

**CONFIRMED (Disclosable)**

**MEETING OF THE BOARD OF DIRECTORS, EAST OF ENGLAND AMBULANCE NHS TRUST,  
HELD IN PUBLIC ON WEDNESDAY 9 NOVEMBER 2022 BETWEEN 09.00 AND 12.15 PM  
MELBOURN HQ, WHITING WAY, SG8 6EN (SAT NAV SG8 6NA)**

**MELBOURN**

<b>Present:</b>			
<b>Members</b>			
	Nicola Scrivings	Trust Chair	TC
	Alison Wigg	Non-Executive Director	NED-AW
	Carolan Davidge	Non-Executive Director	NED-CD
	Julie Thallon	Associate Non-Executive Director	NED-JT
	Marika Stephenson	Director of People Services	DoPS
	Melissa Dowdeswell	Director of Nursing	DoN
	Mrunal Sisodia	Non-Executive Director	NED-MS
	Neville Hounsome	Non-Executive Director	NED-NH
	Tom Abell	Chief Executive Officer	CEO
	Wendy Thomas	Non-Executive Director	NED-WT
<b>In attendance</b>	Barbara Shreeve	AWEEAST Network Co-Chair (PUB22/3/40 only)	AWE-BS
	Emma de Carteret	Director of Corporate Affairs and Performance	DoCAP
	Esther Kingsmill	Deputy Head of Corporate Governance	DHCG
	Gita Prasad	Deputy Director of Business and Partnerships (PUB22/3/51 only)	DDoBP
	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
	Kevin Smith	Director of Finance	DoF
	Linda Gove	Head of Corporate Governance	HoCG
	Simon Walsh	Medical Director	MD
	Theresa Foster	Head of Research (PUB22/3/40 only)	HoR
<b>Observers</b>	Ann Utley	NHSP	
	Kate Hall	Improvement Director	

<b>PUBLIC SESSION (Disclosable)</b>	
<b>PUB22/3/37</b>	<b>WELCOME</b>
37.1	<i>The meeting commenced at 09:00.</i>
37.2	Nicola Scrivings, Trust Chair (TC) welcomed those present to the Public Board meeting.



<b>PUB22/3/38</b>	<b>APOLOGIES FOR ABSENCE</b>
38.1	There were no apologies for absence.
<b>PUB22/3/39</b>	<b>DECLARATIONS OF INTEREST</b>
39.1	There were no new declarations received or declared related to business on the agenda.
<b>PUB22/3/40</b>	<b>STAFF STORY: CESSATION STUDY</b>
40.1	<i>Theresa Foster, Head of Research (HoR) and Barbara Shreeve, Co-Chair, All Women EEAST Network (AWE-BS) joined the meeting for this item.</i>
40.2	<p>The HoR presented the findings from a study into staff experiences as they transitioned into the menopause. She advised that the assessment was informed by policies, surveys and interviews with staff across the service.</p> <ul style="list-style-type: none"> <li>• At least 40% of the NHS workforce was female; menopause symptoms tended to commence in the mid 40's with up to 10% of individuals experiencing early menopause.</li> <li>• There were a broad range of menopause symptoms experienced by respondents to varying levels of severity.</li> <li>• The most predominant symptoms reported included; difficulty sleeping, tiredness/ low energy, mood changes, memory/concentration difficulties, hot flushes and night sweats. Other significant symptoms experienced were joint stiffness, weight changes and period pattern changes.</li> <li>• Thematic analysis of free text comments demonstrated challenges for staff with the impact of menopause on their work and personal lives, safety, sickness and menopause policies, desired support, managerial development, compassion and dignity and choice.</li> <li>• The study assessed managerial preparedness and support for staff experiencing menopause related symptoms. Of 123 respondents, only 10% of managers reported receiving any menopause related training. Managers reported concerns about how best to support staff experiencing menopause symptoms, management of sickness absences and a lack of trust guidance amongst other areas.</li> <li>• Within the free text field, managers were seeking; training and awareness of symptoms, suggested workplace adjustments, concerns around a negative perception of menopausal women, provision of specialist information for female staff and a male manager focus. In particular there was a need to break the stigma associated with discussing menopause.</li> </ul>
40.3	<p>AWE-BS advised that the network had been working alongside EEAST and the research team to respond to the cessation study. The network was open to all women and individuals who identified as women, with the founding principles of ensuring gender equality and justice. The network provided advice, support, mentoring and coaching to staff seeking it and supported the identification and informing of strategies, policies and actions to address inequalities and challenges for women in the workplace.</p> <p>The network was committed to collaborating, consulting and supporting activity associated with menopause awareness whilst supporting open and honest conversation between both men and women to break the stigma associated with menopause.</p> <ul style="list-style-type: none"> <li>• The first menopause awareness event had been hosted on 18.10.2022 which was world menopause day. This helped to launch open conversations and provided a forum for staff to</li> </ul>



	<p>share their own experiences and the impact of these experiences on their mental health, relationships and self-esteem.</p> <ul style="list-style-type: none"> <li>• The female workforce reported low self-esteem, depression and doubts over personal and professional capabilities associated with menopause. 10% of women would leave the workplace due to menopause related symptoms, there was a duty to better support these staff, change and challenge perceptions and educate in relation to menopause.</li> <li>• Three menopause advocates had since been successfully trained and would support reasonable adjustments, occupational health and recognising warning signs to address. The all women EEAST roadshow was scheduled and would provide an event to speak with staff and share information and teaching tools related to all aspects of women's health.</li> <li>• Male members of staff were also seeking advice and guidance to help develop them to support staff through menopause and discussions around reasonable adjustment requirements. Women's health ambassadors for England had been appointed and emphasised the commitment to address gender inequalities.</li> </ul>
40.4	The TC reflected on the openness of those sharing their stories which had been outstanding.
40.5	The Director of People Services (DoPS) advised that feedback from managers in relation to menopause awareness advocates had been positive and had demonstrated a tangible change to staff experiences in the workplace.
40.6	Non-Executive Director, Alison Wigg (NED-AW) enquired whether EEAST could learn from any organisations doing this well. The HoR advised that the fire service was outstanding for the support provided to individuals going through menopause. She was pleased that the topic was now being discussed and confirmed the focus would shift to guidance and interventions to improve individuals' experiences.
40.7	Non-Executive Director, Wendy Thomas (NED-WT) enquired what support the Trust Board could provide to practically improve the experience for individuals going through menopause. AWE-BS advised that training, awareness and the facilitation of open conversations was key, these open conversations would help to break the stigma and normalise discussions.
40.8	Kate Vaughton, Director of Integration (DoI) supported the approach and emphasised the duty of the Trust to ensure the findings from the study were embedded in the organisation activity, linking this to recruitment, retention, culture, staff wellbeing and championing diversity.
40.9	Non-Executive Director, Neville Hounsome (NED-NH) suggested a synopsis of the study should be incorporated in core training and development for staff.
40.10	Hein Scheffer, Director of Strategy, Culture and Education (DoSCE) advised that there was the intention to release educational materials on key equality measures according to themes, of which menopause would be one. He was keen to ensure the Trust was effectively addressing the practical elements which could better support staff such as cooler uniforms to ensure staff were more comfortable during the summer period. AWE-BS responded to confirm that uniform adaptations had been a key theme and was vital not just for menopausal staff but also adaptations to support staff of different religions.
40.11	<p><b>The Trust Board resolved to:</b></p> <p><b>Note the findings from the report</b></p> <p><b>Note the activity being undertaken to improve the support provided and to open conversations around menopause and menopause related symptoms</b></p> <p><b>Consider the practical actions which could be taken to support individuals experiencing menopause related symptoms in the workplace.</b></p>



PUB22/3/41	<b>TRUST CHAIR UPDATE</b>
41.1	<p>The TC presented her report. She recognised the role of all staff working under increasingly challenging periods to provide a good service to patients. There had been a range of non-executive engagement events over the period including attendance at key staff network forums, shifts with frontline staff and engagement with key stakeholders. Since the last Public Board meeting there had been interventions from NHSE in setting expectations from the new Integrated Care Systems (EEAST works within six systems), and the introduction of a wide range of improvements within EEAST's own sphere of control. Improvements in the challenged area of hospital handover delays were not consistent and embedded, and were not showing any notable improvement from previous months. Over the preceding months there had been a focus on ensuring delivery of sustained and embedded improvements, to support the response to the community served. These included:</p> <ul style="list-style-type: none"> <li>• A continued focus on ensuring delivery of key plans for improvement, which was supported by review at each of the committees of the goals, trajectories and plans. Each committee escalated to Trust Board issues associated with failure to achieve targets which informed discussions associated with the Board Assurance Framework and effective risk mitigation.</li> <li>• Active participation with systems to identify and deliver on different ways of working to improve the care and support for patients and staff in the short-term. Tailored care pathways were in place in all six Integrated Care Systems, alongside pilots for pan-regional improvements.</li> <li>• Focus on EEAST's future through Board development workshops centred on the developing Clinical Strategy. This workshop consolidated the future service ambition with insights arising from consultation with partners and stakeholders.</li> </ul>
41.2	<p><b>The Trust Board resolved to:</b>  <b>Acknowledge the pressures on staff over the period</b>  <b>Note the activity undertaken by the Trust Chair and NEDs</b></p>
PUB22/3/42	<b>CHIEF EXECUTIVE UPDATE</b>
42.1	<p>The Chief Executive Officer, Tom Abell (CEO) advised that ensuring a timely response to patients during the period of high pressure was one of the most pressing patient safety issues. To improve the service provision core steps had been undertaken including;</p> <ul style="list-style-type: none"> <li>• The 'Access to the Stack' initiative which would allow NHS community services to respond to patients where they were better placed to do so</li> <li>• Upgrading of the Chelmsford control centre</li> <li>• Increasing support for community first responders through the rollout of expense payments</li> </ul>
42.2	<p>There was increasing traction from the region to share responsibility and accountability for handover delays outside emergency departments. There were early indications that switching on access to the stack for less urgent patients requiring intervention was helping to provide more timely care to patients. The coroner's report for a patient suffering an acute behaviour disorder requiring police restraint had been received, with findings providing learning for all emergency services involved. Actions had been undertaken to ensure the response for those suffering acute behavioural disorders were prioritised appropriately. The Manchester arena enquiry also identified learning for the emergency services in how services responded to a major incident. Outcomes from the ballot into the potential for union industrial action in relation to pay rates was pending. EEAST was working alongside unions to ensure safety was maintained if industrial action was agreed and would provide assurance to the Trust Board.</p>
42.3	<p>Non-Executive Director, Carolan Davidge (NED-CD) enquired whether delivery of the green plan was on track. The CEO confirmed all actions were on track, although the measures to demonstrate this were being mapped.</p>



42.4	Mrunal Sisodia, Non-Executive Director (NED-MS) advised that varied feedback had been received on the impacts of access to the stack. System partners had reported that this was reducing delays in the Herts and West Essex system however operational managers suggested further embedding was required. Kate Vaughton, Director of Integration (DoI) responded to confirm that systems were at different levels of maturity, so the benefits would vary between these systems. Stakeholder engagement was key to the success of this programme and was received to varying degrees.
42.5	Non-Executive Director, Neville Hounsome (NED-NH) advised that the level of understanding at Integrated Care System (ICS) level varied, with some boards unaware of the issues within EEAST. The Trust needed to pursue a more influential approach to drive forward these improvements and engagement at system level.
42.6	Non-Executive Director, Alison Wigg (NED-AW) noted the activity taking place within hospitals to support patient flow and enquired whether this was leading to improved response times. The CEO responded to confirm that improved response times had been seen where delays were reduced as a result of these actions, but further work was required, there was not yet sufficient data to assure on this. There was also activity which could be taken internally to ensure the Trust was taking all possible actions to respond to the right patients at the right time.
42.7	<p><b>The Public Board resolved to:</b></p> <p><b>Note the assurance provided and activity being taken to ensure an effective and timely response to patients.</b></p> <p><b>Request a summary of system activity be circulated every month to ensure NEDs receive the latest information to inform their attendance at formal and informal system meetings</b></p>
PUB22/3/43	<b>MINUTES OF PREVIOUS MEETING</b>
43.1	The Public Board resolved to approve the minutes of the meeting held on 12.10.2022.
PUB22/3/44	<b>ACTION LOG</b>
44.1	The Public Board resolved to accept the updates provided to the action log.
PUB22/3/45	<b>INTEGRATED PERFORMANCE REPORT</b>
45.1	<p>The DoPS presented the people services core metrics.</p> <ul style="list-style-type: none"> <li>• Staff turnover remained a concern at 12%, consistently above target. Benchmarking was being undertaken with other ambulance services to assess how EEAST performed amongst services and identify learning.</li> <li>• Key strands of work were being undertaken alongside activity to support staff wellbeing in the workplace, EEAST was also represented on the national retention group.</li> <li>• Employee relations live cases were decreasing following the Facebook30 cases which was encouraging, the number of staff on suspension and the duration of suspensions was also improving.</li> <li>• Sickness was a key area in which there was a lot of focus working alongside business partners and was now below target at 8.91%. Work was being undertaken focussed within mental health which was the main cause for sickness absences. Mental health training was being pursued for champions and the headspace app had been launched for all staff.</li> </ul>
45.2	<p>The DoSCE confirmed positive progress was being made for statutory and mandatory training, although this remained below target.</p> <ul style="list-style-type: none"> <li>• 84.3% compliance had been achieved in October 2022 with the expectation the 85% target would be achieved by November 2022.</li> </ul>



- Appraisal rates were also on an upward trajectory at 52.5%, revised appraisal documentation had been rolled out across the organisation with staff feeding back improvements associated with the value of appraisals.
- Inclusivity remained a core focus to ensure a workforce reflective of the community it served. BAME staff had incrementally increased and a BAME staff survey was being launched and would also be released for disability and the LGBT community in January 2023.
- The results from these surveys would form the basis of the inclusivity plan for the future, it was hoped this would encourage staff to feel more confident in declaring their disability status.

45.3	<p>NED-NH reminded the Trust Board that the target was for non-operational areas to achieve full compliance for appraisal rates and believed it would be prudent that agreed performance management processes would be pursued. There had been concern the rollout of a new process may delay this, however he requested assurance that where managers were not carrying out appraisals without sufficient reason a performance management process would be pursued.</p> <p>The DoSCE responded to advise that there had been clear improvements for operational staff completing appraisals despite the operational challenges. NED-NH requested clarity on how these management performance actions were being enacted. The TC suggested if the trajectory was met, this would provide this assurance. The ambition for the Trust was focussed on a quality appraisal process. NED-MS supported the dual focus – both the compliance element but more importantly the impact element and how this affected staff turnover and staff survey results. The DoSCE confirmed the revised appraisal documentation was focussed on values and behaviours and would also feed into the talent management programme and succession planning which was planned for 2023/24 to inform a talent needs analysis.</p>
45.4	<p>NED-CD was concerned regarding mixed messaging associated with secondments, these provided key opportunities for talent progression and supported retention however the organisation had a historic issue with long standing and excessive levels of secondments. The DoSCE assured the Trust Board that a task and finish group had been established which reviewed secondments on a line-by-line basis to understand the reasons for this and ensure compliance with policy and ensuring a fair and consistent approach for all staff. Secondments were a good method to support upskilling but should be managed transparently and fairly.</p>
45.5	<p>NED-JT sought to understand the prioritisation of training – she was concerned regarding the high number of training requirements and suggested the organisation needed to be clear on what the focus for training was. The DoSCE advised that all training both operational and non-clinical was being assessed to feed into the appraisal discussion to determine the requirements within personal development plans to attract and retain staff.</p> <p>The TC suggested this would be supported by reporting of a training needs analysis. The DoCAP advised this would be a phased approach, she suggested reporting in Q4 on the activity to sustain improvements in training levels, followed by a full training needs analysis in Q2 2023/24. The DoSCE advised that pilot work was underway in Mid and South Essex to address leadership development requirements, targeted work with LOMs in Cambridge and Peterborough and activity through the Emergency Operations Centre (EOC) supported by Health Education England to support resilience.</p>
45.6	<p>The CEO highlighted that the metrics clearly demonstrated that current activity to support BAME staff into the workplace was not ambitious or sufficiently at pace to meet the target and the target was not sufficiently representative of the community. Engagement was being undertaken to understand the lived experience for individuals from a BAME background working for EEAST and what was needed to remove the barriers for applicants.</p>



45.7	<p>The Director of Nursing, Melissa Dowdeswell (DoN) recognised that EEAST was not responding to patients as well as required, either via telephone or response. The changing clinical strategy, handover plans and other areas being advanced should support improvements over the coming months, however these benefits were likely to be offset by an extremely challenging winter period on a national basis.</p> <ul style="list-style-type: none"> <li>• C1 incidents continued on an upward trajectory whilst C2 incidents were reducing, response times were also increasing. EEAST benchmarked average for response rates for C1 but was on the lower end of response rates for C2. C1 responses tended to take precedence, where these were reporting at high levels it affected response rates for C2 patients.</li> <li>• High handover delays had adversely contributed to response times. In the preceding two weeks a letter had been released from the region articulating expectations of both ambulance services and acute trusts in relation to handovers.</li> <li>• There had been significant delays up to 13 hours on ambulances which affected quality and safety. As part of the regional letter it was articulated that no ambulance should wait more than four hours, where they did there should be a clear line of escalation both internally and externally to regional and national teams.</li> <li>• EEAST had been an outlier as ambulance staff were cohorting patients into the ED, which would now transfer to emergency departments to undertake. EEAST was working alongside acute partners to support the delivery of realistic improvements. The new clinical strategy would change the type of and form of patient responses alongside workforce requirements including advancing practice. Emergency Clinical Advice and Triage (ECAT) was also being extended to support responses over the phone and transfer to more appropriate pathways where relevant.</li> </ul>
45.7	<p>NED-JT enquired what the consequences were for acute trusts which did not comply with the requirements outlined in the letter, and how this was overseen. The DoN confirmed that prior to the letter there was limited accountability. EEAST had been clear with all acute trusts on the phasing, timelines and how any deviation from this would be managed, supported by regional colleagues.</p> <p>There were also triggers from an ICB perspective to hold to account and escalate issues to support intervention. NED-JT emphasised the importance of ensuring that as these improvements were delivered by acute trusts there should be a corresponding improvement in EEAST's own performance. The CEO assured the Trust Board that an operational improvement plan was being developed to understand what the actions were designed to achieve and the measures of success to realise a sustained improvement in performance.</p>
45.8	<p>NED-NH advised that he had received feedback that the reason for a reduction in the volume of calls to the ambulance service was attributed to improvements in the 111 service. The DoN advised that this varied, calls were also impacted by duplicate calls which increased as patients waited longer periods. EEAST was working closely with 111, any patients awaiting a clinical assessment call back from 111 longer than an hour would shift across to the ambulance stack for response. Building these relationships to understand the cause and effect impacts as this progressed would be key.</p>
45.9	<p>NED-MS sought to understand whether the system was taking proper ownership of system serious incidents (SI). The DoN supported this, she confirmed significant progress had been made although further activity was required. SIs were owned by a single organisation. It was also important to recentre conversations to focus on population health and system risks. There was a disconnect between the sharing of information with other organisations and how this filtered up through the organisation for practical address.</p>
45.10	<p>NED-AW reflected that given the pressures on the system, harm would come to patients from delays and sought assurance that everything possible was being done to manage this risk. The DoN advised that EEAST was above average for quality and safety. Even with these performance challenges patient safety remained above average, with a plan in place to further improve this.</p>



	Changing the way of working to better respond to patients was key which may not always require a physical response.
45.11	The DoN advised that Infection Prevention and Control (IPC) measures were not performing well, which was attributed to culture and professional standards. Ensuring staff were taking ownership and accountability of key IPC measures such as clutter around stations and bare below the elbows would be addressed as part of the professional standards framework.
45.12	The DoI confirmed access to the stack was rolling out in a phased approach across sectors. One of the key risks was capacity within the information and digital team – the Trust was pursuing mutual aid due to the specialist skill sets needed and to ensure there was sufficient capacity to manage the digital requirements for the organisation. Work was underway to minimise delays at ED front doors through schemes such as ‘call before you convey’ to ensure advance notice and wrap around support from community and urgent response teams ahead of conveyance. The organisation needed to get better at iterating ambitions for each ICS and influencing these changes.
45.13	The DoF advised that at month six the financial position stabilised and achieved the financial plan for the month, although remained £300k off plan year to date. Themes behind the deficit remained and were attributed to overspends in operational areas associated with incentivisation and patient transport service (PTS) which were largely offset by underspends in support areas associated with unfilled vacancies. Three scenarios were being modelled for the likely outturn based on continuing as is, ensuring delivery of the financial plan or mapping maximum spend and resource over winter. EEAST had largely exhausted the resources available therefore scenario three was not expected to drive significant improvements. Changes to the forecast outturn position would be considered. Capital expenditure was slightly behind plan, there was a delay in vehicle release which would shift this capital requirement into 2023/24 therefore EEAST was working alongside system partners to manage this capital allocation between years or shift schemes ahead of schedule to ensure capital was fully utilised in year.
45.14	The TC enquired how a revised year end forecast would affect the Trust’s s30 break even duty. The DoF advised that this was not factored into the position until it was not achieved. A revised outturn would report and would include the financial strategy and exit criteria which would reflect the legalities associated with the s30. NED-MS emphasised that relationship management would be key in any deviation from the financial plan to communicate these changes with regions and other external partners.
45.15	NED-NH requested an assurance report at the Trust Board on the Quality Cost Improvement Plan (QCIP) for 2023/24.
45.16	<p><b>The Public Board resolved to:</b></p> <p><b>Request clarity on the actions taking place to manage non-compliance with appraisals</b></p> <p><b>Request reporting on the impact of appraisals in 2023/24</b></p> <p><b>Request reporting of a training needs analysis in Q2 2023/24</b></p> <p><b>Seek assurance that training improvements have been embedded</b></p> <p><b>Request assurance at January’s meeting on the QCIP for 2023/24</b></p>
<b>PB22/3/46</b>	<b>PROPOSED VOLUNTEER DASHBOARD</b>
46.1	The DoI presented the progress to establish a set of volunteer metrics to enable strategic consideration of the data as part of integrated performance reporting. The Trust had not historically collected data on volunteer activity and the process to achieve a reporting structure and analytics to support future decision making had to be developed from scratch.





	<p>To support the development of a cohesive dashboard that reflected all volunteering activities, a workshop was held with volunteer representatives, all Trust departments with a responsibility for volunteering, along with informatics support. This workshop demonstrated that volunteers and departments all had knowledge of their volunteers, but the ability to demonstrate effectively the full contribution, both qualitatively and quantitatively was not available, and many aspects of organisational data was not easily available to filter by volunteer or role.</p> <p>This had enabled the development of a community first responder database for reporting the response to patients from volunteers. The data demonstrated that in October 2022 volunteers provided 12,332 hours of shift cover, with a 70% first on scene rate for the calls that they attended. Additionally;</p> <ul style="list-style-type: none"> <li>• Community First Responders (CFR) attended 1869 assignments in October 2022 of which 537 were C1 calls.</li> <li>• CFRs were on scene at 1539 of which 444 were C1 calls.</li> <li>• CFRs were first on scene at 1348 of which 321 were C1 calls.</li> <li>• Time to Allocate to a C1 call was 4 minutes 30 for the month of October</li> <li>• Contribution to the Trust C1 mean October 2022 was 17 seconds.</li> <li>• Community Response volunteers, (including Military and Fire responder) accounted for 1047 operational volunteers.</li> </ul>
46.2	NED-NH was pleased to note the wealth of operational delivery support provided by volunteers but further work was required to ensure measures were aligned with the volunteer plan.
46.3	NED-CD suggested until the volunteer plan was defined it was challenging to consider whether the organisation was using volunteers in the right ways. She recognised volunteers were vital in providing a patient response, and their roles should be measured and maximised wherever possible.
46.4	<p><b>The Trust Board resolved to:</b>  <b>Note that volunteer metrics would be included as part of integrated performance reporting</b>  <b>Acknowledge that metrics may develop and change with the agreement and implementation of a volunteer plan</b></p>
PUB22/3/47	<b>BOARD ASSURANCE FRAMEWORK</b>
47.1	The DoCAP reminded the Trust Board of the balance of quality, operational and financial impacts which was mapped in the Board Assurance Framework (BAF). In particular the wellbeing impacts on staff as a result of the sustained operational pressures was key. It was vital to progress to a position in which the wealth of change activity underway was clearly mapped to enable the holding to account for delivery. The release of public information from the Equality and Human Rights Commission (EHRC) was expected in relation to the activities undertaken.
47.2	NED-NH noted there had been significant progress however was concerned the score for SR7 'failure to ensure a well governed and accountable trust' remained at 16, he enquired whether the right measures were in place given that this score had not reduced. He was informed the strategic risks including the mitigations, and key themes would be assessed as part of the risk management workshop on 14.12.2022.
47.3	NED-AW highlighted the risk associated with the resources and capacity available to support digital change. The DoCAP confirmed SR6 'Ability to ensure sufficient capacity and capability to ensure sustainable change' incorporated the ability to deliver against the digital strategy. She would ensure this was clearly articulated in SR6, particularly given this was a challenging area to attract staff to.
47.4	<p><b>The Trust Board resolved to:</b>  <b>Accept the assurance provided</b></p>

	<b>Request SR6 more clearly articulated the digital risk</b>
<b>PUB22/3/48</b>	<b>PEOPLE COMMITTEE ASSURANCE REPORT</b>
48.1	<p>NED-WT presented the assurance report, and confirmed that the committee had recommended a Board workshop to assess current issues to ensure lessons had been learnt from the loss of Ofsted accreditation.</p> <p>The committee had viewed the video from Hafsa Mahumud who presented to the Association of Ambulance Chief Executives (AACE) on her experiences as a member of staff in the ambulance service from a BAME background. It was vital the organisation was learning from these cases, the experience of Hafsa had been both shocking and should not recur.</p> <p>The committee noted that unions were balloting for industrial action in relation to pay and received an update from the disability support network, of particular note were the recommendations for reasonable adjustments for women during the menopause.</p> <p>Low assurance was provided in relation to the training and education delivery framework, further work was required to ensure activity was embedded and maintained. The People Strategy was ratified at the committee and recommended to Trust Board for approval.</p> <p>Following discussion in the committee meeting, the People Committee agreed the following levels of assurance:</p> <ul style="list-style-type: none"> <li>• Ofsted lessons learnt – moderate</li> <li>• Staff story – moderate</li> <li>• Integrated People Services Report – moderate</li> <li>• Industrial relations – low</li> <li>• Communications – high</li> <li>• Board Assurance Framework -moderate</li> <li>• EHRC progress – high</li> <li>• Health Education England (HEE) improvement plan – high</li> <li>• Disability support network update – low</li> <li>• Training and education delivery framework - low</li> </ul>
48.2	<p>NED-MS enquired whether there was a plan to ensure the organisation was a level three disability confident employer. The DoPS accepted the challenge and confirmed both disability and race would be an areas of focus. She highlighted good progress to address sexual harassment concerns. The DoCAP advised that a task and finish group had been established alongside the rollout of a disability survey and Workforce Race Equality Standard (WRES) inclusivity plan to begin to drive an improvement in key equality measures.</p>
48.3	<p>The DoI enquired whether the People Committee had oversight of how workforce risks were being reflected and discussed in integrated care systems. The DoSCE advised that none of the boards had a detailed system workforce plan in place but were keen to engage and integrate with provider workforce plans. It had been agreed that once the EEAST workforce plan was finalised this would be shared with SNEE.</p>
<b>48.4</b>	<p><b>The Public Board resolved to:</b></p> <p><b>Approve the People Strategy</b></p> <p><b>Note the assurance provided</b></p> <p><b>Accept the recommendation for a board workshop to test the learning from Ofsted</b></p>



PB22/3/50	<b>REMUNERATION COMMITTEE UPDATE</b>
50.1	<p>NED-CD advised that the committee noted good progress to reduce the number and length of external contracts which had contributed to the financial position and instability within the organisation. The committee considered employment tribunal cases and themes and lessons learnt from this. Further work was being undertaken to progress as a disability friendly employer. There had been changes to NHS terms and conditions in relation to overtime and unsocial hours.</p> <p>Following discussion in the meeting, the Remuneration Committee agreed the following assurance:</p> <ul style="list-style-type: none"> <li>• Gender pay gap and executive/ chair remuneration – high</li> <li>• Fixed term contracts – high</li> <li>• ET cases – high</li> <li>• Executive team changes– moderate</li> <li>• NHS terms and conditions - high</li> </ul>
50.2	<p><b>The Public Board resolved to: Note the assurance provided</b></p>
PUB22/3/51	<b>CLINICAL STRATEGY</b>
51.1	<i>Gita Prasad, Deputy Director of Business and Partnerships (DDoBP) joined the meeting for this item.</i>
51.2	The DoN advised the Board that the purpose of the clinical strategy was to improve the care and experience offered to patients.
51.3	The DDoBP presented the clinical strategy. She advised that some actions had been progressed including further consideration of reducing health inequalities, the measures for success and how this would feel different for patients. The strategy had also been updated to ensure it was explicit in the CFR and volunteer offer.
51.4	NED-AW expressed her support for the strategy, she reflected on the dependence on the rest of the system to deliver the strategy, in particular whether the resourcing was achievable and when the implementation plan would be received. The DoI confirmed the strategy was largely within EEAST's own ability to deliver. She advised that system partners were in varying stages of maturity, as such commitments may vary and develop as these systems matured.
51.5	The DoCAP advised that the engagement and messaging associated with both the clinical strategy and people strategy should be aligned. She noted the clinical strategy would influence systems and the way patients interacted through their pathway, as such it was vital to ensure this met accessibility requirements. Finally, the measures of success for both the clinical and people strategy needed to be defined and a timeline agreed. The DoSCE assured the Trust Board that following approval the strategy would be broken down into shorter documents to engage the public and staff in an easily accessible approach.
51.6	NED-MS emphasised the importance of engaging ICBs in the strategy, which would require a whole system approach. The DDoBP advised that a forward plan for strategy communications would be developed. She was confident easy read documentation and staff communication plans were in place, although timelines required finalising. A staff video and survey had been released on need to know but further work was required to increase this engagement through a range of forums and ensure understanding of how the clinical strategy would affect staff on an individual level. Elements of the strategy were already being progressed to ensure the delivery of benefits at pace, these included access to the stack which was being rolled out.



51.7	The TC reflected her support for the new strategy which would provide a platform to improve the care provided in communities, ensuring staff clearly understood their roles in delivery was vital and would underpin any cultural changes.
51.8	<b>The Public Board resolved to:</b> <b>Note the update provided</b> <b>Note an engagement and communications plan was being developed for staff, patients and stakeholders (in particular the ICBs)</b> <b>Accept a timeline and implementation plan would report at a future meeting</b>
PB22/3/52	<b>QUALITY GOVERNANCE COMMITTEE ASSURANCE REPORT</b>
52.1	NED-NH advised that the committee was challenged to avoid the reference to a 'new normal' level of pressures, it was recognised the risk would remain high but these pressures and performance challenges could not be normalised.  There were strong plans in place to address abstractions, out of service vehicles, efficiencies and the clinical strategy all of which reported reasonable assurance.  In July 2022 a record high level of serious incidents was reported at 35 incidents. The committee was focused on ensuring system incidents were shared and managed as a system to ensure maximum impact.  Within the clinical strategy consideration was being given to the progression to a single assurance framework. The committee escalated concerns associated with the ability to complete clinical audits, whilst national requirements were achieved, local audits were not taking place due to capacity constraints. This had been referred to Transformation Committee and ELT.  Following discussion in the meeting, the Quality Governance Committee agreed the following assurance: Board Assurance Framework – moderate Quality metrics – moderate Serious incidents – moderate Volunteer strategy – moderate Clinical Strategy – moderate CQC update - moderate
52.2	The DoN advised that capacity issues within clinical audit were affected by the manual audit process which could be addressed through the implementation of interoperability software which was being developed, however had been affected by capacity pressures in IM&T. A plan would be presented to the Quality Governance Committee meeting on 30.11.2022 for consideration.
52.3	<b>The Public Board resolved to:</b> <b>Note that assurance would be provided to the Quality Governance Committee meeting on 30.11.2022 on the capacity to complete local clinical audits</b> <b>Note the assurance provided.</b>
PB22/3/53	<b>PERFORMANCE AND FINANCE COMMITTEE UPDATE</b>
53.1	NED-JT presented the assurance report and confirmed a business plan for 2023/24 was being developed. The committee had considered learning from the quality cost improvement programme which was not delivering the efficiencies planned in 2022/23 and to ensure a robust plan for delivery in 2023/24. There were no areas for escalation.

	<p>Following discussion in the meeting, the Performance and Finance Committee agreed the following assurance:</p> <p>SR1 – moderate</p> <p>SR4 – low</p> <p>QCIP – low</p> <p>Business plan – moderate</p> <p>Capital Investment Group update - high</p> <p>Operational performance report – low-moderate</p> <p>Operational service delivery report – moderate</p> <p>Patient transport service – low</p> <p>Winter plan – low</p> <p>Civil contingencies act – high</p> <p>AACE report of C1 performance – moderate</p>
53.2	<p><b>The Public Board resolved to:</b></p> <p><b>Note the assurance provided</b></p> <p><b>Agree that PTS as a specific risk should be reflected in the BAF</b></p>
PB22/3/54	<p><b>TRANSFORMATION COMMITTEE ASSURANCE REPORT</b></p>
54.1	<p>NED-AW confirmed further work was underway with external stakeholders to deliver plans including the clinical strategy. The level of co-production undertaken alongside staff continued to increase. The committee escalated concerns to the Trust Board associated with resource and capacity in IM&amp;T which was affecting the completion of clinical audits.</p> <p>Following discussion in the meeting, the Transformation Committee agreed the following assurance:</p> <p>Strategic transformation journey – moderate</p> <p>Fit for the future – moderate</p> <p>Time to lead – moderate</p> <p>EOC improvements – moderate</p> <p>PMO dashboard – moderate</p> <p>Digital report – limited</p> <p>EPCR post implementation review – limited</p> <p>Sustainability update – high</p> <p>Integrated transformation programme – moderate</p> <p>System improvement schemes and engagement – moderate</p> <p>Board assurance framework – moderate</p> <p>Group assurance report - low</p>
54.2	<p>The DoCAP confirmed work was being undertaken alongside IM&amp;T to consider recruitment incentivisation or the use of agency staff to bolster team capacity.</p>
54.3	<p><b>The Public Board resolved to:</b></p> <p><b>Accept the assurance provided from the committee</b></p>
PUB22/3/55	<p><b>REFLECTION ON MEETING</b></p>
55.1	<p>NED-JH provided the reflection on the Public Board meeting. She noted there were often themes between operational, clinical and financial reports and there would be benefit from ensuring these are pulled out more clearly and linked; they can then be related to operational risks and transformation. She noted that transformation discussions sometimes seem to be more reactive than proactive. She highlighted that report length and quality remained variable but that there is some improvement. She further highlighted that the discussions today did not feel very patient focussed and we need to ensure that we adequately focus discussions on the impacts of changes on patients.</p>

55.2	The TC accepted the challenge to reflect more within the meeting on the patient position. She highlighted a tendency to be process focussed rather than impact focussed.
<b>PUB22/3/56</b>	<b>ANY OTHER BUSINESS</b>
56.1	The TC extended the Trust Board's thanks to NED-CD for her work and support for EEAST during a challenging period. NED-CD would conclude her post on 03.12.2022.
56.2	There was no other business and the meeting closed at 12:00.