



CONFIRMED

**MEETING OF THE EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST
 BOARD OF DIRECTORS, HELD IN PUBLIC ON WEDNESDAY 08 MAY 2024 (09:30-12:30)
 AT MELBOURN HQ, WHITING WAY, SG8 6EN (SAT NAV SG8 6NA)**

Present:			
Members	Mrunal Sisodia	Trust Chair	TC
	George Lynn	Non-Executive Director	NED-GL
	Wendy Thomas	Non-Executive Director	NED-WT
	Julie Thallon	Non-Executive Director	NED-JT
	Chris Brook	Non-Executive Director	NED-CB
	Omid Shiraji	Associate Non-Executive Director	NED-OS
	Tom Abell	Chief Executive Officer	CEO
	Melissa Dowdeswell	Chief of Clinical Operations	CCO
	Simon Chase	Chief Paramedic and Director of Quality	CP-DoQ
	Kevin Smith	Director of Finance	DoF
	Marika Stephenson	Director of People Services	DoPS
In attendance	Dr Simon Walsh	Medical Director	MD
	Dr Hein Scheffer	Director of Strategy, Culture and Education	DoSCE
	Kate Vaughton	Director of Integration and Deputy CEO	DoI
	Jo Cripps	Interim Director of Corporate Affairs and Performance	IDoCAP
	Stanley Mukwenya	Deputy Director of Corporate Affairs	DDoCA
	Damon Wheddon	Sector Clinical Lead (<i>PUB24/05/4</i>)	DW
	Sue Pluck	Note-taker	

PUBLIC SESSION (Disclosable)	
PUB24/05/1	WELCOME
1.1	<i>The meeting commenced at 09:30</i>
1.2	Mrunal Sisodia, Trust Chair (TC) welcomed those present to the Public Board meeting of the East of England Ambulance Service Trust (EEAST). He advised that questions received from the public to OCE.Eeast@eastamb.nhs.uk would be addressed at the end of the meeting.
PUB24/05/2	APOLOGIES FOR ABSENCE
2.1	Apologies were received from: <ul style="list-style-type: none"> Catherine Glickman, Non-Executive Director
PUB24/05/3	DECLARATIONS OF INTEREST
3.1	Wendy Thomas, Non-Executive Director (NED-WT) notified the meeting that she had been appointed as Non-Executive Director to Essex Cares Ltd from 01 May 2024. There were no other new interests declared.

PUB24/05/4	PATIENT STORY
4.1	<p>Simon Chase, Chief Paramedic and Director of Quality (CP-DoQ) introduced the patient story which shared the experience of a family who called 999 when their 94-year-old relative had sadly died. The end-of-life story highlighted the work that was ongoing to improve the Trust’s Clinical Strategy and make every contact with patients the best it could be. The CP-DoQ expressed his thanks to the family for allowing their video to be shared privately with the Trust Board.</p> <p>Damon Wheddon, Sector Clinical Lead (DW) reported that the patient story had resulted from a complaint around the actions taken through the call-handling process following the 999 call that was made by the family. An elderly relative had died in their sleep and the family expected a response from a paramedic or doctor to certify the death. The call-handler instead asked them to perform CPR which they considered to be inappropriate. It was noted that the ambulance team who subsequently attended the family behaved professionally and with compassion.</p> <p>The CP-DoQ added that the family had advised the call-handler that the patient was cold to the touch, however it was not unusual for someone to still be warm, depending on their living environment. In this case, the 999 call triggered an emergency situation so resuscitation was the first priority.</p> <p>DW stated that EEAST attended approx. 10,000 potential cardiac arrest calls during the 2023-24 year, of which roughly a quarter had a Do Not Attempt Resuscitation (DNAR) form in place. For approx. 50% of the calls attended, a decision was taken by a crew not to attempt resuscitation as the patient was unlikely to survive. The Board was assured that the Trust had a good benchmark of success in cardiac arrest management against other ambulance services.</p> <p>The CP-DoQ outlined the actions taken by call-handlers through the 999 process; the whole system and process was designed around identifying a patient in cardiac arrest, ensuring that CPR was administered promptly, and providing life-saving advice until EEAST resources arrived on-scene. Outside of cardiac arrest management, call-handlers were trained to judge what action was required based on the responses they received to the questions they had to ask. The CP-DoQ assured the Board that lessons had been learned from the patient story that had informed the call-handling process in an end-of-life situation; balance was needed between delivering care and compassion when a patient was no longer alive.</p> <p>DW remarked on the timeliness of the presentation of this patient story to the Board during “Dying Matters” week. The Trust continued to undertake considerable work across the region in support of end-of-life care, engaging with the public and directing them to the available options and processes, including Advanced Care Plans and DNARs.</p> <ul style="list-style-type: none"> • Three paramedics had worked in a hospice for 18-months and brought valuable learning into the Trust. • Advanced Paramedics were now able to administer anticipatory medication to patients receiving end-of-life care. • EEAST had collaborated with the North-East Essex system to develop a video around end-of-life care. • An ongoing project was investigating the installation of a Cardiac Arrest desk in one of the Control Centres to review calls where resuscitation was required and

	<p>intervene with calls where CPR may be inappropriate for a patient. (A similar Cardiac Arrest desk operated by the London ambulance service had seen 20% of calls downgraded.)</p> <p>Marika Stephenson, Director of People Services (DoPS) asked what advice EEAST would give the public where an elderly person had died in their sleep? DW replied that they should call their GP or NHS 111.</p> <p>Kate Vaughton, Director of Integration and Deputy CEO (DoI) recommended that EEAST, as a regional provider, should address inequalities and support the ICBs to ensure consistency. It had already engaged with hospices around access to the stack and had a responsibility to further improve people’s understanding and willingness to talk about death.</p> <p>DW stressed the importance to the ambulance service of the Advanced Care Plan promoted by “Dying Matters”; the Trust had a role in starting these conversations with the public.</p> <p>NED-WT commended the work that had been undertaken and asked how call-handlers were trained to deal with the sudden and unexpected death of a relative, outside of a hospice? DW replied that call-handlers were scripted to achieve the best outcome from the service and attending paramedics; this needed to change for end-of-life/death situations. The CP-DoQ added that audit had demonstrated an element of error in the way the 999 call was handled on this occasion, and the call-handler’s training had since been refreshed.</p> <p>The TC asked the CP-DoQ to thank the family on behalf of the Board and assure them that EEAST was learning from their complaint; it was listening to its patients and public and working with systems to improve the service delivered. Learning and actions had been identified to support the wider health system.</p> <p>The Board <u>noted</u> the report.</p>
PUB24/05/5	TRUST CHAIR AND NON-EXECUTIVE DIRECTOR’S REPORT
5.1	<p>The Board received and considered the Trust Chair’s report which offered a summary of the work undertaken by the TC and Non-Executive Directors (NEDs) in the past 3-months; this was closely aligned to the Trust’s priorities, identified risks and strategies. Significant time had been committed to the following areas which would continue to be a focus for the TC and NEDs:</p> <ol style="list-style-type: none"> 1. C2 response times and better navigation of 999 calls 2. Winter 2023 and operational performance 3. Engagement with external partners 4. Business planning 5. Risk management and delivery of strategies 6. Long-term Strategy 2025-2030 <p>The Board <u>noted</u> the report.</p>
PUB24/05/6	CHIEF EXECUTIVE’S REPORT
6.1	<p>The Board received and considered the CEO’s report. Tom Abell, Chief Executive Officer (CEO), provided an update on the following highlights:</p>

	<ul style="list-style-type: none"> • Good progress had been made against the Recruitment Plan. • Progress continued on the <i>Time to Lead</i> project, with assessment centres ongoing for Leading Operations Managers (LOMs). • Engagement with stakeholders and colleagues continued. • There was a need to focus on productivity, efficiency and delivery. <p>In response to a question regarding sustainability from Chris Brook, Non-Executive Director (NED-CB), the CEO confirmed that the Norwich pilot scheme would be extended.</p> <p>The Board <u>noted</u> the report.</p>
PUB24/05/7	MINUTES OF THE PREVIOUS MEETING
7.1	The minutes of the meeting held on 14 February 2024 were approved as an accurate record.
PUB24/05/8	MATTERS ARISING AND ACTION TRACKER
8.1	<p>PUB23/4/38.7 – CEG Structure and Volunteer Remuneration</p> <p>Public and Patient Involvement (PPI) Strategy paper to be developed and presented to the Public Board by Simon Chase, Chief Paramedic and Director of Quality (CP-DoQ) and Rachel Morris, Head of Patient Experience.</p> <p>The CP-DoQ reported that Community Engagement Group (CEG) members had been surveyed with regard to the remuneration of specialist volunteers, those with a high level of expertise. ELT supported the principles but the budget was not currently available. A small amount of funding could be accessed through NHS England, and work was ongoing to determine how EEAST could remunerate its specialist volunteers.</p> <p>The TC added that a broader piece of work around community engagement and volunteers would be presented to Public Board in July.</p> <p>George Lynn, Non-Executive Director (NED-GL) asked if EEAST staff who volunteered to support the Trust were eligible for remuneration? Dr Hein Scheffer, Director of Strategy, Culture and Education (DoSCE) replied that this had been discussed at length with the Network Chairs and they had concluded that people volunteered because they believed in and wanted to support the work of the Trust. The TC asked that this be addressed in the paper to be presented to the next Public Board meeting.</p> <p>Action ongoing</p>
8.2	<p>PUB24/02/9.1 – Integrated Performance Report (IPR)</p> <p>Executive team to provide the Board with detailed and digestible intelligence at a more local-level to inform the Trust’s longer-term strategy and empower local managers.</p> <p>Action ongoing, for discussion at the next Public Board meeting in July.</p>
8.3	<p>PUB24/02/9.1.3 – Fleet Data</p> <p>The TC requested an analysis of patient-facing staff hours, handover delays, fleet statistics, performance, etc., incorporating all aspects of the service into one model. The Board needed to reflect and learn from the predictions of the various models in order to undertake a review of the effectiveness of Winter performance for future</p>

	<p>planning. Report to be submitted to the Board via the Performance and Safety Committee.</p> <p>The CEO confirmed that this work was included within the Connected Planning project; an update would be available at the end of May 2024. Action ongoing</p>
PUB24/05/9	PERFORMANCE, RISK AND GOVERNANCE
9.1	<p>Integrated Performance Report (IPR)</p> <p>The Board received and considered the Integrated Performance Report.</p>
9.1.1	<p>Melissa Dowdeswell, Chief of Clinical Operations (CCO) provided an update on Operations:</p> <ul style="list-style-type: none"> • C2 performance was stable. • Operational Performance Improvement Plan (OPIP) – the decrease in out-of-service continued. • Hospital handover delays had improved but were still higher than forecast. • Hear and Treat was currently 10% (against a target of 13%); the Urgent Care Hubs were supporting this work. • Workforce – call-handling numbers were stable, although 40 staff had moved to new posts within the organisation since January 2024; this was viewed as positive, providing staff with career pathways, but it needed to be managed.
9.1.2	<p>Marika Stephenson, Director of People Services (DoPS), highlighted the main points for People Services:</p> <ul style="list-style-type: none"> • Employee Relations (ER) cases had increased, with a significant number of new disciplinary, grievance and dignity at work cases reported in January and February. The increase was driven by the Transformation Programmes, changes in management, and the move out of NOF4 (Special Measures). Institutional improvements were being made but underlying issues had not been addressed. The number of new cases reported was reducing and cases were being closed. • Sickness absence levels had reduced to 8%. • Staff turnover – the downward trend continued. • Workforce Plan – the 2023-24 financial year ended with the highest number of staff ever recruited by the Trust; this work had continued into April and the team was confident in meeting the 2024-25 Recruitment Plan.
9.1.3	<p>Dr Hein Scheffer, Director of Strategy, Culture and Education (DoSCE) provided an update on Strategy, Culture and Education:</p> <ul style="list-style-type: none"> • The Workforce, Recruitment and Education Plans were now linked to better support new employees joining the organisation. • Learning and skills training was being closely monitored and resuscitation training delivered. • Accountability Forums had demonstrated clear support for staff appraisals; the introduction of a digital appraisal tool was planned. <p>NED-CB asked what the Trust was doing differently to recruit from more diverse populations? The DoSCE confirmed that the Trust was targeting ethnic minority communities and promoting the ambulance sector as a broader employer, not just for paramedics. The DoPS added that sector-specific recruitment specialists were in place</p>

	<p>and engaging with diverse communities, although it would take time for this work to filter through into the organisation. NED-WT confirmed that this had been discussed and agreed at People Committee to report by sector.</p> <p>In response to a comment from Julie Thallon, Non-Executive Director (NED-JT) regarding a substantial increase in musculoskeletal sickness in March 2024, the DoPS replied that the notable uplift had been discussed at Executive Leadership Team (ELT).</p>
9.1.4	<p>Kate Vaughton, Director of Integration (DoI) provided an update on Integration:</p> <ul style="list-style-type: none"> • Leadership and day-to-day management of the Unscheduled Care Hubs was being transferred to the Operations team, to become part of the business-as-usual model. • ~60% acceptance was recorded across all but one of the hubs; the highest rate was 81% in Herts and West Essex, the lowest was the virtual hub (Cambridgeshire and Peterborough). • In testing the hub model, intelligence and learning had been gathered around staffing and working within a local multi-disciplinary team to better manage patients. • The work of the Unscheduled Care Hubs had been recognised within the National Planning Guidance and with AACE as the model to be pursued. As the only region nationally with this model across all six ICBs, and as requested by the Board, conversations were ongoing between EEAST and the systems to agree a blueprint for the next year to reduce regional variation. • The organisation was well-placed to bring together stakeholders, understand and support communities with end-of-life care. <p>NED-GL asked if the characteristics for rejection were equal across the region? The DoI advised that the main reason for rejection was local capacity; learning labs were run between EEAST staff and local teams to improve hub integration. Access to data was essential for the Trust to understand what was happening and to support its system partners. An external organisation had been commissioned to help the Trust understand the impact of the hubs at regional level; this report would be discussed with Operations colleagues, once available.</p>
9.1.5	<p>Simon Chase, Chief Paramedic and Director of Quality (CP-DoQ) and Dr Simon Walsh, Medical Director (MD) provided an update on Clinical Quality and Safety:</p> <ul style="list-style-type: none"> • Slight improvements in training were noted, specifically safeguarding compliance; the 90% target should be achieved by the end of Quarter 2 (September 2024). • Ambulance quality indicators remained strong. • Complaints management – a third of complaints were closed in July 2023, two thirds had been completed at year-end (31 March 2024); the Trust’s ambition was to achieve 90% closure. • Uniform compliance – a marked improvement was noted. • Patient safety – the Trust had transitioned fully to the Patient Safety Incident Response Framework (PSIRF) system and was working with partner organisations on investigations. The emerging theme was delays, including handover delays. <p>In response to a question from the DoPS regarding the increased number of coroner cases, the CP-DoQ replied that this was attributed to delays in the system that had been caused by the COVID shut-downs.</p>

	The Board <u>noted</u> the report.
9.1.6	<p>Kevin Smith, Director of Finance (DoF) delivered a Finance update:</p> <ul style="list-style-type: none"> • The out-turn for the 2023-24 financial year was positive and the Plan was achieved, subject to verification. • Cost Improvement Plan (CIP) – target met; most savings were non-recurrent. • Capital Resource target – achieved. • Lease Capital Allocation – achieved, although lower than anticipated. • The cash position was stable. • The focus was now on the 2024-25 financial year; the Trust expected the future NHS-wide financial position to be more challenging. <p>In response to a question from the TC, the DoF confirmed that the ambulance sector had received additional investment during 2023-24 which had not been fully spent. Good progress had been made with the CIP but this continued to be a challenge. The Trust had to continue to manage and deliver the service with the funds available; there was significant risk in delivering the Plan and productivity would be a challenge.</p> <p>The TC confirmed the Trust’s focus on productivity, which was key to the delivery of performance targets, however staff welfare and effectiveness was also important.</p> <p>In response to a question from NED-GL regarding invoices received with incomplete governance, the DoF was unable to quantify the value but confirmed that non-compliance with the process placed additional pressure on the Finance team.</p> <p>The DoI added that the Trust’s approach to business planning and budget setting this year was focussed on developing staff skills, personal ownership and productivity, and improvements in digital and data; there was opportunity to run the model differently while also applying rigour.</p> <p>The Board <u>noted</u> the report.</p>
9.2	<p>CQC Quality Improvement Plan – Progress Report</p> <p>The Board received and considered the CQC Quality Improvement Plan progress report which provided the year-end position for progress made against the MUST Dos and SHOULD Dos since the last CQC core inspection in 2022; the report offered moderate assurance. A further update was provided on the current status of the regulatory conditions in relation to the S.29 and S.31 CQC Improvement Notices.</p> <p>The CP-DoQ reported the following points:</p> <ul style="list-style-type: none"> • 46 of the 69 actions had been successfully completed at year-end. • Lifting the S.29 and S.31 improvement conditions – the CQC had received the evidence bundle for HR Complaints Management and the Trust was waiting on the outcome. Other elements were on target to deliver by the end of Quarter 1 of the financial year: Private Ambulance Services and Sexual Harassment/Assault. • Work was ongoing with the compliance and governance team to embed the actions implemented, close those that were ongoing, and establish a way forward. • The Board would continue to be updated twice a year.

	The Board <u>noted</u> the report.
9.3	<p>Condition G6 and FT4 Self-Certification</p> <p>The Board received and considered the annual Condition G6 and FT4 Self-Certification which demonstrated compliance against the operating conditions of the NHS Provider Licence, a statutory process that all NHS organisations had to complete and submit.</p> <p>Jo Cripps, Interim Director of Corporate Affairs and Performance (IDoCAP) informed the Board that it was required to confirm that it understood and approved the self-certification against the declarations made:</p> <ul style="list-style-type: none"> • FT4 addressed systems and processes for good governance, both current and future; a “non-compliant” declaration was recommended due to the active Section 29a and 31 notices. • G6 confirmed compliance with NHS Legislation and Constitution licence conditions; this was consistent with recent years. <p>The TC noted the changes to Condition FT4 and confirmed that buddying arrangements were in place for the Executive Directors (EDs); it was the responsibility of the Board to ensure this was happening for each of the EDs.</p> <p>In response to a question from NED-JT regarding the FT4 declaration, Stanley Mukwenya, Deputy Director of Corporate Affairs (DDoCA) confirmed that this was retrospective, for the 2023-24 year. NED-JT noted that Mitigations and Risks referred to the Performance and Finance Committee; this should be changed to Performance and Safety Committee for the 2024-25 year.</p> <p>The Board <u>approved</u> the G6 and FT4 declarations, subject to the points noted above.</p>
PUB24/05/10	OBJECTIVE 2: PROVIDE OUTSTANDING QUALITY OF CARE AND PERFORMANCE
10.1	<p>Learning from Winter 2023-24</p> <p>The Board received and considered the Learning from Winter 2023-24 report. The CCO reported that the Trust was better prepared as planning had started much earlier in the year; the following points were noted:</p> <ul style="list-style-type: none"> • Access to the Stack had proved helpful. • Staff welfare and wellbeing – to be addressed. • Local Operational Oversight Cells (LOOCs) – worked well; could be run throughout the year, not just the Winter. • Recruitment and retention were an issue – more staff were needed; this was recognised as an NHS-wide problem. • Internal and external communication – improved, further advances were needed. • Incentives – discussed in detail; overtime offered as an incentive over the Winter. • Management of annual leave – improved, further advances were needed. • More discussion was required around end of shift arrangements, breaks, etc. • A Task and Finish Group would be established with external partners to increase the use of the Unscheduled Care Hubs.

- Improved Falls management was a key area to address.
- Training for staff volunteers – to be organised in advance so they were ready and available when needed.
- C2 performance – 60% improvement year-on-year.
- Hospital handovers delays averaged 3,500 hours per week over the Winter period, against a target of 2,000 hours (an improvement on the previous year when 12,000 hours were lost in one week).
- Vehicle availability – a vehicle replacement scheme had reduced the Vehicle Off-Road (VOR) rate. (The CCO apologised for the absence of VOR information within the recommendations.)
- The Trust had more operational control during Winter 2023-24 and this had impacted positively on improved relationships with the acutes.

NED-GL enquired how the changed maintenance and servicing schedule had impacted on vehicle availability? The CCO replied that 3-4 months was needed to see how the new 6-week maintenance cycle would impact on a vehicle; this data would not be available until late June/early July.

The DoI advised that its systems had used the LOOC model successfully for a second year and they welcomed the continuation of this service; it enabled the Trust to be involved in system conversations and influence actions. Sector-level ownership was essential and a lot had been learnt over the last year; it was important for the Trust to harness and use this capacity.

Omid Shiraji, Associate Non-Executive Director (NED-OS) observed that there were hints of productivity efficiencies and gains in support services staffing; he was keen to understand how this learning would drive an increase in productivity. He acknowledged the insight offered by staff and external partners, but asked how the report could be strengthened and informed by the patient voice? The CP-DoQ replied that EEAST ran generic patient surveys all year, but these did not directly address themes around Winter pressures; he agreed that this could be considered in future to further support learning. Patient concerns and complaints were often received by the Trust weeks after the event, but these were monitored and learning was shared with local and senior managers around themes which would, for example, include Winter delays.

In relation to correspondence received from patients and key stakeholders, the CEO commented that it was generally lower priority calls that received a poorer experience. He proposed that the Trust should review the guidance offered to lower priority patients, together with elements of patient experience and care to improve the overall service offered.

The CCO added that work needed to be undertaken to better educate patients in knowing what healthcare options were available to them; improved relationships and communication between EEAST and its stakeholders would positively impact on patient care.

The TC concluded that the Trust strived to be an organisation that was continuously learning and listening to feedback from its patients and stakeholders.

The Board noted the report.

10.2	<p>Award of Vehicle Lease and Maintenance Contracts</p> <p>The Board received and considered the request to award vehicle lease and maintenance contracts for 51 new front line derogation ambulances. The CCO reported that a vehicle replacement scheme was ongoing within the Trust. Following a compliant open-market tendering process for lease and maintenance, the contracts had been awarded to:</p> <ul style="list-style-type: none"> • TP Leasing Ltd (contract value £7,079,531.00 + VAT) • Asset Assured Management Ltd (contract value £2,048,425.00 + VAT) <p>In response to a question from NED-GL regarding the average mileage for an ambulance in relation to buy-back, the CCO confirmed that it was 40,000 miles.</p> <p>The Board <u>noted</u> the report.</p>
10.3	<p>Quality Governance Committee Assurance Report</p> <p>The TC outlined the changes made to the Trust's Committee structure in order to better manage workload and address performance. Two new Committees were established in April 2024: Performance and Safety Committee and Finance and Sustainability Committee (replacing the Performance and Finance Committee). The remit of the Quality Governance Committee had changed slightly to accommodate the introduction of the Performance and Safety Committee.</p> <p>The Board received and considered the Quality Governance Committee Assurance Report. In the absence of Catherine Glickman, Non-Executive Director and Committee Chair, NED-WT addressed the report highlights for the meeting held on 27 March 2024:</p> <ul style="list-style-type: none"> • Access to the Stack and introduction of the Cleric digital portal. • Clinical Audit – significant improvements continued to be made. • Quality Account and Local Priorities for 2024-25. • Medical Devices – enormous progress had been made and Substantial assurance was offered (95% compliance). • Committee Integrated Performance Report (IPR) – plans were in place to address the identified issues. <p>The Board <u>noted</u> the report.</p>
10.4	<p>Performance and Finance Committee Assurance Report</p> <p>The Board received and considered the assurance report from the final meeting of the Performance and Finance Committee (PAF). NED-JT (Committee Chair) addressed the report highlights from the meeting held on 28 February 2024:</p> <ul style="list-style-type: none"> • QCIP target – there had been broad debate around Transformation, Connected Planning and Business Planning as a combined discussion to improve efficiency and productivity within the organisation. • A review of the Trust's ambition around vacancies was escalated to People Committee. <p>The Board <u>noted</u> the report and the TC thanked NED-JT for her commitment and rigour as PAF Chair.</p>

10.5	<p>Performance and Safety Committee Assurance Report</p> <p>The Board received and considered the assurance report from the inaugural meeting of the Performance and Safety Committee. NED-JT (Committee Chair) addressed the report highlights from the meeting held on 24 April 2024:</p> <ul style="list-style-type: none"> • Care was taken to ensure the transfer of responsibilities and actions from the outgoing Performance and Finance Committee. • Winter 2023-24 – a summary report was received. • Transformation Programmes – had delivered to plan but plateaued. • The introduction of Connected Planning was discussed. <p>The Board <u>noted</u> the report.</p>
10.6	<p>Finance and Sustainability Committee Assurance Report</p> <p>NED-CB (Committee Chair) provided a verbal update on the inaugural meeting of the Finance and Sustainability Committee held on 24 April 2024. Discussion had focussed on sustainability and good levels of assurance were offered.</p> <p>The Board <u>noted</u> the report.</p>
PUB24/05/11	<p>OBJECTIVE 1: BE AN EXCEPTIONAL PLACE TO WORK, VOLUNTEER AND LEARN</p>
11.1	<p>2023 NHS Staff Survey Report</p> <p>The Board received and considered the 2023 NHS Staff Survey Report which provided an overview of survey results for both staff and Bank staff. The DoSCE reported the following highlights:</p> <ul style="list-style-type: none"> • 52% of staff completed the survey (60% in 2022). • 93% of questions showed year-on-year improvement, with EEAST identified as the most improved Ambulance Trust. • Satisfaction scores were 50% (45% in 2022), citing the standard of care provided, and recommending EEAST as a good place to work. • 59% of staff agreed that patient care was the Trust’s top priority (37% in 2022). • Bank staff were included for the first time this year (26.6% completed the survey). • Feedback was awaited on the LGBT+ and Disability surveys that would hopefully correlate the feedback received from the Staff Survey. • Overall, a positive result with areas of improvement identified. <p>The CEO identified the priority areas as team and departmental variants, with particular focus on the Operational support team; he confirmed that the Trust’s objective was to strengthen leadership and skills.</p> <p>In reply to a question from NED-GL, the DoSCE confirmed that the response rate for staff believing that patient care was a top priority was a direct question. The TC and DoSCE agreed that staff views should be invited; if not patient care, what was the organisation’s top priority?</p> <p>NED-JT asked how EEAST engaged with its staff to address existing issues, and what the Listening into Action events, one of the options proposed for ELT, meant for the</p>

	<p>Trust? The DoSCE replied that learning from directorates had resulted in values-based questions being incorporated into the Pulse surveys. NED-JT noted that satisfaction scores for Bank staff were consistently higher than for permanent staff, which was understandable as Bank staff were able to work more flexibly. She proposed that the Trust might learn from Bank staff and consider how changes could be applied to its permanent staff.</p> <p>The CP-DoQ was encouraged that the improvements made by the Trust had attracted new employees; it needed to build on this to attract more good people. In considering professionalism in the workplace and the number of concerns raised as a result of the <i>Time to Lead</i> programme, he reflected how those difficult conversations between managers and staff might have impacted on the survey.</p> <p>The DoF stated that the survey responses offered by support staff would differ to front-line staff; he enquired if the survey could be broken down into sectors? The DoSCE confirmed that the survey results were available by Directorate.</p> <p>NED-CB proposed a 3x3x3 model resulting from the survey, identifying nine actions to progress from 60 or 70 questions, providing a clear focus for the year ahead:</p> <ul style="list-style-type: none"> • Three actions that the organisation would take forward, based on staff feedback • Three actions for the Directorate • Three actions for the local team <p>The DoI added that the staff survey provided a significant amount of intelligence across all areas of the organisation, and ELT had a shared responsibility to feed this into the KPIs. She agreed that a 3x3x3 model offered a clear line of sight for the year ahead and would support the narrative for internal communications around the Staff Survey.</p> <p>In response to a question from NED-GL, the DoSCE confirmed that staff were able to add comments and these were being analysed by the SCE team. NED-GL was interested to see the information offered by staff around behavioural issues.</p> <p>The TC concluded that sustained progress was needed, the organisation must strive to be better. He confirmed that the information gathered through the Staff Survey would inform future action.</p> <p>The Board <u>noted</u> the report.</p> <p><u>ACTION:</u> Internal communications and Staff Survey action plans to be submitted for review by People Committee.</p>
11.2	<p>WRES and WDES Data Reports 2023-24</p> <p>The Board received and considered the NHS Workforce Race Equality Standard (WRES) and NHS Workforce Disability Equality Standard (WDES) data reports for the 2023-24 year. The DoSCE reported the following highlights:</p> <p>WRES</p> <ul style="list-style-type: none"> • 4.3% reduction in bullying, harassment or abuse for BME staff. • 7% reduction in discrimination. • 14.8% improvement in equal opportunities for career progression or promotion.

	<p>WDES</p> <ul style="list-style-type: none"> • 5.4% improvement in disabled staff feeling that the Trust valued their work. • 7.9% improvement in reasonable adjustments being made; this directly impacted on the Employee Relations (ER) caseload as many cases had previously related to the absence of reasonable adjustment. • 9.7% improvement in opportunities for career progression or promotion. • 6.9% improvement in the reduction of bullying, harassment or abuse. • 4.8% improvement in equal opportunities. • 6.3% increase in disabled staff feeling pressured to come to work when they were unwell (incorrectly reported as a decrease in the report). <p>The DoSCE was discussing with NHS England the bringing together of WRES and WDES into the Trust's Inclusivity Plan, thus reducing the pressure on the EDI team to generate individual action plans and reports throughout the year. The Trust needed to identify six key elements from the WRES and WDES data that would change the culture of the organisation, and link into the Inclusivity Plan.</p> <p>NED-JT observed that there appeared to be a greater issue around people with protected characteristics being employed by EEAST, than there was regarding their treatment once they were employed. She asked what the Trust was doing to address this? The DoSCE advised that the recruitment process was being reviewed from end-to-end in order to attract and support more people with characteristics through the application process. The DoPS confirmed that this was being addressed by the recruitment specialists as part of their role.</p> <p>The Board <u>noted</u> the report.</p>
11.3	<p>Freedom to Speak Up (FTSU) Quarterly Progress Report</p> <p>The Board received and considered the Freedom to Speak Up Quarterly Report and annual review. Janice Scott, Freedom to Speak Up Guardian (FTSUG) provided the following highlights for the 2023-24 year:</p> <ul style="list-style-type: none"> • 20% increase in concerns raised with the FTSU team. • The number of concerns raised directly with the Executive Leadership Team needed to be recorded. • A pattern had emerged in Quarter 4. with an increase in concerns resulting from Winter pressures. • A number of themes had been identified over the year resulting from the significant and ongoing changes within the organisation: <ul style="list-style-type: none"> ○ Systems and processes ○ Reduction in bullying and harassment ○ Increase in negative behaviours • Areas of focus for the future: <ul style="list-style-type: none"> ○ Friendships, relationships and allegiances remained one of the biggest challenges – these were embedded throughout the organisation. ○ People with protected characteristics and those who were different generally struggled within the organisation; some of the negative behaviours displayed by colleagues and managers were non-conscious. The FTSUG recommended that the Trust should address these differences otherwise it was in danger of losing excellent staff.

	<p>The TC acknowledged the improvement recorded and thanked the FTSUG for her honest report. The Board was not complacent: culture change was fragile and the organisation would continue to progress this agenda.</p> <p>In reply to a question from the DoF asking what one thing the Board could do to improve the organisation, the FTSUG proposed that the Trust would greatly benefit from a pause in internal recruitment and continuous learning for a period of time. When applying for a job, an external applicant would generally ensure that they had at least 80% of the required qualifications, experience and skills to undertake the job, with the remaining 20% learnt once in post. This was reversed when recruiting internally. Appointing an internal person who knew 20% of the job and could build on this knowledge, learning 80% of what was required once in post, had a significant negative impact on the wider organisation.</p> <p>In response to a question from the CP-DoQ regarding networks, the FTSUG referred the Board to an analysis of FTSU and staff confidence in speaking-up. The success of FTSU was evidenced: the incidence of speaking-up had increased, and there had also been an increase in good management and leadership. However, staff were still not confident in speaking-up as they were concerned about what might happen.</p> <p>The CP-DoQ reflected that FTSU was initially linked to safety and processes/systems not working; he accepted that there were still issues within the organisation around behaviour and stigma, but the problems with faulty systems and processes were being addressed.</p> <p>The TC thanked the FTSUG on behalf of the Board for her work and dedication to the Trust over the past 4-years.</p> <p>The Board <u>noted</u> the report.</p>
11.4	<p>People Committee Assurance Report</p> <p>The Board received and considered the People Committee Assurance Report. NED-WT (Committee Chair) provided the following update from the meeting held on 12 March 2024:</p> <ul style="list-style-type: none"> • Calibre Award winner, Dean Nock – an employee with protected characteristics – presented to the Committee; he had challenged the Trust to better support him in his career. With reasonable adjustments and appropriate support in place, Dean was promoted and started a degree in Healthcare Management. An increase in the appointment of new employees with disabilities was noted. • BME Network – the Chair challenged the Trust to understand the diversity of its staff and how this impacted the populations it served. • The Committee IPR showed real improvement across all metrics, for both People Services and Strategy, Culture and Education. • Suicide Prevention Planning – as requested by the Board following the death of two staff members in 2023, a postvention plan had been introduced. • Leadership Development Framework – a comprehensive programme was being developed building on staff experience, feedback and identified training needs; 92% staff satisfaction was recorded for the first modules delivered.

	<p>NED-JT observed that four surveys had been reported to this meeting; she asked what correlation there was between these surveys and whether the number of surveys conducted impacted on the response rates? The DoSCE confirmed that the response rate was good across all surveys. The feedback and themes generated were correlated to the Raising Concerns Forum and then shared with ELT and through the Directorates. Survey outcomes fed into the Trust's Inclusivity Plan, which was submitted for review by People Committee.</p> <p>The DoI proposed that some of the Trust's inspirational leaders, people such as Dean Nock, should be used to celebrate the internal communications for the Staff Survey.</p> <p>The Board <u>noted</u> the report.</p>
PUB24/05/12	OBJECTIVE 4: BE AN ENVIRONMENTALLY AND FINANCIALLY SUSTAINABLE ORGANISATION
12.1	<p>Audit Committee Assurance Report</p> <p>The Board received and considered the Audit Committee Assurance Report. NED-GL (Committee Chair) provided the following update from the meeting held on 21 February 2024:</p> <ul style="list-style-type: none"> • Board Assurance Framework and Risk Management Policy – reviewed by the Trust Board in April; risk scoring to be discussed at the next Audit Committee meeting. • Freedom of Information (FOI) Annual Report – there had been a substantial increase in the volume of requests, driven by the absence of the EEAST website, which placed huge pressure on the FOI team and resulted in the issue of ICO notices and reporting complaints (Limited assurance was offered). • The Annual Accounts Timetable was presented (Substantial assurance). • Internal Audit Plan 2023-24: <ul style="list-style-type: none"> ○ Clinical Audit (Substantial assurance) ○ Business Continuity and Disaster Recovery (Limited assurance) – referred to ELT, 11 action points to be addressed. <p>The IDoCAP confirmed that the FOI position was subsequently discussed by ELT; the number of new requests had reduced and work was ongoing to better understand what was driving these requests with a view to reducing workload across the organisation.</p> <p>The CP-DoQ reported that Business Continuity and Disaster Recovery was monitored by the Compliance and Risk Group (CRG), and a plan was in place to improve the level of assurance: a target of 80% compliance had been set for June 2024.</p> <p>The Board <u>noted</u> the report.</p>
PUB24/05/13	STRATEGIC PLANNING
13.1	<p>EEAST Strategy 2025-30</p> <p>The Board received and considered the organisation's long-term strategy for 2025-30. The DoSCE introduced the paper which provided an overview of the programme of work to develop the evolving strategy, and shared the engagement programme that</p>

	<p>supported the co-design of the strategy; to be discussed in detail at the Private Board meeting.</p> <p>The Board <u>noted</u> the report.</p>
PUB24/05/14	CLOSING ADMINISTRATION
14.1	<p>Items Referred to/from Other Committees</p> <p>People Committee:</p> <ul style="list-style-type: none"> • A review of the Trust’s ambition around vacancies was referred from the final meeting of the Performance and Finance Committee. • Internal communication and action planning from the NHS Staff Survey. • Review of the recruitment process.
14.2	<p>Key Messages and Risks Identified</p> <p>The TC summarised the focus of the meeting as:</p> <ul style="list-style-type: none"> • Connectivity – key themes and activities that would positively impact on performance. • Productivity – driven by staff and patient welfare, not just finance. • Culture and behaviours – remained an important focus; there was still considerable work to do in this area.
14.3	<p>Questions from the Public</p> <p>There were no questions received from the public.</p>
14.4	<p>Reflection on Meeting</p> <p>NED-GL offered the following reflections:</p> <ul style="list-style-type: none"> • He felt more able to participate in Board meetings as his understanding of the organisation improved; he thanked ELT for their open communication. • Patient story and awareness of end-of-life care – he acknowledged the scale of the issues that had to be addressed. • Staff Survey, Freedom to Speak Up, WRES and WDES – all results were showing signs of improvement but it was important to build staff trust; he proposed that a Board sub-group should be established to drive this agenda forward.
14.5	<p>Date of Next Meeting</p> <p>Wednesday 10 July 2024 (09:30 – 12:30)</p>

The Public Board meeting was formally closed at 12:40, and the Corporate Trustee meeting was convened.