, as well as the Counter Fraud Specialist and Security Management.

Key activities during 2019/20 included:

- Reviewing the assurances as detailed in the Board Assurance Framework.
- Reviewing in detail the Annual Accounts for the Trust and its Charitable Fund, and considering the Annual Governance Report
- Reviewing in detail the Trust's Standing Orders, Standing Financial Instructions, Scheme of Delegation and Reservation of Powers to the Trust Board.
- Monitoring the delivery of an agreed programme of internal audit reviews, considering the findings of those reviews, and monitoring the timely and effective implementation of agreed recommendations.
- Reviewing the recommendations and action plans arising from audits with a limited assurance rating.
- Monitoring internal financial control matters, such as safeguarding of assets, the maintenance of proper accounting records and the reliability of financial information.
- Reviewing the adequacy of relevant policies, legality issues and the Codes of Conduct.
- Reviewing the policies and procedures related to Standards of Business Conduct.
- Considering the Trust's compliance with Emergency Preparedness, Resilience and Response (EPRR).

Financial reports were complete and accurate, as reflected in the External Auditor's report to those charged with Governance. The audit opinion confirms that the accounts give a 'true and fair view' of the state of the Trust's income and expenditure for the year and that they were properly prepared in accordance with the accounting policies relevant to the NHS in England.

The Quality Account will be reviewed by the Quality Governance Committee to check that this represents a balanced picture of the Trust's performance during 2019/20 and that the information reported therein was reliable and accurate. The assessment will also ensure that data underpinning the measures of performance reported in the Quality Account was robust and reliable. It should be noted that due to the current Pandemic, this will be delayed from usual timetables, in line with Governmental and Regulatory recommendation.

As the Trust's external auditor, Ernst and Young LLP independently audits the financial statements and the part of the remuneration report to be audited in accordance with relevant legal and regulatory requirements i.e. the International Financial Reporting Standards (IFRS). The Trust ensures that the external auditors' independence is not compromised by work outside the audit code by having an agreed protocol for non-audit work. Non-audit work may be performed by the Trust's external auditors

where the Audit Committee's approved procedure is followed. This ensures that all such work is properly considered, and the auditors' objectivity and independence is safeguarded.

The Quality Governance Committee

The Trust Board's Quality Governance Committee (QGC) appoints its members from the Non-Executive Directors. Membership has been realigned for 2020/21 following the Board effectiveness review.

The Quality Governance Committee is accountable to the Trust Board for assurance on quality, clinical governance frameworks, internal controls and related assurances which underpin the Trust achieving its strategic objectives. It plays a pivotal role in the assurance processes linked to the Quality Account and compliance linked with Care Quality Commission (CQC) Registration. QGC sets out to scrutinise patient safety performance, clinical performance, agree the clinical audit programme, review clinical audit findings, and monitor plans to address deviation from expected clinical performance. It also reviews patient experience feedback (such as complaints, surveys, etc.) and seeks assurance on plans to address shortcomings. QGC's work plan also includes scrutiny of the CQC standards, principally on patient safety and clinical performance and a review of the performance of the Trust's clinical risk management and health and safety regimes.

Key activities during 2019/20 included:

- Reviewing progress on the CQC inspection action plans following the 2019 inspection.
- Reviewing the Clinical Audit Plan, the Health and Safety Strategy, Safeguarding Strategies, IPC Annual report, the Annual Safeguarding Report.
- Reviewing serious incident reports, subsequent action plans and progress made with these plans.
- Monitoring performance against the Ambulance Clinical Quality Indicators.
- Monitoring the strategic risks relevant to the Committee and instigating a deep dive review of the clinical strategic risk (SR2).
- Receiving assurance on quality impact assessments for the 2019/20 cost improvement programme.
- Reviewing Infection Prevention and Control reports, monitoring progress on the resulting action plans, and approving procedural changes.
- Monitoring the Medicines Management Controlled Drugs action plan.
- Receiving and reviewing update reports in relation to Claims and Litigation cases, the Trust's policies and procedures, patient experience and education and training.

Performance and Finance Committee

The Trust Board's Performance and Finance Committee (PFC) appoints its members from the Non-Executive Directors. Membership has been realigned for 2020/21 following the Board effectiveness review. The Committee assists the Board in seeking assurance that the Trust is running to plan in relation to operational and financial performance. Key activities during 2019/20 included:

- Reviewing the Quality Cost Improvement Programme (QCIP).

- Continuing engagement in the formulation of the Recovery Plan.
- Reviewing operational performance against targets, remedial action plans and trajectories.
- Monitoring the strategic risks relevant to the Committee (SR1 and SR4).
- Reviewing and monitoring the 2019/20 commissioning contract, budget delivery within 2019/20 and budget planning for 2020/21.
- Reviewing information systems and technology projects and the risks involved in delivering them.
- Monitoring the Estates, Fleet and Make Ready Transformation Programmes.
- Monitoring implementation and delivery of the Trust's Integrated Improvement Plan
- Review and monitoring of the Capital Plan and utilisation

Remuneration and Nominations (Terms of Service) Committee

The Remuneration and Nominations Committee comprised three Non-Executive Directors including the Trust Chair and one Associate Non-Executive Director. The Committee structure and Terms of Reference were reviewed partway through the year to ensure an effective approach to remuneration process and receipt of assurance. As such the Committee now consists of all Non-Executive Directors.

The Committee is responsible for advising on the appointment and/or dismissal of the Executive Directors. The Committee is also responsible for the approval of their remuneration and terms of service and for the monitoring of their performance against delivery of organisational objectives. The Committee has met six times including extraordinary meetings during the year and has been actively involved in the following:

- Agreeing arrangements for the recruitment of the Chief Executive Officer, Chief Operating Officer, and the Director of Clinical Quality and Safety
- Reviewing plans for the alignment and structure of the Directors and the Chief Executive Officer's line management structure
- Considering the annual appraisal outcome of the Chief Executive and Executive Board members.
- Reviewing Executive Directors' remuneration, in-line with Regulatory guidance.
- Reviewing issues relating to employment tribunal cases.
- Monitoring pay related issues, including redundancy processes

Workforce Committee

The Trust Board's Workforce Committee (WFC) appoints its members from the Non-Executive Directors. Membership has been realigned for 2020/21 following the Board effectiveness review.

There has been significant improvement in the effectiveness of this committee through the financial year with monthly meetings to gain oversight. This approach has been successful, and the Committee now aligns to a bi-monthly meeting approach. Key activities during the 2019/20 financial year were as follows:

- Review, monitoring and assessment of the culture strategic risk, SR3, in addition to the principal recruitment and retention risk

- Received, reviewed, and monitoring of plans including leadership, engagement, Freedom to Speak Up and employee relations
- Review of processes including support services capacity and bank contract processes
- Monitoring of progress against the workforce plan, including the alignment of recruitment to the clinical training pipeline

Clinical Audit

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 2019/20 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 included within the Quality Account which will be published on the NHS Choices website in accordance with the regulatory framework.

The Head of Internal Audit opinion and Annual Internal Audit Programme

The Head of Internal Audit provides an opinion on the overall arrangements for gaining assurance through the BAF and on the controls reviewed as part of the internal audit work. In addition, the Trust Board is advised by auditors and assessors providing an opinion on the adequacy and effectiveness of risk management, governance and control processes, service delivery, financial management and control, human resources, operational and other review levels.

The Head of Internal Audit has provided 'Moderate Assurance' that there is a sound system of internal control, designed to meet the Trust's objectives, and that controls are being applied consistently. The following is the quoted Internal Audit Opinion, presented by the Auditor to the Trust's Audit Committee in May 2020:

The role of internal audit is to provide an opinion to the Board, through the Audit Committee (AC), on the adequacy and effectiveness of the internal control system to ensure the achievement of the organisation's objectives in the areas reviewed.

The annual report from internal audit provides an overall opinion on the adequacy and effectiveness of the organisation's risk management, control, and governance processes, within the scope of work undertaken by our firm as outsourced providers of the internal audit service. It also summarises the activities of internal audit for the period.

The basis for forming my opinion is as follows:

- *An assessment of the design and operation of the underpinning Assurance Framework and supporting processes*

- *An assessment of the range of individual opinions arising from risk-based audit assignments contained within internal audit risk-based plans that have been reported throughout the year*
- *This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses*
- *Any reliance that is being placed upon third party assurances.*

Overall, we can provide moderate assurance that there is a sound system of internal control designed to meet the Trust's objectives and that controls are being applied consistently. In forming our view, we have taken into account that:

- *The Trust have had a challenging year, including a rating of requires improvement from the CQC and a deficit estimated of £7.7m against an original budget of £1m deficit (£3.2m underlying). The CQC rating included outstanding for caring and good for responsiveness but inadequate for well led. A number of improvements have been made to the governance of the Trust and our reports suggest these are having a positive impact.*
- *In respect of the design of the controls, an assurance opinion of substantial assurance was provided for one and moderate assurance was provided for eight out of the nine assurance audits*
- *In respect of the operational effectiveness of the controls, an assurance opinion of substantial assurance was provided for one, moderate assurance was provided for six and limited assurance was provided for two out of the nine assurance audits. Procurement was one of these and has been a consistent area of concern during our time as internal auditors.*
- *Three audits were deferred by the Trust; therefore, the full breadth of assurances could not be provided, which included the key risk area of recruitment.*
- *Management has responded positively to reports issued and action plans have been developed to address the recommendations raised*
- *We have confirmed that 84% of recommendations due for implementation had been completed by the end 2019/20.*

Our annual report and head of internal audit opinion has been prepared based on the audit work undertaken during the year. Whilst there are four reports currently in draft and an audit in progress, these would not have any impact upon the overall annual opinions.

Actions Taken to Address Internal Control Issues

The key challenges the Trust faced throughout 2019/20 were:

- Operational capacity to meet demand and performance requirements.
- Rate of the clinical workforce growth required
- Emergency department arrival to handover delays.
- Financial balance whilst undertaking the significant transformation required

The Trust undertook several significant actions to mitigate these internal control issues, which are outlined throughout this statement. However, a summary of key actions taken include:

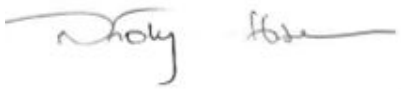
- Workforce plan in situ for three years and progressing, with greater clarity on the pipeline from recruitment through to clinical training and out into operations. This has included clear ownership of local recruitment plans
- Close partnership working with providers, regulators and commissioners including the implementation of the handover escalation protocol
- Implementation of the Building Better Rotas project to improve operational capacity and improve performance
- Establishment of the Recovery Plan to drive a focussed improvement plan through Quality Cost Improvement Programmes, to bring financial stability and sustainability that supports the delivery of a safe service to patients and the public

As with all NHS organisations, the single biggest risk to delivery of strategic objectives in quarter four, progressing into the new financial year will be the impact of the Covid-19 pandemic. This has brought unprecedented requirements for resourcing and capacity to care for patients, combined with reductions in the usual workforce due to self-isolation and sickness. This impacts on the Trust's ability to progress in accordance with the plans initially established and will result in a review and realignment of priorities once the situation moves to the recovery phase of the pandemic. At present the Trust has established a strategic intent and clear governance framework to support management of the crisis and to ensure that business critical functions continue wherever possible.

Conclusion

Based on the information above, no significant internal control issues have been identified. Recruitment and improvement in retention to meet the clinical workforce capacity gap remains the organisation's significant issue at the end of the financial year, with clear plans in place to continue to address this, as outlined in the paragraph above.

As outlined in the previous paragraph, the external threat and impact of the pandemic will test the internal controls in place and will affect the pace with which the Trust's strategic objectives can be delivered; this is an impact all healthcare providers will face in the 2020/21 year.



Dorothy Hosein

Chief Executive Date: 23rd June 2020

Remuneration and Staff 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 their 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 required is approximately three days per week for chairs and two-and-a-half days per month for non-executive directors.

To determine an executive director's salary level, the Remuneration Committee used one or more of the following independent benchmarking comparative data during the financial year: 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. The performance of senior managers is assessed by performance against objectives. Executive directors have permanent employment contracts with termination periods of six months. The exception to this policy is by agreement of the Remuneration Committee.

Reporting of Other Compensation Schemes – Exit Packages

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

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

Salary and Pension Entitlement of the Board

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

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

Staff Report

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

Name	Title	2019-20						2018-19					
		(a)	(b)	(c)	(d)	(e)	(f)	(a)	(b)	(c)	(d)	(e)	(f)
		Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)
Senior Managers in post at 31 March 2020													
Nicola Scrivings	Trust Chair	10-15	NIL	NIL	NIL	NIL	10-15	NIL	NIL	NIL	NIL	NIL	NIL
Wendy Thomas	NED	5-10	NIL	NIL	NIL	NIL	5-10	NIL	NIL	NIL	NIL	NIL	NIL
Tom Spink	NED	5-10	NIL	NIL	NIL	NIL	5-10	5-10	NIL	NIL	NIL	NIL	5-10
Carolan Davidge	NED	5-10	NIL	NIL	NIL	NIL	5-10	NIL	NIL	NIL	NIL	NIL	NIL
Lizzie Firman	NED	5-10	NIL	NIL	NIL	NIL	5-10	5-10	NIL	NIL	NIL	NIL	5-10
Ravi Mahendra	NED	5-10	NIL	NIL	NIL	NIL	5-10	5-10	NIL	NIL	NIL	NIL	5-10
Neville Hounsome	Associate NED	5-10	NIL	NIL	NIL	NIL	5-10	NIL	NIL	NIL	NIL	NIL	NIL
Alison Wigg	Associate NED/ NED ***	5-10	NIL	NIL	NIL	NIL	5-10	5-10	NIL	NIL	NIL	NIL	5-10
Dorothy Hosein	Chief Executive	165-170	5900	NIL	NIL	NIL	170-175	65-70	1300	NIL	NIL	NIL	65-70
Dr Tom Davis	Medical Director	130-135	7000	NIL	NIL	22.5-25	160-165	135-140	4500	NIL	NIL	62.5-65	140-145
Marcus Bailey	Chief Operating Officer	130-135	4800	NIL	NIL	310-312.5	450-455	15-20	NIL	NIL	NIL	*	15-20
Kevin Smith	Director of Finance & Commissioning	115-120	6100	NIL	NIL	0	120-125	115-120	5600	NIL	NIL	60-62.5	180-185
John Syson	Interim Director of Workforce	10-15	NIL	NIL	NIL			NIL	NIL	NIL	NIL	NIL	NIL
Senior Managers who left the Trust Board in 2019-20													
Lindsey Stafford-Scott	Director of People & Culture	100-105	1600	NIL	NIL	32.5-35	135-140	130-135 **	5800	NIL	NIL	25-27.5	160-165
Wayne Bartlett-Syree	Director of Strategy and Sustainability	35-40	2300	NIL	NIL	52.5-55	90-95	110-115 **	5300	NIL	NIL	35-37.5	125-130
Yasmin Rafiq	Interim Director of People and Culture	65-70	NIL	NIL	NIL	15-17.5	80-85	NIL	NIL	NIL	NIL	NIL	NIL
Tracy Nicolls	Director of Clinical Quality & Improvement	75-80	5200	NIL	NIL	25-27.5	110-115	95-100	1300	NIL	NIL	*	95-100
Gillian Hooper	Interim Director of Clinical Quality and Improvement	35-40	NIL	NIL	NIL	NIL	35-40	NIL	NIL	NIL	NIL	NIL	NIL
Nigel Beverley	Interim Chair	5-10	NIL	NIL	NIL	NIL	5-10	NIL	NIL	NIL	NIL	NIL	NIL
Sarah Boulton	Chair	5-10	NIL	NIL	NIL	NIL	5-10	35-40	NIL	NIL	NIL	NIL	35-40
Peter Kara	NED	0-5	NIL	NIL	NIL	NIL	0-5	5-10	NIL	NIL	NIL	NIL	5-10
Andrew Egerton-Smith	Associate NED	0-5	NIL	NIL	NIL	NIL	0-5	0-5	NIL	NIL	NIL	NIL	0-5
Robert Morton	Chief Executive	NIL	NIL	NIL	NIL	NIL	NIL	140-145	1200	NIL	NIL	35-37.5	175-180
Alexander Brown	Director of Nursing & Clinical Quality	NIL	NIL	NIL	NIL	NIL	NIL	5-10	NIL	NIL	NIL	NIL	5-10
Kevin Brown	Director of Service Delivery	NIL	NIL	NIL	NIL	NIL	NIL	125-130	8100	NIL	NIL	100-102.5	230-235
Mike Burrows	Associate NED	NIL	NIL	NIL	NIL	NIL	NIL	0-5	NIL	NIL	NIL	NIL	0-5
Tony McLean	NED	NIL	NIL	NIL	NIL	NIL	NIL	0-5	NIL	NIL	NIL	NIL	0-5

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.

Yasmin Rafiq, Interim Director of People and Culture, invoiced fees, and travel expenses of £21,285 to the Trust through Appono Limited prior to being employed by the Trust.

Gillian Hooper, Interim Director of Clinical Quality and improvement, invoiced fees, and travel expenses of £7,346 to the Trust through HealthHelp Limited prior to being a Director of the Trust.

John Syson is on secondment to the East of England Ambulance Service NHS Trust from the Royal Papworth Hospital NHS Foundation Trust.

* Pension information not available at the time of publication
** Figures restated for back dated pay.
*** Alison Wigg was appointed to Non-Executive Director from January 2020.

The following senior managers served for part of the financial year 2019/20:

Nicola Scrivings	Appointed to Trust Board on 18th November 2019	Nigel Beverley	Left the Trust Board on 17th November 2019
Wendy Thomas	Appointed to Trust Board on 4th July 2019	Sarah Bolton	Left the Trust Board on 30th June 2019
Ravi Mahendra	Appointed to Trust Board on 1st May 2019	Ravi Mahendra	Left the Trust Board on 6th February 2020
Carolan Davidge	Appointed to Trust Board on 4th July 2019	Peter Kara	Left the Trust Board on 1st June 2019
Neville Hounsome	Appointed to Trust Board on 10th July 2019	Andrew Egerton-Smith	Left the Trust Board on 10th July 2019
Gillian Hooper	Appointed to Trust Board on 19th November 2019	Gillian Hooper	Left the Trust Board on 26th February 2020
Yasmin Rafiq	Appointed to Trust Board on 10th July 2019	Yasmin Rafiq	Left the Trust Board on 30th November 2019
John Syson	Appointed to Trust Board on 24th February 2020	Tracy Nicholls	Left the Trust Board on 22nd November 2019
		Lindsey Stafford-Scott	Left the Trust Board on 4th July 2019
		Wayne Bartlett-Syree	Left the Trust Board on 18th August 2019

Salary and Pension entitlements of senior managers - subject to audit

Pension Benefits **2019-20**

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 2020 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2019 £'000	Real increase in Cash Equivalent Transfer Value £'000	Cash Equivalent Transfer Value at 31 March 2020 £'000	Employer's contribution to stakeholder pension £'000
Chief Executive	Dorothy Hosein	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Interim Director of People and Culture	Yasmin Rafiq	0-2.5	0	0-5	0	0	11	11	NIL
Director of Finance & Commissioning	Kevin Smith	0-2.5	0	55-60	85-90	867	28	895	NIL
Director of Strategy and Sustainability	Wayne Bartlett-Syree	2.5-5	2.5-5	20-30	55-60	374	45	419	NIL
Director of Clinical Quality & Improvement	Tracy Nicholls	0-2.5	0-2.5	35-40	90-95	732	45	777	NIL
Chief Operating Officer	Marcus Bailey	12.5-15	33.5-36	35-40	90-95	363	236	599	NIL
Director of People & Culture	Lindsey Stafford-Scott	0-2.5	0	5-10	0	65	24	89	NIL
Medical Director	Dr Tom Davis	0-2.5	0-2.5	15-20	30-35	248	23	271	NIL

As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive members.
The pensions have been subject to external audit review and deemed to be correct

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

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

Fair Pay Disclosures

East of England Ambulance NHS Trust
Annual Report 2019-20

Fair Pay Disclosures - subject to audit

	2019-20	2018-19
Band of Highest Paid Director's Total Remuneration (Bands of £5,000) £'000	170-175	140-145
Median Total Remuneration £'s	32,801	30,326
Ratio	5.26	4.70

NHS Trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisations' workforce. There is no change to the highest paid director compared to 2018/19.

The banded remuneration of the highest-paid director in the organisation in the financial year 2019-20 was £170k-175k (2018-19 £140k-145k) . This banding is 5.26 times (2018-19 4.70 times) the median remuneration of the workforce, which was £32,801 (2018-19 £30,326).

In 2019-20 nil (2018-19 nil) permanent employees received remuneration in excess of the highest paid director however two specialist temporary contractors annualised rates exceed the highest paid director's pay. Remuneration ranged from £11k to £200k (2018-19: £7 to £222k).

The change in the median salary value is attributable to the National Pay award ratified at NHS Staff Council on 27 June 2018, which has changed the composition of salaries, and the annual increment drift of staff pay as salaries move up the pay scale annually.

Total remuneration includes salary, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cost equivalent transfer values of pensions.

Agency and Consultancy staff are included on the basis of those occupying a vacant post as at 31st March 2020. These agency costs are annualised based on the expenditure on that individual in the week ending 31st March 2020, less an agency commission fee of 5%.

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Annual Report 2019-20

Staff Report - subject to audit

Senior Managers

	Number Employed	
Pay Band	**2019-20**	**2018-19**
Executive Directors	11	8
Agenda for change Band 9	2	2
	13	10

The number of Senior Managers listed above by pay band, include individuals who occupied a Senior Manager post for all or part of the financial year.

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

Staff Numbers

	2019-20			2018-19
	Total Number	**Permanently employed Number**	**Other Number**	Total Number
Average Staff Numbers				
Medical and dental	1	**1**	**-**	1
Ambulance staff	2,284	**2,256**	**28**	2,278
Administration and estates	746	**703**	**43**	584
Healthcare assistants and other support staff	1,859	**1,849**	**10**	1,714
Nursing, midwifery and health visiting staff	13	**13**	**-**	16
Nursing, midwifery and health visiting learners	-	**-**	**-**	-
Scientific, therapeutic and technical staff	1	**-**	**1**	-
Social Care Staff	4	**3**	**1**	3
Healthcare Science Staff	-	**-**	**-**	-
Other	6	**-**	**6**	-
TOTAL	**4,914**	**4,825**	**89**	**4,596**

Of the above - staff engaged on capital projects	**0**	0	0	0

Staff Costs

	2019-20			2018-19		
	Total	**Permanently employed**	**Other**	Total	Permanently employed	Other
	£000s	**£000s**	**£000s**	£000s	£000s	£000s
Salaries and wages	**181,463**	177,671	3,792	168,347	166,200	2,147
Social security costs	**17,987**	17,987	0	16,824	16,824	0
Apprenticeship Levy costs	**865**	865	0	802	802	0
Employer Contributions to NHS BSA - Pensions Division	**30,928**	30,928	0	19,871	19,871	0
Other pension costs	**38**	38	0	22	22	0
Termination benefits	**0**	0	0	387	387	0
Total employee benefits	**231,281**	**227,489**	**3,792**	206,253	203,719	2,147
Employee costs capitalised	**0**	0	0	0	0	0
Gross Employee Benefits excluding capitalised costs	**231,281**	**227,489**	**3,792**	206,253	203,719	2,147

East of England Ambulance
NHS Trust

Annual Report 2019-20

Compensation and exit packages- subject to audit

Reporting of other compensation schemes - exit packages 2019-20

Exit package cost band (including any special payment element)	*Number of compulsory redundancies WHOLE NUMBERS ONLY	*Cost of compulsory redundancies £s	Number of other departures agreed WHOLE NUMBERS ONLY	Cost of other departures agreed £s	Total number of exit packages WHOLE NUMBERS ONLY	Total cost of exit packages £s	Number of departures where special payments have been made WHOLE NUMBERS ONLY	Cost of special payment element included in exit packages £s
Less than £10,000								
£10,000 - £25,000								
£25,001 - £50,000								
£50,001 - £100,000			1	67,098		67,098		
£100,001 - £150,000								
£150,001 - £200,000								
>£200,000								
Total	**0**	**0**	**0**	**67,098**	**0**	**67,098**	**0**	**0**

Compulsory redundancies arise from the reorganisation of operational and corporate positions during the year. Other agreed departures relate solely to the payment of contractual notice agreed.

Reporting of other compensation schemes - exit packages 2018-19

Exit package cost band (including any special payment element)	*Number of compulsory redundancies Number	*Cost of compulsory redundancies £s	Number of other departures agreed Number	Cost of other departures agreed £s	Total number of exit packages Number	Total cost of exit packages £s	Number of departures where special payments have been made Number	Cost of special payment element included in exit packages £s
Less than £10,000								
£10,001 - £25,000								
£25,001 - £50,000								
£50,001 - £100,000	1	86,667	1	63,835		150,502		
£100,001 - £150,000	1	140,000				140,000		
£150,001 - £200,000	1	160,000				160,000		
>£200,000								
Total		**386,667**	**0**	**63,835**	**0**	**450,502**	**0**	**0**

Other Exit Packages 2019-20

Other Exit packages - disclosures (Exclude Compulsory Redundancies)	Number of exit package agreements Number	Total Value of agreements £000s	2018/19 Number of exit package agreements Number	2018/19 Total Value of agreements £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	1	67	1	64
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non contractual payments requiring HMT approval *	0	0	0	0
Total	**1**	**67**	**1**	**64**
Non-contractual payments 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.

Off-Payroll Engagements Note

Table 1: Off-payroll engagements longer than 6 months

For all off-payroll engagements as of 31 March 2020, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2019	0
Of which, the number that have existed:	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	0
for between two and three years at the time of reporting	0
for between three and four years at the time of reporting	0
for four or more years at the time of reporting	0

Table 2: New Off-payroll engagements

all new off-payroll engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020, for more than £245 per day and that last for longer than six months

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020.	0
Of which, the number that have been:	0
assessed as caught by IR35	0
assessed as not caught by IR35	0
engaged directly (via PSC contracted to department) and are on the departmental payroll	0
engagements reassessed for consistency / assurance purposes during the year.	0
engagements that saw a change to IR35 status following the consistency review	0

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

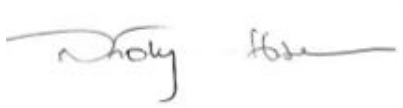
Table 3: Off-payroll board member/senior official engagements

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020:

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*	27

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

I can confirm that the accountability report, incorporating the corporate governance statement, the remuneration and staff report, annual governance statement, the annual financial statements and audit report have been prepared in adherence to the reporting framework.



Dorothy Hosein
Chief Executive

East of England Ambulance Service NHS Trust

Annual accounts for the year ended 31 March 2020

Contents page for the Annual Accounts

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, 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;

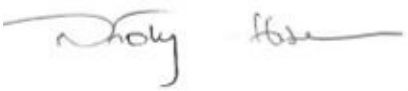
· the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;

· 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.



Dorothy Hosein
Chief Executive Officer

22 June 2020

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;

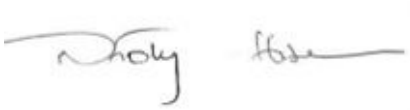
· state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts; and

· 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



Dorothy Hosein
Chief Executive Officer

22 June 2020

Kevin Smith
Director of Finance and Commissioning

22 June 2020

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 2020 under the Local Audit and Accountability Act 2014. The financial statements comprise the Trust's Statement of Comprehensive Income, the Trust Statement of Financial Position, the Trust Statement of Changes in Taxpayers' Equity, the Trust Statement of Cash Flows and the related notes 1 to 32. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the 2019/20 HM Treasury's Financial Reporting Manual (the 2019/20 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2019/20 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 (the Accounts Direction).

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 2020 and of its expenditure and income for the year then ended; and
- have been prepared properly in accordance with the National Health Service Act 2006 and the Accounts Directions issued thereunder.

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 below. 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 (C&AG) 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.

Emphasis of matter – Disclosures in relation to the effects of COVID-19 and Property Plant and Equipment valuation

We draw attention to Note 1.2 and Note 27 of the financial statements, which describes the Financial and operational consequences the Trust is facing as a result of COVID-19 which is impacting patient demand, personnel available for work and being able to access offices. Our opinion is not modified in respect of this matter.

We also draw attention to Note 1.24 Sources of estimation uncertainty and Note 13 Revaluations of property, plant and equipment of the financial statements, which describes the valuation uncertainty the Trust is facing as a result of COVID-19 in relation to property valuations. Our opinion is not modified in respect of this matter.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the directors use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The other information comprises the information included in the annual report on pages 1 to 86, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information.

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.

In connection with our audit of the financial statements, 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 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 or a material misstatement of the other information. 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 Health Services Act 2006

In our opinion the part of the Remuneration and Staff Report to be audited has been properly prepared in accordance with the Health Services Act 2006 and the Accounts Directions issued thereunder.

Matters on which we are required to report by exception

We are required to report to you if:

- in our opinion the governance statement does not comply with the NHS Improvement's guidance; or
- 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; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014; or

- we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

We have nothing to report in these respects

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. In preparing the financial statements, the Accountable Officer is 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 the Accountable Officer either intends to cease operations, 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, the Accountable Officer is responsible 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.

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, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in April 2020, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion 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 2020.

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(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Section 21(5)(b) of the Local Audit and Accountability Act 2014 requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.

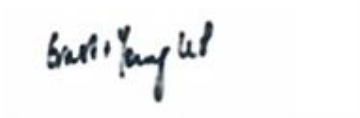
We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

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 and the Code of Audit Practice.

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 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.



Janet Dawson (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
London
24 June 2020

Statement of Comprehensive Income

	Note	2019/20 £000	2018/19 £000
Operating income from patient care activities	2	306,930	277,026
Other operating income	3	17,241	4,714
Operating expenses	4, 5	(323,041)	(283,028)
Operating deficit from continuing operations		**1,130**	**(1,288)**
Finance income	8	93	100
Finance expenses	9	24	(17)
PDC dividends payable		(969)	(887)
Net finance costs		**(852)**	**(804)**
Other gains / (losses)	10	(228)	21
Surplus/ (deficit) for the year from continuing operations		**50**	**(2,071)**
Surplus/ (deficit) for the year		**50**	**(2,071)**
Total comprehensive expense for the period		**50**	**(2,071)**

Statement of Financial Position

	Note	31 March 2020 £000	31 March 2019 £000
Non-current assets			
Intangible assets	11	2,736	490
Property, plant and equipment	12	56,286	55,680
Investment property	14	700	980
Total non-current assets		**59,722**	**57,150**
Current assets			
Inventories	16	1,405	1,371
Receivables	17	27,934	17,052
Non-current assets for sale and assets in disposal groups	18	335	-
Cash and cash equivalents	19	10,918	16,587
Total current assets		**40,592**	**35,010**
Current liabilities			
Trade and other payables	20	(35,947)	(33,832)
Provisions	21	(6,976)	(3,971)
Total current liabilities		**(42,923)**	**(37,803)**
Total assets less current liabilities		**57,391**	**54,357**
Non-current liabilities			
Provisions	21	(5,740)	(5,486)
Total non-current liabilities		**(5,740)**	**(5,486)**
Total assets employed		**51,651**	**48,871**
Financed by			
Public dividend capital		74,191	71,461
Revaluation reserve		3,925	3,925
Other reserves		(1,413)	(1,413)
Income and expenditure reserve		(25,052)	(25,102)
Total taxpayers' equity		**51,651**	**48,871**

The notes on pages 13 to 48 form part of these accounts.

Dorothy Hosein
Chief Executive Officer
22 June 2020

Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**71,461**	**3,925**	**(1,413)**	**(25,102)**	**48,871**
Surplus/(deficit) for the year	-	-	-	50	**50**
Public dividend capital received	2,730	-	-	-	**2,730**
Other movements in public dividend capital in year	-	-	-	-	**-**
Other reserve movements	-	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2020	**74,191**	**3,925**	**(1,413)**	**(25,052)**	**51,651**

Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**64,831**	**3,926**	**(1,413)**	**(23,032)**	**44,312**
Deficit for the year	-	-	-	(2,071)	**(2,071)**
Transfer to retained earnings on disposal of assets	-	(1)	-	1	**-**
Public dividend capital received	6,630	-	-	-	**6,630**
Taxpayers' and others' equity at 31 March 2019	**71,461**	**3,925**	**(1,413)**	**(25,102)**	**48,871**

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	2019/20 £000	2018/19 £000
Cash flows from operating activities			
Operating surplus/ (deficit)		1,130	(1,288)
Non-cash income and expense:			
Depreciation and amortisation	4.1	6,204	5,761
(Increase) / decrease in receivables and other assets		(10,518)	3,386
(Increase) / decrease in inventories		(34)	(317)
Increase / (decrease) in payables and other liabilities		3,555	(410)
Increase / (decrease) in provisions		3,285	1,727
Net cash flows from / (used in) operating activities		**3,622**	**8,859**
Cash flows from investing activities			
Interest received		93	100
Purchase of intangible assets		(46)	(58)
Purchase of PPE and investment property		(10,981)	(7,365)
Sales of PPE and investment property		235	20
Net cash flows from / (used in) investing activities		**(10,699)**	**(7,303)**
Cash flows from financing activities			
Public dividend capital received		2,730	6,630
PDC dividend (paid) / refunded		(1,322)	(743)
Net cash flows from / (used in) financing activities		**1,408**	**5,887**
Increase / (decrease) in cash and cash equivalents		**(5,669)**	**7,443**
Cash and cash equivalents at 1 April - brought forward		**16,587**	**9,144**
Cash and cash equivalents at 31 March	19	**10,918**	**16,587**

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 2019/20 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.

The financial statements are presented in sterling and all values rounded to the nearest thousand pounds (£000) unless otherwise indicated. The functional currency of the Trust is sterling and all transactions including those with overseas suppliers are undertaken in sterling amounts.

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.

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 key factors supporting this assumption are set out below.

In line with NHS specific considerations for going concern, all the operations of the Trust are considered to be continuing operations with no plans made or directions received for the provisions of service derived from operational activities of the Trust to either cease or be transferred to another organisation.

At the time of preparation of the financial statements the COVID-19 pandemic is ongoing and has resulted in the temporary suspension of contracting arrangements for 20/21 between CCGs and the Trust, with funding for the Trust's services being settled by a block contract paid monthly and in advance at a sustainable value determined by NHS England. As a key provider of front line emergency health care services significant additional expenditure is being incurred by the Trust on resources in staffing, temporary staffing, patient transport and consumable supplies, such as personal protective equipment. In the financial year 20/21 where these levels of expenditure exceed the block contract values, further funding has been received by NHS England under a "top-up" regime to ensure Trusts break even. As such assurance is taken that national NHS arrangements are in place to ensure expenditure incurred in the financial year ended 31 March 2021 and beyond in relation to the COVID-19 response will be funded and not result in financial distress or risks to going concern.

The Government has issued a mandate to NHS England for the continued provision of services in England in 2020/21 setting out that NHS Providers can therefore continue to expect NHS funding to flow at similar levels to that previously provided where services are reasonably still expected to be commissioned. While mechanisms for contracting and payment are not definitively in place, it is clear that NHS services will continue to be funded, and government funding is in place for this. While there is uncertainty on the duration of the COVID-19 pandemic, arrangements in place across the NHS and as described here are believed to ensure the Trust remains sustainably funded both and a going concern for the foreseeable future.

Financial Governance arrangements in place within the Trust support the appropriate planning, forecasting and management of finances, as established through the Standing Orders, the Standing Financial Instructions and Scheme of Delegation, all of which has been reviewed and approved by the Trust board in March 2020. 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 challenge.

Note 1.2 Going concern continued

Detailed cashflow forecasting has been performed reflecting scenarios for the expected duration and values of the block contract arrangements during 2020/21 with a return to NHS Provider and CCG contracting at values in draft plans. The key assumptions in these scenarios are that existing block -contract and top up arrangements described above continue at the values providing for a break even financial performance during their continued operation which is assumed to be until at least September 2020, with contracting after this point covering to a break even level the staff and non-staff costs of service provision. Inflationary cost factors after March 2021 on pay and non-pay costs are anticipated to be matched by inflatory increases to funding in the 2021/22 financial year. From forecasting the Trust will be able to maintain a positive cashflow across 2020-21, not require any long term financial support to achieve a positive cashflow and be able to pay its creditors across 2020-21 as they fall due. Trust management expect these conditions to be met in 2020-21 and continue beyond that period for the foreseeable future.
DHSC has made available Public Dividend Capital funding streams for support in the short-term and long-term for NHS Providers with exceptional needs or who are in financial distress. While the Trust is not forecast to require this support, assurance is to be taken from its availability that adverse financial challenges could be endured.

Note 1.3 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.

The Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF) enables NHS providers to earn income linked to the achievement of financial controls and performance targets. Access to both funds is unlocked as NHS providers and regional health economies meet their financial control totals. At each quarter funding will be released upon achievement of the financial control total. As PSF or FRF payment is based on performance in the quarter to the agreed control totals and operational standards, a reassessment of the variable consideration is undertaken once management information develops sufficient evidence that performance targets are achieved and income accrued for the PSF or FRF revenue. PSF and FRF payments are made by NHS England. Payments for the first three quarters of the financial year will be made in arrears, based on actual performance, with payment for the final quarter expected to be made after submission of final accounts.
At the financial year end the Trust has been notified of indicative 2019/20 year-end PSF and FRF values awarded as a result of health system level performance achievement, such that deficit reduction payment of £11.456 million has been recognised as disclosed in note 3 and as a contract receivable in note 17.1. On 22 May 2020 the Trust received payment of £11.456m as an indicative payment on draft accounts positions submitted to NHS England/Improvements.

Note 1.3 Revenue from contracts with customers continued
Revenue from NHS contracts
The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

As per paragraph 121 of the Standard the Trust does not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less. The GAM does not require the Trust to disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

Note 1.4 Other 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.

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.

The Trust received central funding from the Department of Health and Social Care for the 2018/19 cost effect of the Agenda for Change (AfC) multi-year pay and contract reform deal. The funding is fully recognised as income in 2018/19 reflecting the consumption of benefit, and is disclosed in Note 2.1 as "Agenda for Change pay award central funding"

Other income
The Trust operate other income generating schemes, including the provision of education and training services.
Income in respect of these non-patient care activities are recognised when the performance of the agreed upon service is delivered measured at the fair value of the consideration receivable.

Note 1.5 Expenditure on employee benefits continued

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 1.6 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 1.7 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.

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 1.7 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:

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

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.

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 are not depreciated until the asset is brought into use.

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 in "net impairments".

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.

Note 1.7 Property, plant and equipment continued

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met.

• the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
• the sale must be highly probable ie:
- management are committed to a plan to sell the asset
- an active programme has begun to find a buyer and complete the sale
- the asset is being actively marketed at a reasonable price
- the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
- the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

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. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

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

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
Buildings, excluding dwellings	3	60
Plant & machinery	5	20
Transport equipment	5	7
Information technology	3	10
Furniture & fittings	5	20

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.8 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.

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 of intangible assets

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

	Min life Years	Max life Years
Software licences	3	10

Note 1.9 Inventories

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

Note 1.10 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 1.11 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 1.12 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 and financial liabilities at amortised cost
Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and

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.

The Trust has no financial assets or liabilities acquired principally for the purpose of selling in the short term (held for trading), or derivatives. as such the Trust has no financial assets or financial liabilities at fair value through income and expenditure. The Trust has no financial assets measured at fair value through other comprehensive income

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 1.13 Leases

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.

The trust as a lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The trust as a lessor

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

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

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2020:

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.5% in real terms.

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 21.2 but is not recognised in the Trust’s accounts.

Note 1.15 Provisions
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 1.16 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 22 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 22, 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 1.17 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.

At any time, 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, except for
(i) donated and grant funded assets,
(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
(iii) any PDC dividend balance receivable or payable.

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 1.18 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 1.19 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, if held they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*. At 31 March 2020: £0 (31 March 2019: £0)

Note 1.20 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 1.21 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

Note 1.22 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases
IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

HM Treasury revised the implementation date for IFRS 16 in the UK public sector to 1 April 2021 on 19 March 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity from April 2021 and beyond, a quantification of the expected impact of applying the standard in 2021/22 is currently impracticable. However, the trust does expect this standard to have a material impact on the gross non-current assets and liabilities of the Trust from the recognition of right to use assets and lease liabilities in the statement of financial position. The classification of expenditure will change from lease expense to a charge to depreciate the right of use asset, and interest charge from the present valuing of the lease liability over time. The timing of expenditure recognition is expected to change as a result of this, going from an even straight-line recognition of operating lease expense, to an increased overall charge in the initial years of the lease which decreases over the years of the lease as the lease liability and consequential interest charge decrease.

Note 1.23 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:

Leases classification
Determining whether a lease agreement is a finance lease or an operating lease requires judgement as to whether the agreement transfers substantially all the risks and rewards of ownership to the Trust. Judgement is required on various aspects that include, but are not limited to, the fair value of the leased asset, the economic life of the leased asset, whether or not to include renewal options in the lease term, and determining an appropriate discount rate to calculate the present value of the minimum lease payments.

Classification as a finance lease means the asset is recognised in the statement of financial position as property, plant, and equipment, whereas for an operating lease no such asset is recognised. The Trust has exercised its judgement on the appropriate classification of property and equipment leases, and has determined all lease arrangements are operating leases.

Note 1.24 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 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 2020 is that market values have not moved sufficiently to require a full revaluation since the last revaluation performed 31 March 2018. The Trust have considered the 31 March 2020 assessment for material uncertainty arising from the developing economic impact of the COVID-19 pandemic as relevant to property valuation inputs, while this is noted as a factor reducing certainty on property valuations this is not considered a material uncertainty at 31 March 2020 and is addressed in note 13.

Useful economic lives of assets: The reported amounts for depreciation of property, plant and equipment and amortisation of non-current intangible assets can be materially affected by the judgements exercised in determining their estimated economic lives. The estimated economic lives are disclosed in note 1.7 and the carrying values of property, plant and equipment and intangible assets in notes 12 and 11 respectively. Assessing the appropriateness of useful life estimates requires the Trust to consider a number of factors such as the physical condition of the asset, expected period of use of the asset by the Trust, and expected disposal proceeds from the future sale of the asset. An incorrect estimate of the useful life or residual value will affect the depreciable amount of an asset, therefore affecting the depreciation expense recognised in the surplus or deficit and the asset’s carrying amount. The Trust minimises the risk of this estimation uncertainty by:

- Physical inspection of assets
- Asset-replacement programmes
- Analysis of prior asset sales.

The Trust has not made significant changes to past assumptions concerning useful lives and residual values.

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 21.1. A discount rate of minus 0.5% (2018/19: 0.29%) has been used to estimate the present value of provisions.

Annual Leave Accrual
The accrual is based on management's estimation of untaken leave as at 31 March 2020. The carrying value of the accrual is £3.17m (2019: £2.9m) within Note 20 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 1.3

Note 2.1 Income from patient care activities (by nature)

	2019/20 £000	2018/19 £000
Ambulance services		
A & E income	269,498	245,752
Patient transport services income	22,728	21,185
Other income	4,033	6,949
All services		
Agenda for Change pay award central funding (2018/19 only)	-	3,140
Additional pension contribution central funding	9,383	-
Other patient income related to COVID19	1,288	-
Total income from activities	**306,930**	**277,026**

Additional Pension contribution funding has been notionally recognised in 2019/20 to reflect the settlement on the Trust's behalf by NHS England of the increased employer pension contributions arising in 2019/20.

Other patient income related to the Trust's response to COVID-19 funded by NHS England is recongised in 2019/20.

Note 2.2 Income from patient care activities (by source)

Income from patient care activities received from:	2019/20 £000	2018/19 £000
NHS England	11,356	651
Clinical commissioning groups	291,348	269,125
Department of Health and Social Care	123	3,236
Other NHS providers	1,034	1,129
NHS other	346	200
Local authorities	41	56
Injury cost recovery scheme	652	696
Non NHS: other	2,030	1,933
Total income from activities	**306,930**	**277,026**

The Trust has only one reporting segment which is the provision of ambulance response and transportation services.

Note 3 Other operating income

	2019/20 £000	2018/19 £000
Education and training	3,537	2,137
Provider sustainability fund (PSF)	787	1,566
Financial recovery fund (FRF)	11,456	-
Rental revenue from operating leases	357	416
Other income	1,104	595
Total other operating income	**17,241**	**4,714**

All rental revenue is received from contracts.

Note 4.1 Operating expenses

	2019/20	2018/19
	£000	£000
Staff and executive directors costs	231,281	205,866
Remuneration of non-executive directors	83	80
Supplies and services - clinical (excluding drugs costs)	7,354	4,552
Supplies and services - general	3,208	2,912
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,350	1,085
Consultancy costs	2,059	493
Establishment	9,129	6,560
Premises	5,032	4,442
Transport (including patient travel)	28,946	25,421
Depreciation on property, plant and equipment	6,078	5,653
Amortisation on intangible assets	126	108
Movement in credit loss allowance: contract receivables / contract assets	358	-
Movement in credit loss allowance: all other receivables and investments	195	85
Change in provisions discount rate(s)	422	-
Audit fees payable to the external auditor		
audit services- statutory audit	84	73
other auditor remuneration (external auditor only)	-	-
Internal audit costs	65	74
Clinical negligence	1,890	1,469
Legal fees	812	809
Insurance	3,081	2,407
Education and training	2,008	1,627
Rentals under operating leases	16,280	16,315
Redundancy	-	387
Losses, ex gratia & special payments	203	122
Other	2,997	2,488
Total	**323,041**	**283,028**

Note 4.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2m (2018/19: £2m).

Note 5 Employee benefits

	2019/20 Total £000	2018/19 Total £000
Salaries and wages	177,671	166,587
Social security costs	17,987	16,824
Apprenticeship levy	865	802
Employer's contributions to NHS pensions	30,928	19,871
Pension cost - other	38	22
Temporary staff (including agency)	3,792	2,147
Total gross staff costs	**231,281**	**206,253**
Recoveries in respect of seconded staff	-	-
Total staff costs	**231,281**	**206,253**
As split for operating expenditure note 4.1		
Staff and executive directors costs	231,281	205,866
Redundancy	-	387
	231,281	206,253

Employer pension contributions have 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 £9.383 million have been recongised.

Note 5.1 Retirements due to ill-health

During 2019/20 there were 5 early retirements from the trust agreed on the grounds of ill-health (10 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £182k (£850k in 2018/19).

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

Note 6 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 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 2020, is based on valuation data as at 31 March 2019, updated to 31 March 2020 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.

Note 6 Pension costs continued

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 at 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 7 Operating leases

Note 7.1 East of England Ambulance Service NHS Trust as a lessor

This note discloses income generated in operating lease agreements where East of England Ambulance Service NHS Trust is the lessor.

The Trust leases office space within some of its properties

	2019/20	2018/19
	£000	£000
Operating lease revenue		
Minimum lease receipts	357	416
Total	**357**	**416**

	31 March 2020	31 March 2019
	£000	£000
Future minimum lease receipts due:		
- not later than one year;	181	181
- later than one year and not later than five years;	149	314
- later than five years.	54	61
Total	**384**	**556**

Note 7.2 East of England Ambulance Service NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where East of England Ambulance Service NHS Trust is the lessee.

Leases are primarily for the leasing of land and buildings and leased vehicles.

	2019/20	2018/19
	£000	£000
Operating lease expense		
Minimum lease payments	16,280	16,315
Total	**16,280**	**16,315**

	31 March 2020	31 March 2019
	£000	£000
Future minimum lease payments due:		
- not later than one year;	9,113	10,822
- later than one year and not later than five years;	16,440	9,820
- later than five years.	16,414	17,387
Total	**41,967**	**38,029**

Note 8 Finance income

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

	2019/20	2018/19
	£000	£000
Interest on bank accounts	93	100
Total finance income	**93**	**100**

Note 9 Finance expenditure

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

	2019/20	2018/19
	£000	£000
Unwinding of discount on provisions	(26)	16
Other finance costs	2	1
Total finance costs	**(24)**	**17**

During the course of the year the discount rate by which the Trust's Injury Benefit and Early Retirement Provisions are measured became negative 0.5%.

Note 10 Other gains / (losses)

	2019/20	2018/19
	£000	£000
Gains on disposal of assets	52	21
Total gains / (losses) on disposal of assets	**52**	**21**
Fair value losses on investment properties	(280)	-
Total other gains / (losses)	**(228)**	**21**

Note 11.1 Intangible assets - 2019/20

	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2019 - brought forward	**630**	**630**
Additions	**2,372**	**2,372**
Valuation / gross cost at 31 March 2020	**3,002**	**3,002**
Amortisation at 1 April 2019 - brought forward	**140**	**140**
Provided during the year	126	**126**
Amortisation at 31 March 2020	**266**	**266**
Net book value at 31 March 2020	**2,736**	**2,736**
Net book value at 1 April 2019	**490**	**490**

Note 11.2 Intangible assets - 2018/19

	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2018	**572**	**572**
Additions	58	**58**
Valuation / gross cost at 31 March 2019	**630**	**630**
Amortisation at 1 April 2018	**32**	**32**
Provided during the year	108	**108**
Amortisation at 31 March 2019	**140**	**140**
Net book value at 31 March 2019	**490**	**490**
Net book value at 1 April 2018	**540**	**540**

Note 12.1 Property, plant and equipment - 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2019 - brought forward	**15,305**	**22,649**	**5,971**	**23,130**	**4,941**	**11,600**	**690**	**84,286**
Additions	-	3,851	990	231	139	2,004	-	**7,215**
Reclassifications	-	1,253	(5,971)	934	-	3,784	-	**-**
Transfers to / from assets held for sale	(179)	(189)	-	-	-	-	-	**(368)**
Disposals / derecognition	(74)	(116)	-	(2,482)	(1,101)	-	-	**(3,773)**
Valuation/gross cost at 31 March 2020	**15,052**	**27,448**	**990**	**21,813**	**3,979**	**17,388**	**690**	**87,360**
Accumulated depreciation at 1 April 2019 - brought forward	**-**	**3,374**	**-**	**13,763**	**2,511**	**8,409**	**549**	**28,606**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	-	1,447	-	2,453	630	1,526	22	**6,078**
Transfers to / from assets held for sale	-	(33)	-	-	-	-	-	**(33)**
Disposals / derecognition	-	(21)	-	(2,461)	(1,095)	-	-	**(3,577)**
Accumulated depreciation at 31 March 2020	**-**	**4,767**	**-**	**13,755**	**2,046**	**9,935**	**571**	**31,074**
Net book value at 31 March 2020	**15,052**	**22,681**	**990**	**8,058**	**1,933**	**7,453**	**119**	**56,286**
Net book value at 1 April 2019	**15,305**	**19,275**	**5,971**	**9,367**	**2,430**	**3,191**	**141**	**55,680**

Note 12.2 Property, plant and equipment - 2018/19

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018	**13,050**	**22,281**	**155**	**22,501**	**6,518**	**10,869**	**690**	**76,064**
Valuation / gross cost at start of period as FT	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Additions	2,255	368	5,971	474	964	840	-	**10,872**
Reclassifications	-	-	(155)	155	-	-	-	**-**
Disposals / derecognition	-	-	-	-	(2,541)	(109)	-	**(2,650)**
Valuation/gross cost at 31 March 2019	**15,305**	**22,649**	**5,971**	**23,130**	**4,941**	**11,600**	**690**	**84,286**
Accumulated depreciation at 1 April 2018	**-**	**2,070**	**-**	**11,230**	**4,587**	**7,207**	**509**	**25,603**
Depreciation at start of period as FT	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Provided during the year	-	1,304	-	2,533	465	1,311	40	**5,653**
Disposals / derecognition	-	-	-	-	(2,541)	(109)	-	**(2,650)**
Accumulated depreciation at 31 March 2019	**-**	**3,374**	**-**	**13,763**	**2,511**	**8,409**	**549**	**28,606**
Net book value at 31 March 2019	**15,305**	**19,275**	**5,971**	**9,367**	**2,430**	**3,191**	**141**	**55,680**
Net book value at 1 April 2018	**13,050**	**20,211**	**155**	**11,271**	**1,931**	**3,662**	**181**	**50,461**

Note 12.3 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020								
Owned - purchased	15,052	22,681	990	8,058	1,933	7,453	119	**56,286**
NBV total at 31 March 2020	**15,052**	**22,681**	**990**	**8,058**	**1,933**	**7,453**	**119**	**56,286**

Note 12.4 Property, plant and equipment financing - 2018/19

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019								
Owned - purchased	15,305	19,275	5,971	9,367	2,430	3,191	141	**55,680**
NBV total at 31 March 2019	**15,305**	**19,275**	**5,971**	**9,367**	**2,430**	**3,191**	**141**	**55,680**

Note 13 Revaluations of property, plant and equipment

The Trust revalue the asset classes of Land, and Buildings (excluding dwellings).

Land and Buildings were re-valued as at 31 March 2018 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 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 2018 valuation as compared with previous valuations.

The Trust has assessed that the fair value of land and buildings has not moved significantly from the 31 March 2018 revaluation, as such no revaluation has been performed at 31 March 2020. In forming this opinion the Trust has taken advice in respect of the Trusts' revalued property assets at 31 March 2020 from Montagu Evans LLP as to the changes in market conditions which may affect the equivalent use values. 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 changes in Trust property values from assessment of market analysis, comparable evidence and market data has been reviewed and identified as immaterial and not sufficient to warrant a full revaluation of Trust property values.

It is highlighted that Novel Coronavirus (COVID-19), declared by the World Health Organisation as a global pandemic on 11 March 2020, has resulted in a slowdown in the volume of property transactions in the weeks leading up to 31 March 2020. In assessing the impact of this on Trust property valuation, it is noted that major transactions in the industrial property market have continued to proceed without reduction in expected market values or yields.

It is recognised that there is some market uncertainty with regard future valuations arising from the potential economic impact of COVID-19, however at 31 March 2020 there is little empirical evidence available on the impact of COVID-19 on property market activity or values but it is understood that the short to medium term situation remains uncertain and capital, rental values and valuation inputs may change rapidly across the coming 2020-21 financial year depending on the duration and severity of the economic impact of COVID-19.

Note 14.1 Investment Property

	2019/20	2018/19
	£000	£000
Carrying value at 1 April - brought forward	**980**	**980**
Movement in fair value	(280)	-
Carrying value at 31 March	**700**	**980**

Note 14.2 Investment property income and expenses

	2019/20	2018/19
	£000	£000
Investment property income	73	145

Note 15 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 including supporting the operation of community first responder groups, and the welfare of staff and strategic priorities of the Trust.

Note 16 Inventories

	31 March 2020	31 March 2019
	£000	£000
Drugs	58	63
Consumables	959	789
Energy	388	519
Total inventories	**1,405**	**1,371**

Inventories recognised in expenses for the year were £9,873k (2018/19: £6,824k). Write-down of inventories recognised as expenses for the year were £0k (2018/19: £0k).

Note 17.1 Receivables

	31 March 2020 £000	31 March 2019 £000
Current		
Contract receivables	17,130	4,174
Capital receivables	11	-
Allowance for impaired contract receivables / assets	(358)	-
Allowance for other impaired receivables	(397)	(202)
Prepayments	6,902	9,973
PDC dividend receivable	491	138
VAT receivable	588	304
Other receivables	3,567	2,665
Total current receivables	**27,934**	**17,052**
Of which receivable from NHS and DHSC group bodies:		
Current	16,473	3,389
Non-current	-	-

Other receivables includes £3,029k in respect of sale and lease back assets in the course of completion (2019:£1,323k).

Note 17.2 Allowances for credit losses

	2019/20		2018/19	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**-**	**202**	**-**	**117**
New allowances arising	358	205	-	85
Changes in existing allowances	-	-	-	-
Reversals of allowances	-	(10)	-	-
Utilisation of allowances (write offs)	-	-	-	-
Changes arising following modification of contractual cash flows	-	-	-	-
Allowances as at 31 Mar 2020	**358**	**397**	**-**	**202**

The majority of contract receivables are held with Clinical Commissioning Groups, as commissioners for patient care services, as Department of Health & Social Care entities these are not considered to expose the Trust to credit losses.

Note 18 Non-current assets held for sale and assets in disposal groups

	2019/20	2018/19
	£000	£000
NBV of non-current assets for sale and assets in	**-**	**-**
Assets classified as available for sale in the year	335	-
NBV of non-current assets for sale and assets in	**335**	**-**

As part of the Trust's estates and make ready strategies the Trust's premises at Dunstable have been identified for disposal which completed in April 2020.

Note 19 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.

	2019/20	2018/19
	£000	£000
At 1 April	**16,587**	**9,144**
Net change in year	(5,669)	7,443
At 31 March	**10,918**	**16,587**
Broken down into:		
Cash at commercial banks and in hand	93	47
Cash with the Government Banking Service	10,825	16,540
Total cash and cash equivalents as in SoFP	**10,918**	**16,587**
Total cash and cash equivalents as in SoCF	**10,918**	**16,587**

Note 20 Trade and other payables

	31 March 2020 £000	31 March 2019 £000
Current		
Trade payables	9,196	9,863
Capital payables	3,754	5,194
Accruals	15,458	11,442
Social security costs	4,490	4,590
Other payables	3,049	2,743
Total current trade and other payables	**35,947**	**33,832**
Of which other payables relate to pension contributions:	2,958	2,682
Of which payables from NHS and DHSC group bodies:		
Current	1,955	497
Non-current	-	-

Note 21.1 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 2019	**322**	**5,386**	**318**	**3,431**	**9,457**
Change in the discount rate	**13**	**409**	**-**	**-**	**422**
Arising during the year	**127**	**313**	**716**	**2,617**	**3,773**
Utilised during the year	(132)	(290)	(201)	(64)	**(687)**
Reversed unused	**(3)**	**-**	**(45)**	**(175)**	**(223)**
Unwinding of discount	**(1)**	**(25)**	**-**	**-**	**(26)**
At 31 March 2020	**326**	**5,793**	**788**	**5,809**	**12,716**
Expected timing of cash flows:					
- not later than one year;	132	288	788	**5,768**	**6,976**
- later than one year and not later than five years;	194	1,168	-	**41**	**1,403**
- later than five years.	-	4,337	-	**-**	**4,337**
Total	**326**	**5,793**	**788**	**5,809**	**12,716**

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 to -0.5% this year, resulting in the £0.4m increase to the provision, and leading to a reduction in liability and 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 21.2).

Other Provisions:

Arising during the year are provision balances for estimated annual leave costs . The estimated annual leave provision arises from initial employment tribunal findings, which are being appealed, that overtime costs effect annual leave payments to be made to staff. Review of overtime worked and the period of possible claims derive an additional £2.6m, expected to be settled in the coming year but uncertain in take up.

Included within other provisions are Terms and Conditions of employment for Whitley Council ambulance staff changed in 1986 in respect of annual leave entitlement. The move from accrued to current leave entitlement resulted in the "freezing" of accrued leave to be paid at a future date on resignation/retirement from the Ambulance Service, at current rates of pay. A provision has been made for the estimated value of discharging this entitlement when staff leave the service.

Note 21.2 Clinical negligence liabilities

At 31 March 2020, £18,386k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of East of England Ambulance Service NHS Trust (31 March 2019: £29,461k).

Note 22 Contingent assets and liabilities

	31 March 2020 £000	31 March 2019 £000
Value of contingent liabilities		
NHS Resolution legal claims	(67)	(76)
Net value of contingent liabilities	**(67)**	**(76)**

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. An outflow of resources to settle the disputed position is not considered likely.

Note 23 Contractual capital commitments

	31 March 2020 £000	31 March 2019 £000
Property, plant and equipment	2,001	3,075
Intangible assets	-	-
Total	**2,001**	**3,075**

Note 24 Financial instruments

Note 24.1 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 Commissioners and the way those Commissioners 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. To raise borrowings, the Trust would borrow from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. 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 2020 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 Commissioners, 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 24.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Carrying values of financial assets as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	19,535	-	-	**19,535**
Cash and cash equivalents	10,918	-	-	**10,918**
Total at 31 March 2020	**30,453**	**-**	**-**	**30,453**

Carrying values of financial assets as at 31 March 2019	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	6,637	-	-	**6,637**
Cash and cash equivalents	16,587	-	-	**16,587**
Total at 31 March 2019	**23,224**	**-**	**-**	**23,224**

Note 24.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2020	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	28,499	-	**28,499**
Total at 31 March 2020	**28,499**	**-**	**28,499**

Carrying values of financial liabilities as at 31 March 2019	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	26,560	-	**26,560**
Total at 31 March 2019	**26,560**	**-**	**26,560**

Note 24.4 Maturity of financial liabilities

	31 March 2020	31 March 2019
	£000	£000
In one year or less	28,499	26,560
Total	**28,499**	**26,560**

Note 24.5 Fair values of financial assets and liabilities

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

Note 25 Losses and special payments

	2019/20		2018/19	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Fruitless payments	1	3	-	-
Stores losses and damage to property	10	23	16	6
Total losses	**11**	**26**	**16**	**6**
Special payments				
Compensation under court order or legally binding arbitration award	1	97	-	-
Ex-gratia payments	10	80	17	116
Total special payments	**11**	**177**	**17**	**116**
Total losses and special payments	**22**	**203**	**33**	**122**
Compensation payments received		-		-

Note 26 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. For example :

Basildon & Brentwood Clinical Commissioning Group (CCG), Bedfordshire CCG, Cambridgeshire & Peterborough CCG, Castle Point & Rochford CCG, East & North Hertfordshire CCG, Great Yarmouth & Waveney CCG, Herts Valley CCG, Ipswich & East Suffolk CCG, Luton CCG, Mid Essex CCG, North East Essex CCG, North Norfolk CCG, Norwich CCG, Southend CCG, South Norfolk CCG, Thurrock CCG, West Essex CCG, West Norfolk CCG, West Suffolk CCG.

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 £400. All members of the Trust Board act on behalf of the Trust in its capacity as the Trustee of the Charitable Trust.

Note 27 Events after the reporting date

No events have been identified after the end of the reporting period which require adjustment to the financial statements of the Trust.

At the time of preparation of the financial statements the COVID-19 pandemic is ongoing and has resulted in the temporary suspension of contracting arrangements between CCGs and the Trust, with funding for the Trust's services being settled by a block contract paid monthly and in advance at a sustainable value. As a key provider of front line emergency health care services significant additional expenditure is being incurred by the Trust on resources in staffing, temporary staffing, patient transport and consumable supplies, such as personal protective equipment. The expenditure arising in March 2020 and recognised in the year to 31 March 2020 on this pandemic was £1.2m, and was fully funded by NHS England. NHS arrangements are in place to ensure expenditure incurred in the financial year ended 31 March 2021 and beyond in relation to the COVID-19 response will be funded. While there is uncertainty on the duration of the COVID-19 pandemic, arrangements in place across the NHS and as described here are believed to ensure the Trust remains sustainably funded and a going concern for the foreseeable future.

Note 28 Better Payment Practice code

	2019/20 Number	2019/20 £000	2018/19 Number	2018/19 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	50,335	129,112	42,860	116,865
Total non-NHS trade invoices paid within target	47,340	115,027	40,599	102,666
Percentage of non-NHS trade invoices paid within target	94.0%	89.1%	94.7%	87.9%
NHS Payables				
Total NHS trade invoices paid in the year	349	1,566	394	1,489
Total NHS trade invoices paid within target	319	1,356	344	1,226
Percentage of NHS trade invoices paid within target	91.4%	86.6%	87.3%	82.3%

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 29 External financing limit

The trust is given an external financing limit against which it is permitted to underspend

	2019/20 £000	2018/19 £000
Cash flow financing	8,399	(813)
External financing requirement	**8,399**	**(813)**
External financing limit (EFL)	11,988	5,698
Under spend against EFL	**3,589**	**6,511**

Note 30 Capital Resource Limit

	2019/20 £000	2018/19 £000
Gross capital expenditure	9,587	10,930
Less: Disposals	(196)	-
Charge against Capital Resource Limit	**9,391**	**10,930**
Capital Resource Limit	9,395	11,946
Under spend against CRL	**4**	**1,016**

Note 31 Breakeven duty financial performance

	2019/20 £000
Adjusted financial performance surplus / (deficit) (control total basis)	50
Remove impairments scoring to Departmental Expenditure Limit	-
Add back income for impact of 2018/19 post-accounts PSF reallocation	-
Add back non-cash element of On-SoFP pension scheme charges	-
IFRIC 12 breakeven adjustment	-
Breakeven duty financial performance surplus / (deficit)	**50**

Note 32 Breakeven duty rolling assessment

	1997/98 to 2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		757	2,364	3,121	4,175	379	1,251	158	(9,989)	1,790	(2,071)	50
Breakeven duty cumulative position	1,745	2,502	4,866	7,987	12,162	12,541	13,792	13,950	3,961	5,751	3,680	3,730
Operating income		228,076	222,389	226,874	235,499	237,725	245,982	232,190	247,134	266,929	281,740	324,171
Cumulative breakeven position as a percentage of operating income		1.1%	2.2%	3.5%	5.2%	5.3%	5.6%	6.0%	1.6%	2.2%	1.3%	1.2%

Breakeven duty assessment

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.