

**CONFIRMED (disclosable)**

**MEETING OF THE BOARD OF DIRECTORS, EAST OF ENGLAND AMBULANCE NHS TRUST, HELD IN PUBLIC ON WEDNESDAY 13 SEPTEMBER 2023 BETWEEN 09.30 AND 12:30 AM MELBOURN HQ, WHITING WAY, SG8 6EN (SAT NAV SG8 6NA)**

**MELBOURN**

<b>Present:</b>			
<b>Members</b>			
	Mrunal Sisodia	Trust Chair	TC
	Alison Wigg	Non-Executive Director	NED-AW
	Catherine Glickman	Non-Executive Director	NED-CG
	Julie Thallon	Non-Executive Director	NED-JT
	Kevin Smith	Director of Finance	DoF
	Marika Stephenson	Director of People Services	DoPS
	Melissa Dowdeswell	Director of Nursing	DoN
	Tom Abell	Chief Executive Officer	CEO
	Wendy Thomas	Non-Executive Director	NED-WT
<b>In attendance</b>			
	Emma de Carteret	Director of Corporate Affairs and Performance	DoCAP
	Esther Kingsmill	Deputy Head of Corporate Governance	DHCG
	Hein Scheffer	Director of Strategy, Culture and Education	DoSCE
	Julie Hollings	Director of Communications and Engagement	DoCE
	Kate Vaughton	Director of Integration and Deputy CEO	DoI
	Simon Walsh	Medical Director	MD
	Stanley Mukwenya	Deputy Director of Corporate Affairs	DDoCA

<b>PUBLIC SESSION (Disclosable)</b>	
<b>PUB23/4/48</b>	<b>WELCOME</b>
48.1	<i>The meeting commenced at 09:30.</i>
48.2	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 would not be broadcast live, but a recording would be made available for members of the public to watch following the meeting.
<b>PUB23/4/49</b>	<b>APOLOGIES FOR ABSENCE</b>

49.1	Apologies were received from George Lynn, Non-Executive Director (NED-GL) and Chris Brook, Associate Non-Executive Director (NED-CB).
<b>PUB23/4/50</b>	<b>DECLARATIONS OF INTEREST</b>
50.1	Wendy Thomas, Non-Executive Director (NED-WT) confirmed she was currently working for Essex Cares as Director of Corporate Development.
<b>PUB23/4/51</b>	<b>PATIENT STORY</b>
51.1	Melissa Dowdeswell, Director of Nursing (DoN) introduced the patient story from Mrs Edmunds. The patient had been treated by the Trust on two occasions due to an issue with her pacemaker. On the first occasion, she reported a negative experience with the crew who attended her, and felt this related to the fact the crew was approaching the end of their shift and was out of area. On the second occasion her experience was much more positive, and she reflected on the team working and efficiency of the crew. The DoN extended her thanks to Mrs Edmunds for sharing her story which would enable the Trust to learn from and improve on her experiences. She reflected on the key theme of communication, when the first crew had communicated with the patient they had not effectively conveyed the reasons for the preferred hospital of transfer, and she felt this related to the crew location rather than being based on her clinical needs. The Trust was working to clarify professional standards and communication expectations with crews to improve the engagement with patients and ensure patients had a good understanding of the decisions being made and reasons for these decisions. Crews were attending patients at their most vulnerable, and it was vital to remain cognisant of this when supporting them.
51.2	Non-Executive Director, Alison Wigg (NED-AW) noted that some of the challenges were attributed to the crews approaching the end of their shift. She highlighted that there had been activity internally to reduce late finishes and ensure crews were in the right locations for the end of their shifts and enquired whether progress had been made in this area. The DoN confirmed there had been positive progress to reduce the level of crews working outside of their areas and also to clarify expectations in relation to out of areas working and when this should occur. Out of area working had a detrimental impact on crews and should not be considered normal practice. Progress in this area had been adversely impacted by workforce availability, vehicle availability and system pressures.
51.3	Catherine Glickman, Non-Executive Director (NED-CG) informed the Board that she had attended a ride out with a crew who had anecdotally informed her they felt late finishes had improved and there was a genuine effort made by dispatch to return crews to the station as close to the end of shift as possible.
51.4	The Director of People Services, Marika Stephenson (DoPS) enquired whether the feedback had been provided to the crews referenced, and their reflections. The DoN confirmed the crews received patient feedback. The first crew had been disappointed in the way their behaviours had been interpreted and acknowledged tensions may have been higher due to it being the end of the shift. They had clarified that the hospital preference was related to the specialism required for the patients pacemaker and was not due to the preferred area, but acknowledged that this may not have been clearly

	explained to the patient. The second crew were proud of the feedback received and how they had worked together to ensure the patient received the best care possible.
51.5	The TC reflected on the themes of listening and engagement. He noted that out of area responses had been a recurrent concern for crews and remained a priority for address. Finally, he extended his thanks to the patient for sharing her story.
51.6	<b>The Public Board resolved to reflect on the story and learning from this case.</b>
<b>PUB23/4/52</b>	<b>TRUST CHAIR AND NON-EXECUTIVE DIRECTOR REPORT</b>
52.1	The TC presented the chairs and non-executive director report for information. The focus of the team remained on engaging with staff and stakeholders via station visits, meetings with staff and attendance at formal system meetings. Concerns from staff remained around the fleet and the level of vehicles off road, as well as time to lead. Plans for time to lead had since been revised following a series of engagement sessions to ensure they were reflective of staff feedback.
52.2	<b>The Public Board resolved to note the update provided.</b>
<b>PUB23/4/53</b>	<b>CHIEF EXECUTIVE REPORT</b>
53.1	<p>Tom Abell, Chief Executive Officer (CEO) presented the report.</p> <ul style="list-style-type: none"> <li>• He highlighted positive progress to support sustainably improved operational performance. This was beginning to deliver the improvements required however further work was required to deliver a sustained improvement in C2 response times.</li> <li>• The recent heatwave had nationally driven the highest level of demand since the festive period, which had demonstrated the ongoing fragility of the Urgent and Emergency Care System as response times and handover delays increased.</li> <li>• The winter plan would be discussed later in the meeting and was aimed at ensuring the Trust took every action possible to mitigate pressures and maintain patient safety during the high-pressure winter period.</li> <li>• There had been positive progress made against the recruitment plan however there was a need to further strengthen the pipeline of staff and ensure these staff had access to the right training and development opportunities.</li> <li>• Pre-consultation engagement for time to lead had been completed. The Trust was supported by sector leadership teams to finalise structures, which had since been approved and were in line with the principles of the programme. The next stage would be formal consultation.</li> <li>• The CQC had confirmed the lifting of two further conditions. There remained three conditions applicable to EEAST in relation to PAS, culture and sexual harassment.</li> <li>• An update was also provided in relation to the trial of Lucy Letby. There were actions arising from this case specifically applicable to the ambulance service, in particular the mechanisms in place to ensure the Trust was acting on Freedom to Speak Up (FTSU) concerns. The Trust was on track with the FTSU action plan, however the CEO reflected on the further actions required to mitigate the fears of staff that they may come to detriment when raising concerns through this route. The second focus was how as a Board the Trust was maximising its use of data</li> </ul>

	to understand the position and any unusual patterns requiring further investigation.
53.2	Simon Walsh, Medical Director (MD) informed the Board there was a robust incident investigation procedure in place, with incidents reviewed on a daily basis by a patient safety specialist to understand emerging themes. The panel would then escalate any specific concerns to executive leads for further investigation. The Patient Safety Engagement Group (PSEG) met on a bi-monthly basis to consider safety elements. The learning from deaths process had been defined and reported through the PSEG with a focus on cardiac arrests and handover delays.
53.3	Julie Thallon, Non-Executive Director (NED-JT) reflected that the specific concern in relation to the Lucy Letby trial was not individuals failing to speak up, but rather the organisation not taking notice where individuals did speak up. She challenged what the Trust was doing to ensure when concerns were raised the senior team was listening and responding to these concerns. The Trust had been working to clarify the most appropriate routes for staff to raise concerns, to mitigate concerns being raised through multiple channels, however she reflected that if individuals felt that their concerns were not being heard they should have access to as many routes as needed to raise these concerns. NED-WT emphasised that the non-executive team had been appointed to provide an independent route for staff to raise concerns if they were concerned regarding the internal processes. The Trust also had an FTSU NED lead in NED-CG who worked alongside the FTSU team, staff could also raise concerns directly via this route.
53.4	The TC noted that in recent years staff were increasingly confident to approach the NED team directly to raise concerns which would remain a key priority.
53.5	NED-CG confirmed following her appointment she had held her first meeting with the FTSU team. FTSU was originally defined as a process for staff to raise clinical concerns, in her first meeting with the team it was noted that very limited clinical concerns were actually raised via this process, with a higher level of concerns associated with the treatment of staff by management. It was vital the Trust continued to build confidence in this mechanism to encourage the disclosure of wider issues.
53.6	The DoCAP confirmed activity over the preceding years had been focussed on building the confidence of staff in providing a safe route for them to raise concerns. Leadership development managers had been appointed to support senior leader communications. In an ambulance service there were specific challenges associated with higher levels of lone working; observation, monitoring and clinical audit would be critical to supporting this balance where there was less visibility due to lone working.
53.7	The DoN reflected on ensuring actions were taken to learn from concerns raised. To support this there had been significant changes in the safeguarding team to bolster capacity and the support which could be provided to both patients and staff. There continued to be a high level of direct referrals to the HCPC which demonstrated the uptake of reporting concerns via an anonymised route. However, the anonymity of the process could impact the ability to investigate, therefore it was vital staff also had confidence in the internal processes for raising concerns and that these concerns would be acted on. It was vital to ensure the Trust was equipped with the right policies and

	processes to safeguard against such situations wherever possible and manage effectively where they did occur.
53.8	The DoPS reflected that EEAST reported one of the highest referral rates to the HCPC which demonstrated staff willingness to raise concerns. Although FTSU was established initially to raise clinical concerns, the Trust had high levels of employee relations, behavioural and cultural challenges which had meant FTSU tended to be used more for these cases than clinical concerns. She reflected that the Trust could do more to establish FTSU as a route to raise clinical concerns.
53.9	Hein Scheffer, Director of Strategy, Culture and Education (DoSCE) highlighted the correlation between poor behaviours and clinical outcomes. It was evident through the level of employee relations cases where there were concerns regarding poor or inappropriate comments and behaviours.
53.10	The MD confirmed activity was underway to identify lessons learnt from the aviation industry specifically, and the barriers which prevented individuals from raising concerns, in particular hierarchical barriers. It was important staff felt they could speak up regardless of which route they approached, with a focus on embedding and demonstrating positive behaviours from the executive and throughout the organisation.
53.11	<p><b>The Public Board resolved to:</b></p> <p><b>Note the actions being taken to learn from the Lucy Letby trial</b></p> <p><b>Note the lifting of two further CQC conditions</b></p> <p><b>Note the activity to improve operational performance and prepare for winter</b></p>
<b>PUB23/4/54</b>	<b>REGULATORY UPDATE</b>
54.1	This update has been provided in the item above.
<b>PUB23/4/55</b>	<b>MINUTES OF PREVIOUS MEETING</b>
55.1	The Public Board resolved to approve the minutes of the meeting on 12.07.2023 with no amendments.
<b>PUB23/4/56</b>	<b>MATTERS ARISING AND ACTION TRACKER</b>
56.1	PUB23/4/9.12: The Public Board resolved to close the action. The hear and treat trajectory would be included in the executive summary of the integrated performance report (IPR).
56.2	PUB23/4/30.5 (2): The DoSCE confirmed that the IPR was tracking a negative trajectory for essential care skills training compliance. As a direct result weekly supervision had been implemented and the Trust had appointed to six resuscitation training officer posts which would commence over the following months. Weekly monitoring was in place at both directorate and sector level. These actions were beginning to demonstrate incremental improvements in the position but the pace would need to be increased to meet the trajectory for full compliance by the end of March 2024.



56.3	<p>PUB23/4/30.5 (3): The impacts of the digital appraisal process would report to People Committee on 27.09.2023. The TC enquired whether a target had been agreed for appraisal compliance, and whether this trajectory was on track. The DoSCE informed the Board the target was set at 80% and was currently reporting at 68%. The challenge remained in relation to the embedding of the appraisal process as this remained largely manual. There was a trajectory to support full compliance by the end of March 2024. The query was then on whether the 80% target should be maintained or further increased. Public Board resolved to close this action.</p>
56.4	<p>PUB23/4/34.8 (4): The DoPS confirmed that following concerns raised by the Public Board in relation to the FTSU position for support services to identify any hotspots for concerns, there had been an assessment undertaken. Where there were high FTSU concerns reported this related to an area undergoing consultation or which was engaged in a significant change programme, resulting in a greater level of unsettlement amongst staff. There were no hotspot areas of concern. The Public Board resolved to close the action.</p>
56.5	<p>PUB23/4/38.7 (6): The Director of Integration, Kate Vaughton (DoI) informed the Board that an assessment was undertaken of the process in other ambulance services for remunerating volunteers outside of expenses. There were three potential options identified which would report to the volunteer advisory forum in October. She would confirm the outcomes from this meeting at the Public Board meeting on 08.11.2023.</p>
56.6	<p>PUB22/3/92.5: The DoSCE confirmed the Trust was undertaking a development programme for ethnic minority staff in Herts and West Essex aimed at increasing diversity representation in the pipeline of staff. Long term aims would report to People Committee. The Public Board resolved to close the action.</p>
56.7	<p>PUB22/3/45.16: The training needs analysis would be aligned with the digital appraisal tool. Preliminary activity had commenced to ensure a resilient infrastructure for the executive team which would be more evident as the Trust transitioned to a digital process.</p>
56.8	<p>PUB22/3/68.4: It was noted that key strategic contracts had been reported to the Audit Committee on 06.09.2023. However, NED-GL the Audit Committee chair had requested the action remain open for further address at the next meeting.</p>
56.9	<p>PUB22/3/62.7: The DoN recommended the action be closed on the basis that there had been a wealth of activity to ensure patients awaiting an ambulance response were kept updated. Consideration had been given to the ability to provide more specific updates to these patients, however due to the need to divert ambulances to the highest acuity calls these updates would need to remain generic. Instead, automated messaging was provided during periods of extreme pressure. The Trust was as specific as possible in messaging with patients. NED-AW suggested this requirement should remain under consideration, with the potential to provide specific updates to patients and further update them if a delay arose. The DoN confirmed that multiple templates could be provided which varied based on the pressures, but providing specific information beyond this was too variable due to the changing clinical need and system position. She suggested providing a specific timeframe which was subject to change may cause more distress to</p>

	patients awaiting an ambulance response. The TC recommended the action be referred to Quality Governance Committee to consider the patient experience impacts.
56.10	NED-JT provided an update from the extraordinary meeting of the Performance and Finance Committee on 30.08.2023. The Committee had considered two high priority areas; progress to embed the quality cost improvement programme (QCIP) and progress to address concerns associated with PTS. In relation to the QCIP, there was concern savings tended to be non-recurrent which made ongoing sustainability challenging. A trajectory had been requested for delivery by year end.
<b>PUB23/4/57</b>	<b>INTEGRATED PERFORMANCE REPORT (IPR)</b>
57.1	The DoCAP highlighted the pattern of sustained improvement which had been demonstrated in the IPR, but recognised further work was required to continue to drive forward delivery of these improvements. She challenged the Board to consider what else could be done to move with greater pace to drive forward critical areas of improvement for patients and staff.
57.2	<p>Goal 1 – be an exceptional place to work, volunteer and learn: the DoPS confirmed the metrics were demonstrating a positive trajectory;</p> <ul style="list-style-type: none"> <li>• Staff turnover continued to demonstrate improvements, reporting at 11.01% in the latest reporting period.</li> <li>• Sickness absences had reduced to 7.4% compared to 12.9% for the same period the previous year.</li> <li>• The volume of Employee Relations cases had reduced to 104 in July 2023, 80% of cases were closed within timescales in July 2023 compared to a mean closure rate of 49.04%.</li> <li>• Delivery of the workforce plan was critical. Consideration had been given to how this could be accelerated and could support the staff skill mix of 60:40 identified within the clinical strategy. Media advertising had been agreed for registered roles to attract some of these specialist skills mix.</li> <li>• The Trust was disappointed with the support provided from the agency in relation to international recruitment. There had been a number of commitments made which had not been delivered on. An alternative agency was being considered. International recruitment was a pivotal element of the inclusivity plan.</li> <li>• Appraisal compliance had reduced to 68%.</li> <li>• The numbers of staff disclosing their disability status or ethnicity had increased and was being championed by the equality and diversity staff networks.</li> <li>• Mandatory training had been maintained at 90%.</li> <li>• Essential care skills training compliance had increased to 68%.</li> <li>• The sexual safety survey had gone live.</li> </ul>
57.3	<p>Goal 2 – provide outstanding care and performance to our patients: The DoN provided an update on the key metrics associated with goal 2;</p> <ul style="list-style-type: none"> <li>• Complaints compliance continued to improve although had been impacted by capacity constraints arising from staffing shortages</li> <li>• There had been an increasing trend in incidents associated with delays.</li> </ul>

	<ul style="list-style-type: none"> <li>Sustained improvements continued to be realised in C1 and C2 responses rates, out of service time and arrival to handover. Further improvements were required to deliver national standards.</li> </ul>
57.4	<p>NED-AW enquired whether the Trust was obtaining maximum benefits from volunteers to support patients. She also enquired whether the Trust was on trajectory to meet the 30-minute C2 response standard. The DoN informed the Board that the Trust was not utilising volunteers as effectively as it could, particularly in relation to advanced practitioners. There were plans in place to ensure the Trust was obtaining maximum benefit from volunteers including training and awareness for dispatch which should support the winter response. In relation to the 30-minute C2 trajectory, the DoN clarified that this was an interim target, the national standard for response was 18 minutes. The Trust had experienced its busiest week which had a significant impact on performance and system working. Although it would be challenging, the Trust was on track to achieve the interim 30-minute C2 response target subject to any variables within this.</p>
57.5	<p>The TC noted that C2 response rates were vital to patient outcomes, where every minute mattered. This patient focus should be maintained when driving forward patient improvements. Other areas which could improve performance and mitigate demand included maximising hear and treat rates, and practical targeted staffing requirements.</p>
57.6	<p>Goal 3 – be excellent collaborators and innovators as system partners: The DoI provided the update;</p> <ul style="list-style-type: none"> <li>A workshop had been conducted with volunteers to consider the efficiency of dispatch following a reduction in volunteers dispatched to responses. There had been a deep dive to establish the opportunities available to maximise volunteer use, with work required around dispatch induction and training to support.</li> <li>Five of six unscheduled care hubs had been established, with the final hub expected to go live in October/ November 2023. There was an aim to implement this ahead of Winter 2023/24 to support the response during this period.</li> <li>Internally there had been positive progress to establish the staffing requirements and clinical leadership requirements for hubs, with adverts released for permanent staff to support this service.</li> <li>Additional funding was required to support the automated transfer of C3, C4 and C5 calls.</li> <li>There had been significant improvements in PTS with a 2% decrease in positively aborted journeys and a reduction in lone patient transfers. Discussions were underway with providers to support resilience in the PTS moving into winter, working jointly with systems to support.</li> </ul>
57.7	<p>The TC was pleased to note positive progress to establish and embed unscheduled care hubs. He requested an additional metric be added to reporting to reflect the number of calls transferred to other providers for response.</p>
57.8	<p>Goal 4 – be an environmentally and financially sustainable organisation: The DoF provided an update on the finance position:</p> <ul style="list-style-type: none"> <li>The Trust was in an increasingly stable position financially, operating ahead of the financial plan.</li> </ul>



	<ul style="list-style-type: none"> <li>• There was some variance within the plan, including the ongoing deficit reported in PTS, which remained a focus for address and was being negotiated with commissioners.</li> <li>• The QCIP was operating incrementally behind plan, it was anticipated actual delivery would not vary significantly but this would be based on non-recurrent savings. This was partly attributed to the Operational Performance Improvement Plan, in which the efficiencies and productivities could be measured but did not translate into immediate cost savings.</li> <li>• The risk of significant variation from the financial plan was relatively low, subject to the unknown impacts of winter 2023/24.</li> <li>• Of the £27m ambulance improvement funding identified, at M3 £2.5m had been expended. This had been delayed due to the late release of monies. It was anticipated expenditure would increase but was unlikely to deliver the full £27m. Clarity was required from the system on how this underspend would be utilised.</li> <li>• Business planning would commence in October and would be directly linked to the organisations strategic priorities. In previous years this had been a finance led approach, however the Trust was pursuing an inclusive process supported by teams to inform targets based on the strategic plan and goals. A similar approach would be pursued for budget setting.</li> </ul>
57.9	The DoI confirmed a risk share agreement had been agree in Herts and West Essex and Bedfordshire and Luton, similar negotiations were underway in Suffolk and North-East Essex and Cambridgeshire and Peterborough.
57.10	NED-WT reflected that areas of concern in the IPR seemed to have reduced in severity compared to previous years, she reflected on the genuine and sustained improvements being realised.
57.11	<p><b>The Public Board resolved to:</b></p> <p><b>Reflect on the ongoing and sustained improvements in key performance indicators</b></p> <p><b>Recognise the importance of continuing to drive forward these improvements to realise maximum benefit for patients and staff</b></p> <p><b>ACTION: Include in IPR metric to reflect the number of calls transferred to other providers for response.</b></p>
<b>PUB23/4/58</b>	<b>EXTERNAL AUDIT ANNUAL REPORT</b>
58.1	The external audit annual report was presented to the Public Board for information. The report outlined the external audit assessment on financial performance in 2022/23. An unqualified opinion was provided against the financial statements. The value for money view recognised the significant improvements which had been delivered to date, however as the Trust remained in the highest level of oversight, an unqualified opinion was provided.
58.2	The Public Board resolved to note the external audit annual report.
<b>PUB23/4/59</b>	<b>INCLUSIVITY PLAN</b>

59.1	The DoSCE presented the inclusivity plan, which had been informed by the findings from the BME, LGBT and disability and neurodiversity survey outcomes. The three-year plan was aimed at improving the Trusts culture to develop a more inclusive organisation, educating managers to nurture a supportive and inclusive environment for staff.
59.2	NED-WT confirmed the plan had been presented to the People Committee in August 2023, the Committee had challenged the need to ensure impacts could be measured robustly and were demonstrating the improvements required.
59.3	NED-AW expressed her concern regarding the risks to the Trusts in the ability to support reasonable adjustments in a fair approach. She highlighted that some actions would not realise improvements for a two-year period and challenged whether these timeframes were sufficiently ambitious.
59.4	NED-JT recognised the importance of a robust inclusivity plan and emphasised that this should be embedded in all activity, including links with the clinical strategy.
59.5	The CEO confirmed a detailed action plan would be developed to support the implementation of the inclusivity plan. There would be a significant resource requirement to enable this delivery which should be supported by clear measurables.
59.6	The DoCAP noted that the wealth of deliverables for year one were linked to the FTSU activity underway, which in turn aligned with the actions arising from the Lucy Letby trial. She noted that this was the right focus for year one to support a holistic approach.
59.7	The DoSCE confirmed that as the clinical strategy continued to develop and the sustainability strategy was refreshed this strategic narrative and alignment with the inclusivity plan would be vital. Work was underway to assess the skill mix of the team to ensure this was supporting delivery of the plan. Work was already underway to support a more robust process for the management and reporting of reasonable adjustments including reasons these were rejected.
59.8	The DoPS noted that it was evident in the themes for ET cases that managerial training was essential to supporting a more inclusive working environment. To support staff in this space, an enhanced redeployment process had been implemented for staff who were medically unable to complete their substantive role. An additional post had also been appointed to support reasonable adjustments, with a focus on tracking adjustments requested, accepted and declined. Passport training had been implemented for all leaders to support inclusive management, with the aim of extending this to Leading Operations Managers.
<b>59.10</b>	<b>The Public Board resolved to:</b> <b>Note the inclusivity plan</b> <b>Reflect on the importance of ensuring actions undertaken to support a more inclusive working environment were clearly communicated with staff</b>
<b>PUB23/4/60</b>	<b>REMUNERATION COMMITTEE REPORT</b>

60.1	<p>NED-AW provided a verbal update from the latest meeting of the Remuneration Committee;</p> <ul style="list-style-type: none"> <li>• There had been positive progress to address the level of ET cases in a timely manner.</li> <li>• An approach to support succession planning had been agreed.</li> <li>• The Committee reviewed and approved the senior executive cost of living pay award.</li> <li>• The Trust Chair appraisal was noted and approved.</li> <li>• The Committee had considered the new framework and implementation plan for Fit and Proper Persons Testing.</li> </ul>
60.2	<p><b>The Public Board resolved to note the update provided</b></p>
PUB23/4/61	<p><b>CLINICAL STRATEGY</b></p>
61.1	<p>The DoSCE reflected on the development of the clinical strategy which was being developed following concerns that the clinical delivery model was not effective and there was a need to improve clinical delivery to enhance patient outcomes and staff experiences. The strategy had been developed in collaboration with partners with a focus on access to the stack, the development of urgent care hubs and call before you convey and the implementation of innovative new roles such as advanced practitioners. The strategy was presented for approval, formatting would be developed ahead of publication to ensure this was publicly accessible.</p>
61.2	<p>The TC noted that a number of the actions within the clinical strategy had already commenced implementation.</p>
61.3	<p>NED-AW challenged that the engagement plan was not sufficiently robust in outlining the timeframes and what would be delivered. The TC reflected that the engagement plan should be extended to reflect engagement and co-production for both stakeholders and staff. He requested consideration of the engagement milestones and how these would be tested to ensure staff were satisfied with the approach.</p>
61.4	<p>NED-JT noted there was limited reference to engagement with patients and the public, nor was there reference to the handover of patients to NHS 111 and other out of hours services. The DoI confirmed there was significant activity underway with NHS 111 which required reflecting in the strategy.</p>
61.5	<p>NED-WT reflected on the benefits which could be provided from working collaboratively with partner organisations to support the patient response. Often patients were not best supported by the ambulance service and could be better supported through collaboration with partners such as social care. Advancing practitioners would be pivotal within the clinical strategy and may be at risk due to concerns with the ability to support international recruitment.</p>
61.6	<p><b>The Public Board resolved to approve the clinical strategy, subject to updates to reflect how staff, patients and the wider health and social care system would be engaged and this engagement tested.</b></p>

	<b>ACTION: Communications plan for clinical strategy to be updated to reflect how engagement with staff, stakeholders and the wider health and social care system would be engaged, and this engagement tested.</b>
<b>PUB23/4/62</b>	<b>QUALITY GOVERNANCE COMMITTEE ASSURANCE REPORT</b>
62.1	<p>NED-CG presented the assurance report from the Quality Governance Committee meeting on 26.07.2023;</p> <ul style="list-style-type: none"> <li>• Handover delays were demonstrating improvements but remained variable based on system pressures</li> <li>• Access to the stack, vacancies and hear and treat rates would be pivotal to delivery of the clinical strategy</li> <li>• Infection Prevention and Control measures were reporting positively.</li> <li>• There remained challenges associated with overspends in PTS. EEAST was negotiating revised contracts and risk shares with commissioners.</li> <li>• The Trust was reporting above the national average for return of spontaneous circulation, survival to discharge and medicines management.</li> <li>• Serious incidents had reduced by 50% since December 2022 but continued to be attributed to delays. This would be superseded by the Patient Safety Incident Response Framework.</li> <li>• The Committee had requested acceleration of appraisal completion.</li> <li>• Quality surveillance of PAS was improving.</li> <li>• Delivery of the time to lead programme would be essential to improving performance and delivery of the clinical strategy.</li> <li>• The safeguarding annual report was recommended by the Quality Governance Committee to Public Board for ratification.</li> <li>• A training session had been scheduled for the Trust Board in relation to the PSIR plan. The plan would enable a thematic review of incidents using national methodology in a pro-active approach.</li> </ul>
62.2	<p><b>The Public Board resolved to:</b>  <b>Note the update provided</b>  <b>Ratify the Safeguarding Annual Report</b>  <b>Ratify the PSIR plan</b></p>
<b>PUB23/4/63</b>	<b>RATIFICATION OF THE USE OF EMERGENCY POWERS</b>
63.1	<p>The Public Board ratified the use of emergency powers on two occasions in August 2023 on 10.08.2023 and 17.08.2023. The occasion on 10.08.2023 was to increase the purchase order for the provision of driver training courses. The occasion on 17.08.2023 was to approve the business case for Ipswich make ready hub. The Public Board ratified these decisions.</p>
<b>PUB23/4/64</b>	<b>AUDIT COMMITTEE ASSURANCE REPORT</b>
64.1	<p>NED-WT provided the update from the last meeting of the Audit Committee:</p> <ul style="list-style-type: none"> <li>• The Committee had agreed to a revised approach for internal audit reporting to ensure managerial ownership and accountability for audits.</li> </ul>



	<ul style="list-style-type: none"> <li>• The losses and special payments position was reviewed and noted.</li> <li>• Limited assurance was provided from the business continuity group. A review was underway of the assurance mechanisms for groups to ensure continuity in the application of assurance levels and effectiveness of the group meetings.</li> <li>• Tenders and waivers were on track</li> <li>• The Trust continued to work to resolve the backlog of subject access requests and freedom of information requests. There was a high level of confidence on the progress being made to return these to a business-as-usual position within three months.</li> </ul>
64.2	The DoCAP confirmed that limited assurance was provided from the business continuity group, however on review there had been good progress to establish an action plan to support civil contingencies act compliance. There had also been limited assurance in relation to the contract renewals process; a national tech solution had been agreed which would commence implementation in October 2023 and would enhance the oversight and assurance in this regard.
64.3	The DoF confirmed monthly reporting of the contracts register had been agreed at ELT which would enhance the oversight provided to ensure timely planning for contracts approaching their expiration period.
<b>64.4</b>	<b>The Public Board resolved to note the update provided.</b>
<b>PUB23/4/65</b>	<b>TRANSFORMATION COMMITTEE ASSURANCE REPORT</b>
65.1	NED-AW presented the Transformation Committee assurance report and confirmed that at the meeting on 19.07.2023 the dissolution of the Committee had been agreed, with the transition of oversight of key transformation programmes within the existing Committee structure. There was a robust framework in place to support the ongoing management of transformation. Oversight would be maintained as a Board through the Transformation Programme group on a twice-yearly basis for all Board members, with assurance also reported on each programme within the existing Committee structure. She cautioned that a large volume of programmes had transitioned to the Performance and Finance Committee for onward monitoring, which would require careful management to ensure there was sufficient capacity to maintain this oversight.
65.2	<b>The Public Board resolved to note the update provided.</b>
<b>PUB23/4/66</b>	<b>KEY MESSAGES AND RISKS</b>
66.1	The TC reflected on the theme throughout the meeting of the importance of listening and learning from both patients and staff. Patient safety had been an integral theme in all reporting alongside a strong performance focus which was a critical area for address. There had been some areas of significant improvement which it was vital to reflect on and celebrate, whilst recognising the need to support continuous improvement with pace and urgency.
<b>PUB23/4/67</b>	<b>REFLECTION ON MEETING</b>



67.1	<p>The DoN provided the reflection on the meeting. She noted the step change in ensuring a patient centred focus across all areas of discussion. The quality of reports had improved in length, quality and content. She reflected on the positive approach to both engagement and challenge which was supportive throughout the meeting. There had been a good balance between actions underway and the vision for the future. Finally, she noted the importance of open and honest engagement with both patients and staff, to ensure they understood what was being driven, why and the outputs from this.</p>
<b>PUB23/4/68</b>	<b>ANY OTHER BUSINESS</b>
68.1	<p>There was no other business and the meeting closed at 12:30.</p>