CONFIRMED

MEETING OF THE EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST BOARD OF DIRECTORS, HELD IN PUBLIC ON WEDNESDAY 08 NOVEMBER 2023 (09.30 - 12:30) MELBOURN HQ, WHITING WAY, SG8 6EN (SAT NAV SG8 6NA)

Present:			
Members	Mrunal Sisodia	Trust Chair	TC
	Catherine Glickman	Non-Executive Director	NED-CG
via Teams	George Lynn	Non-Executive Director	NED-GL
	Wendy Thomas	Non-Executive Director	NED-WT
	Chris Brook	Associate Non-Executive Director	NED-CB
	Tom Abell	Chief Executive Officer	CEO
	Kevin Smith	Director of Finance	DoF
	Simon Chase	Acting Chief Paramedic/AHP and Director of Quality	ACP/AHP
	Melissa Dowdeswell	Chief of Clinical Operations	CCO
	Marika Stephenson	Director of People Services	DoPS
In attendance	Peter Cutler	NHSE Improvement Director	PC
	Hein Scheffer	Director of Strategy, Culture and Education	DoSCE
	Kate Vaughton	Director of Integration and Deputy CEO	DoI
	Simon Walsh	Medical Director	MD
	Stanley Mukwenya	Deputy Director of Corporate Affairs	DDoCA
via Teams	Michael Rampling	Freedom to Speak Up Deputy Guardian	DFTSUG
	Liz Cunnell	Chief of Staff	LC
	George Barber	Executive Support Manager to CEO	GB
	Lesley Hamilton	Minute taker	LH

PUBLIC SESSION (Disclosable)	
PUB23/11/1	**WELCOME**
1.1	*The meeting commenced at 09:30.*
1.2	Mrunal Sisodia, Trust Chair (TC) welcomed those present to the Public Board meeting of the East of England Ambulance Service. He extended his apologies to the public that, due to technical difficulties, the meeting was being held in an alternative room. TC highlighted that there would be a section at the end of the meeting to answer questions from the public.
PUB23/11/2	**APOLOGIES FOR ABSENCE**
	Apologies were received from Julie Thallon, Non-Executive Director (NED-JT), Alison Wigg, Non-Executive Director (NED-AW), and Emma DeCarteret, Director of Corporate Affairs and Performance (DoCAP).
PUB23/11/3	**DECLARATIONS OF INTEREST**
	There were no new interests declared.

PUB23/11/4	PATIENT STORY
4.1	Simon Chase, Acting Chief Paramedic/AHP and Executive Director of Quality (ACP/AHP), introduced the video presentation but technical issues prevented the presentation of the video. TC advised that the video would be made available online for the public at a later date. ACP/AHP explained the scenario highlighted in the video. ACP/AHP advised that the video related to a category 2 call to a lady experiencing a severe headache and not acting normally. A member of the family decided to call 111 and went through the triage system where she was advised to call her GP. Mrs Bell's condition deteriorated over the next two hours with a more severe headache and incoherent speech, and it was decided to call 999. This was correctly categorised as a Category 2 call for a possible stroke and the response took just over 40-minutes. Although Mrs Bell did not display every criteria for stroke, the crew were concerned and agreed this would require immediate transportation to hospital. They instigated pre-alert to the receiving hospital that this was time-critical or life-threatening as Mrs Bell was continuing to deteriorate. They were met with the stroke team at the hospital on arrival and a joint decision was made to take Mrs Bell to the CT scanner, where they confirmed she was having a thrombo-embolotic stroke with a blood clot on the brain and needed to go to a high acuity stroke unit with immediate effect. The crew undertook the secondary transfer to enable continuity of care for which Mrs Bell was extremely grateful and speaks very highly of the crew and their compassion. Mrs Bell received the relevant treatment and was later that day repatriated to Lister Hospital. It was discovered that Mrs Bell actually had a hole in her heart as an underlying condition. Mrs Bell had long-lasting conditions due to the stroke and suffers from memory loss, fatigue and pressure headaches. However, despite the initial delay, Mrs Bell and her family feel the care that she received was first class and are grateful for that. ACP/AHP shared two slides and gave a reflection of learning from this case. Firstly, despite the challenges around pressures the NHS are under and the impact of C2 calls, it is clear that the crews are able to recognise extremely quickly, based on clinical decisions, patients with potential stroke and we remain confident with the diagnostic bundle. Coupled with that, for the last two months, the Trust have pushed the envelope around being most high performing with regard to recognition of stroke. There are challenges geographically so it is rewarding to know that our staff recognise these patients quickly. It is also noteworthy that nationally, there is going to be a move from call to arrival from a 4-hour target to a 10-hour target. This is a decision by the NHS generally and is specifically around the recording, with some recognition of the challenges that we face. Dr Simon Walsh, Medical Director (MD) added that the change reflects a research-based change in clot-busting drugs. The second slide related to the new area around the Patient Safety Framework where the team are starting to determine some trends and themes. There is still room for

	improvement, and we have been able to determine areas we can improve upon with delays in transfer. ACP/AHP added that, even though the crew are transporting, it is the hospital who will determine the pathway. We are using video technology for learning with regard to on-scene clinical advice for stroke cases.
4.2	In response to a question regarding decision making with stroke, ACP/AHP explained that stroke care differs from cardiac cases in that the clot-busting drug carries a risk for a bleed and the action plan is for the patient to go to the nearest receiving hospital to determine whether a secondary transfer is appropriate.
4.3	TC spoke about the huge focus of the organisation on performance, particularly on category 2, and the effect on patients and staff welfare. This discussion has brought out the importance of continually reviewing and improving practice, and patient stories bring to light work that happens behind the scenes that is critical to patients. TC asked for the thanks of the Board to be passed on to Mrs Bell and her family for sharing their experience and apologised that we were not able to show the video.
4.4	**ACTION: Stanley Mukwenya, Deputy Director of Corporate Affairs (DDoCA) to ensure that the patient story video is made available online for the public to view.**
PUB23/11/5	**TRUST CHAIR AND NON-EXECUTIVE DIRECTOR'S REPORT**
5.1	TC summarised the activity over the last two months which included three main areas of focus: 1. Winter planning 2. Engagement with stakeholders, talking to partners across the system around our strategy. 3. Strategy development, we had several fruitful sessions on our three strategies: People, Clinical and Sustainability, where they take us in the next few years and the plans that support us to get there.
PUB23/11/6	**CHIEF EXECUTIVE'S REPORT**
6.1	Tom Abell, Chief Executive Officer (CEO) highlighted three areas from the report: • Our priority is how we maintain patient safety over the winter which will be another challenging one. We have started to see those pressures around demand and hospital handover and there is engagement going on to resolve problems. Key to that is our operational improvement plan. We have seen good improvement, but it is plateauing and we need to work on what is next. • There is an update around recruitment. We continue to maintain focus on implementing the additional capacity we have for access to the stack and unscheduled care hubs. • We are the first Trust in England to be awarded the bronze dyslexia award after great work from the team. At least five members of staff have praised the difference this has made for them. Hein Scheffer, Director of Strategy, Culture & Education (DoSCE) advised that the further work includes leadership events where contact has been made in how we can

	expand from the current Bronze grading to move us to Silver and Gold. In addition, we are also looking at how we accommodate people with Autism within the organisation.
6.2	In response to a question from Chris Brook, Non-Executive Director (NED-CB), DoSCE reported on the adjustments made which included the interview mechanism to enable people more time to prepare for interviews and ensuring people are enabled to bring the best out in themselves during stressful situations which would have placed them at a disadvantage. Other organisations are doing this as part of their recruitment mechanism, and there is more to be done.
6.3	CEO congratulated Melissa Dowdeswell on her appointment to the post of Chief of Clinical Operations (CCO). It had consequently been agreed to recruit a Chief Paramedic/Allied Health Professional; Simon Chase is stepping into this post on an interim basis while a recruitment campaign is completed. As part of that change, the CCO has responsibility for operational support.
PUB23/11/7	**MINUTES OF THE PREVIOUS MEETING**
7.1	The minutes of the meeting held on 13 September 2023 were agreed as an accurate record.
PUB23/11/8	**MATTERS ARISING AND ACTION TRACKER**
8.1	**PUB23/4/30.5 Provide assurance on essential care skills training compliance** – The DoSCE recommended that this item be closed. Five of the six roles are now in post, and we have seen an improvement in terms of essential skills training. This will continue to be monitored. Action closed.
8.2	**PUB23/4/34.8 FTSU report to be updated** – This report is on today's agenda; however, the required data is not included so this item should remain open.
8.3	**PUB23/4/38.7 CEG structure consider remuneration for volunteers** – It was highlighted that the ACP/AHP, Kate Vaughton, Director of Integration and Deputy CEO (DoI) have been collaborating with the patient experience team to complete work with volunteers to look to put forward a proposal which will mirror what has been done with public safety partners. We need to determine the amount of remuneration and a paper will be taken to ELT with an ambition to share next steps with the Community Engagement Group (CEG).
8.4	**PUB23/4/57.11 Include IPR metric to reflect number of calls transferred to other providers** – This is included in the IPR – Action closed.
8.5	**PUB23/4/61.6 Clinical Strategy** – This item is closed.
8.6	**PB22/3/45 IPR request reporting of training needs analysis in Q2 2023/24** – The update will go to People Committee in February when more data will be available.
8.7	**PUB22/3/68 Board Assurance Framework key strategic contracts to be identified and KPIs monitored at committee level** – Audit Committee continues to monitor this.

	Action closed.
8.8	**PUB22/3/62 Patient Story consider how information to patients on ambulance response times can be improved** – Discussions have taken place at Board and Quality Governance Committee. A generic, co-ordinated message will be provided for those calling back for an update on ETA. Also, the changes around C2 segmentation will help. Action closed.
PUB23/11/9	**INTEGRATED PERFORMANCE REPORT (IPR)**
9.1	The CEO introduced the report and highlighted the main points, which included a summary of the changes which have been made in the IPR pack and confirmed that sustainability metrics are now included. The key areas of risk are shown in the executive summary. The risk of the ongoing efficiency work is seen as being low, but we need to begin thinking about next financial year. Operational response times, culture, fleet and Time to Lead are all included as risks, but there is nothing new or surprising.
9.2	Marika Stephenson, Director of People Services (DoPS) went through the main points for People Services under Goal 4. • Staff turnover continues to decrease at 10.44% against a mean line of 12.59%, with initiatives in place. • There were positive signs within sickness rates which were 7.76% in September. As we head into winter it is likely to begin to change with flu/covid. • Employee Relations cases have stabilised around 100 consistently, and focus remains to resolve cases appropriately and within timescale. • Secondments had seen a slight increase in September connected to the Time to Lead programme, this is on-going while we recruit the permanent roles. It was noted that the first Assessment Centres had started last week, and we had appointed into those more senior roles, so we expected to see those secondments come down. • Workforce plan – 55% are booked onto courses and a further 32% are going through pre-employment checks. We will continue to advertise to find the remaining people. It was highlighted that a number of incentives had been agreed, including additional training programmes for the remainder of the financial year, and were starting to look into the next financial year. • It was also noted that the Wellbeing Wagons were now live, and other ambulance services are keen to understand what we are doing. We have been able to support staff in some crisis moments and they will start to be used more broadly.
9.3	DoSCE updated on Strategy, Culture and Education as follows: • Workforce planning – it was noted that we have linked with recruitment and education to become more integrated and pro-active moving forward. • Mandatory Training is ahead of target at 90% against a target of 85%, and Information Governance is slightly below where we want it to be at 89% against a target of 90%. • It was highlighted that appraisal levels continue to deteriorate, and this has been raised at People Committee and Accountability forums. The Board was made aware

	that the upcoming February Accountability meeting was to include plans for recovery. The electronic appraisal system will help, but it will take time to embed. • Both of our BME and Disability statistics continue to increase/improve slowly.
9.4	TC asked for a plan around a re-set for appraisals to increase the rate, particularly as we are going into winter. **<u>ACTION</u>: DoSCE to provide a plan for increasing the appraisal rate.**
9.5	In response to a question from the TC on the recruitment trajectory, the DoPS confirmed the potential shortfall as 60 roles at the end of Q2. She reiterated that there are sufficient training courses to maintain that level and was optimistic with the actions that have been put in place. The workforce plan for A&E has been a huge step forward.
9.6	ACP/AHP updated on Clinical as follows: • Cardiac arrest management, heart attack and stroke indicators show a continued strong position. • Patient experience fragility also continues to improve. We have seen a stepped increase in the closure rate around complaints, as only three had been re-opened this financial year. We continue to work hard to improve our closure rate. • It was also noted that we had seen an increase in concerns and have completed further training with the team who are at full capacity to assist in closing concerns early. There is still work to do, and we are confident that we will continue to see an increase in closure rate. • Mandatory training – it was indicated that we have had positive feedback from our regulators around our safeguarding training. • On IPC it was noted that we had been able to work closely with the auditors and IPC team to close the audit. There had also been improvement in vehicle compliance, and we are now targeting on station compliance for improvement. • The three areas of focus are clinical waste, domestic cleaning schedules and general cleaning, ie. fridges and eating areas, through IPC Group and QGC, we will start to see those changes happening.
9.7	Operational – the CCO updated as follows: • We continue to improve but it is likely we will see a reduction in our improvements over winter, looking at where we were last year there is significant improvement. • Hear and Treat figures are not where we want them to be, but this will improve going forward. • On reporting, it was noted that we have a high volume of pre-triage, but we are moving away from that. For a number of reasons, this was not yet recorded on the dataset. • Operationally, we have plateaued as part of our OPIP work. To move out of this we will focus on what the actual issues are and focus on those areas. • Reporting in relation to fleet, estates, make-ready, etc. does have an effect on our operational ability, so moving forward this will be reported in a different way.
9.8	NED-CB was in support of the hubs and their utilisation to bring things on track, but asked for assurance that the right care is happening in the hub.

	ACP/AHP responded that the hubs have been co-produced around clinical care, and we have our own staff in the hubs. The digital transfer of the calls has been well tested, the acceptance rate continues to improve and the calls we are sending are being well received and acted upon. There will always be an element of bounce-back for a number of reasons, but we have had no real issues which is a positive step.
9.9	The DoI reported on the main points for Goal 3: • It was highlighted that a Regional Steering Group for the hubs and each of our ICBs are looking at their ownership of the patients as soon as they are passed over. It was noted that we still have oversight and are monitoring for any issues, but we are growing a joint governance model. The national team are hoping to support us with the governance piece. • A line in the IPR was required to keep the Board updated on progress. • Six of our hubs were live, with several pots of funding for dedicated oversight and reactive transport, as well as supporting surge over winter. • Beds and Luton are still our biggest concern, and we are looking at what additional support they need. • It was indicated that we are looking at what more can be done to look at the acuity of the patient and the 2-hour tolerance. • On the maturity matrix, it was indicated that we are looking at what the gaps are and the ask around capacity. • It was highlighted that SNEE staff were going into the hub looking at what else we can do for our staff out-of-hours. • We are moving to a better place with the quality of the analytics which support the direction of travel for the hubs and have an agreement across the six hubs for software to assist in data collection. This is going through our internal process as well as discussion with the national team. • The work with Norfolk & Waveney and the system, the Norfolk and Norwich body are rotating through the hub to understand the stack. TC stressed that the hubs are absolutely key to our success as an organisation, we are moving out of the pilot phase and starting to think about how we industrialise the challenges. He felt it would be useful for the reflections and learning regarding behaviour and capacity to be brought back to the Board. Clarification was provided on the graph on page 56 of the pack. **<u>ACTION</u>: DoI to bring back reflections on learning, behaviour and capacity from the hubs to the next Public Trust Board, to include a table of coverage of each hub by condition and by time.**
9.10	PC raised the importance of mental health being incorporated into the hubs, more needed to be done in this area; the DoI agreed.
9.11	Goal 4 – Kevin Smith, Director of Finance (DoF) reported on the main points as follows: • A minor error was noted on slide 58, the second sentence should read “planned small deficit”. • It was highlighted that the surplus is generated from across the organisation and most areas are running to plan in terms of financial spend, one area that remains is PTS and this continues to be monitored through Finance Committee.

	• It was noted that, of the £27m investment, £4m had been spent by September. We had ambitious plans and are seeing a lot of internal movement, but we are not seeing the new intake of people. • It was noted that our plans on paper would fully utilise the £27m. It is an emerging issue that we are not spending the full investment. We are looking actively at what we can do and working to utilise some of that money in the hubs. It is expected that we will end the financial year with a surplus, and we await national and regional clarification on that. This reflects on the cash balance which is extremely healthy at the moment, and we are looking at how we can utilise this to support other Trusts within the system. • It was reiterated that the capital programme remains on plan. • DoF updated on an emerging issue with capital restrictions and will update on this as things progress. CEO confirmed that work continues on the budgets for next year and DoF is looking at non-recurrent items. We should have planning guidance by late December and will update in more detail at Private Board.
PUB23/11/10	**CIVIL CONTINGENCIES ACT COMPLIANCE**
10.1	CCO asked for it to be noted that we are required to complete our own assessments in a number of areas, for compliance and will sometimes also be assessed. Several areas are fully compliant, some are partially compliant and there is one area where we are non-compliant, related to our ability to respond on the Manchester Arena enquiry. It was noted that we are in a position to respond well, should there be a need, our teams were in a better position than last year. It was highlighted that a plan was being worked up and can be discussed at a later Board meeting. TC stressed that we were not alone in being non-compliant and work is ongoing at a national level to highlight the collective non-compliance and recognise that we are not complacent about this. CEO pointed out there is also a need for clarity on gatherings of more than 200 people and it is a similar challenge for Police and Fire. We have a proposal around first steps and the additional investment required to respond in these situations. NED-WT added that this has been through Quality Governance Committee (QGC) and the non-compliant areas held far less risk than last year and, as the standards change each year, it would be worth looking at how much we have improved. CCO advised there is significant improvement over the last two years. TC felt we are prepared for such an attack, and it is to be noted that non-compliance is taken seriously. CEO advised we have also been running a series of exercises to test the operational ability with Police and Fire to ensure we are as well prepared as we can be. CCO added that we have our local partnership forums attended with other emergency services colleagues and the collaboration has been much more visible.
PUB23/11/11	**FREEDOM TO SPEAK UP (FTSU) QUARTERLY PROGRESS**

11.1	Deputy Freedom to Speak Up Guadian (DFTSUG) was in attendance to present the FTSU update. TC brought out three points as follows: 1. There has been an increase in cases from Q1 to Q2. Several factors causing this include wider-reaching awareness and engagement of the Freedom to Speak Up team, an increase in psychological safety of staff to report concerns, and the uncertainty being generated by large scale projects within the Trust that are currently under way such as Time to Lead. 2. It is important to note that FTSU cases do not always transfer into ER cases. 3. The increase in bullying and harassment cases corelates to the changes within the Trust. 4. The FTSU team has increased in size allowing a wider area of delivery. 5. The plan is to target a wider area such as students and volunteers and to recruit more FTSU Ambassadors. Catherine Glickman, Non-Executive Director for FTSU (NED-CG), was impressed by the commitment and investment in this area. The team are very committed and open to listening. NED-CG was surprised that it was very much about how people were employed, rather than clinical judgments and that staff could not raise this with their line managers. Also, as Janice and the team go out, they are getting more feedback so there seems to be a strong correlation between profile and feedback. What would help on both sides is clarity on boundaries and expectations. It would also be helpful to support the team by using that data confidentially but to inform views about the leadership of the Trust.
11.2	ACP/AHP noticed from the KPI that there seems to be a good improvement around the facilitation the team are providing to help resolve, and asked if there was anything that can be done to try and ensure that it continues? It was good to see the anonymous concerns percentages were reducing.
11.3	DoSCE observed that FTSU was promoted through one of the Q&A's, and confirmed that people can raise behavioural issues, but also made it clear that we are keen to hear clinical concerns.
11.4	CEO advised this was also discussed at the Raising Concerns Forum (RCF) and the profile is moving as to where we are seeing speaking-up from. Time to Lead is very much focused on A&E and EOC, and we need to ensure we get under the skin of leadership and culture in our support service areas in order to understand better.
11.5	In response to a question from the DoI about whether the Board could assist regarding giving people the empowerment to escalate, DFTSUG confirmed that the RCF and being able to approach individuals in the Executive team was really useful in assisting the team. DFTSUG advised that mandatory training on speaking-up was being rolled out to the relevant people, depending on the banding and responsibility within the organisation. This may potentially raise the number of people raising concerns as they go through that training.

	The TC added that great strides had been made in this area and praised the hard work of the FTSU team.
PUB23/11/12	**PEOPLE COMMITTEE ASSURANCE REPORT**
12.1	NED-WT updated as follows: • The last meeting at the end of September received a presentation from the joint chairs of the All Women's EEAST network, who were passionate about their roles. • There was discussion about the menopause awards. • The Gender Pay Gap had reduced to 7.2% from 11.9% last year. We are employing more women and need to understand what we can do to reduce this further. • The digital appraisal process was discussed, and also the internal audit report and agreed actions on wellbeing. • The Health & Safety update gave the Committee moderate assurance. • Transformation updates were provided on all four programmes. • Board Assurance Framework (BAF) – we had moderate assurance on how risks were being mitigated. • The first discussion around the People Committee IPR was held at the meeting.
PUB23/11/13	**REMUNERATION COMMITTEE ASSURANCE REPORT**
13.1	TC reported two specific items: 1. The recruitment of Melissa Dowdeswell as Chief of Clinical Operations. 2. Decision to appoint a Chief Paramedic going forward.
PUB23/11/14	**OPERATING PLAN MID-YEAR REVIEW – HORIZON SCANNING**
14.1	The CCO provided a verbal update and areas of discussion were in the following areas: • Quality & Safety focus. • On stroke, it was highlighted that there is an opportunity for a diagnostics van and radiographer with the ability to X-ray, CT scan and ultrasound. • It was noted that Health Inequalities was high on the agenda from a horizon scanning perspective, in particular dental services which we know is a big problem. • Mental health – the National Ambulance Service Quality, Governance and Risk • Directors (QGARD) discussed concerns around mental health. • Maternity and the news around the Ockenden and Kirkup report will be brought back to QGC on a regular basis. • AI and what place it can have within the organisation; discussions are taking place on how we integrate AI and what that means. • It was noted that there is an ongoing federated data platform, a national piece looking at how every health organisation can access health records. • Letby case – this links into our discussion around Freedom to Speak-up. There will be an enquiry and we will receive information confirming what is required of us. It was indicated that this all links in with everything we are doing as an organisation.

14.2	With regard to Population Health and inequalities, the ACP/AHP was now attending the Population Health Equity Board which meets quarterly with the next meeting in December. The DoI added that, following the Health & Wellbeing Board meeting in Essex, we will be looking at whether there was anything we can do to specifically look at inequalities.
PUB23/11/15	**CQC QUALITY IMPROVEMENT PLAN (QIP)**
15.1	The paper provided onward moderate assurance around the MUST Do's and SHOULD Do's following the last core inspection in 2022. Several quality action plans were in place linked to the well-led element and looking to show that the three actions which were not completed have been merged into the new action plan. It was noted that they were nine actions that have slipped the original target date. It was also highlighted that the Trust was looking at how we test and challenge the data and the evidence provided, recommendations will be taken to Executive Clinical Group. The Board was informed that the Trust was working to close the original QIP, and an update will be provided on a 6-monthly basis.
PUB23/11/16	**STRATEGIC OBJECTIVES – MID-YEAR REVIEW**
16.1	DoSCE introduced the slides on screen for members of the public, showing that there are three clearly defined strategic objectives which our three strategies are aligned to. The Transformation Plans supports these. Our business planning process will follow the strategic objectives agreed with the Board. These had been cascaded into the wider organisation, and Finance were working with directorates to determine activity and spend to deliver those corporate priorities. The supporting transformation plans will be reviewed during a full-day workshop in December to test and refine against corporate priorities. Drafts will then be shared with ELT in January with a final plan to Board in February. TC confirmed that we are in a good position and starting to get to the cultural changes the Trust needs to make.
PUB23/11/17	**QUALITY GOVERNANCE COMMITTEE ASSURANCE REPORT – IPC ANNUAL REPORT**
17.1	NED-CG updated from the meeting held in October as follows. • Discussions had been held on KPIs, particularly understanding safeguarding training and the position against our set targets. The Committee received an update regarding the Ockenden and Kirkup maternity reviews, a new full-time midwife role to support the area, and training is being completed jointly with midwifery teams. • The R&D annual report was received and discussed, NED-CG felt it would be more useful to have information about the funding and capacity of the team. • It was noted that the Committee received an IPC report regarding station audits. • It was highlighted that Lynda Steele, Deputy Clinical Director (Quality and Safety) had presented the Patient Safety Incident Response Framework; all patient safety

	specialists are in place with one per ICB. The plan is on track and went live on 01 October, a quarterly review will be reported to QGC. • An access to the stack update was provided and will be presented on a regular basis to QGC. • The CQC Continuity Improvement & Regulation Group was given a moderate assurance rating based on good triangulation of the KPIs and having the right frameworks in place.
17.2	ACP/HCP asked for it to be put on record that the regional IPC lead from NHSE was extremely complimentary on how we managed COVID and the number of people we managed to keep in work during that time. The TC acknowledged this and asked for our recognition of that work to be passed back to the team. CCO added that it was also about what is happening now; last year we had a really successful flu campaign, and we are on week two of this year's campaign and have already vaccinated 19% of our staff.
PUB23/11/18	**PERFORMANCE AND FINANCE COMMITTEE ASSURANCE REPORT**
18.1	TC updated in the absence of NED-JT, that the Performance and Finance Committee reviewed financial progress against plans. There was a conversation around QCIP targets which were covered today by the DoF. Conversations around performance on C2 response times have been fed back in the IPR today. There were also conversations around Patient Transport Services (PTS) contracts.
PUB23/11/19	**ITEMS REFERRED TO/FROM OTHER COMMITTEES**
	There were no items referred from other Committees.
PUB23/11/20	**KEY MESSSAGES AND RISKS IDENTIFIED**
	There were no key messages or risks identified.
PUB23/11/21	**QUESTIONS FROM THE PUBLIC**
	There were no questions from the public.
PUB23/11/22	**REFLECTION ON MEETING**
19.1	The TC considered the theme today has been clinical practice, and how we maintain our clinical standards when we are working closely with our partners in the hubs. We also talked about clinical concerns being raised through Freedom to Speak-up. We have never lost sight of the fact that there is a link between output and performance. There has been a good deal of discussion and welcome observations from others.

19.2	The CCO added that it was good that we continue to talk about clinical practice and patient care. It is much more noticeable and comes back to patients as a collective and experience which will help us improve moving forward. The DoI felt that this underscores that we see the value of collaborating and integrating to improve outputs as an organisation.
19.3	NED-CB felt it was clear in terms of the improvements we made, particularly with risk management, and being realistic on the challenges ahead and what needs to be done.
19.4	NED-WT welcomed the discussion around clinical practice and wanted to see more of that, it is how we link that with the wider systems and with social care. There is so much more we can do to get the whole system working together.
19.5	NED-WT felt that this was the first time that things were progressing with the IPR.
19.6	The TC confirmed that the focus of this Board is very much on how we effectively manage our way through what is going to be a brutal winter this year. We are in a better position, however, the system as a whole is going to be put under greater stress than ever before. This afternoon's Private Board meeting is focusing on our winter preparedness, and it will remain an Agenda item going forward.
PUB23/11/23	**DATE OF NEXT MEETING**
	Wednesday 14 February 2024

The meeting was formally closed, and the next item was considered.

PUB23/11/24	**COPORATE TRUSTEE – CHARITABLE FUNDS COMMITTEE ASSURANCE REPORT**
	NED-CB reported that the Charitable Funds Committee was delighted to see a range of activities taking place, especially the wellbeing gardens which staff are making good use of. The Committee covered the Welfare Wagon which has been a success with our staff. The NHS Corporate Trustee Ambulance Charity have agreed a campaign. Finance is looking really healthy.

The meeting closed at 12:12pm