

**CONFIRMED (Disclosable)**

**MEETING OF THE BOARD OF DIRECTORS, EAST OF ENGLAND AMBULANCE NHS TRUST, HELD IN PUBLIC ON WEDNESDAY 10 MAY 2023 BETWEEN 09.00 AND 12:00 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
	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
	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>			
	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
	Linda Gove	Head of Corporate Governance	HoCG
	Simon Chase	Chief Allied Health Professional	C-AHP
	Simon Walsh	Medical Director	MD
	Stanley Mukwenya	Deputy Director of Corporate Affairs	DDoCA

<b>PUBLIC SESSION (Disclosable)</b>	
<b>PUB23/4/01</b>	<b>WELCOME</b>
1.1	<i>The meeting commenced at 09:00.</i>
1.2	Nicola Scrivings, Trust Chair (TC) welcomed those present to the Public Board meeting.
<b>PUB23/4/02</b>	<b>APOLOGIES FOR ABSENCE</b>

2.1	There were no apologies for absence.
<b>PUB23/4/03</b>	<b>DECLARATIONS OF INTEREST</b>
3.1	The TC informed the Board that she had been accepted as an independent panel member for the judicial appointments commission commencing from 01.04.2023.
<b>PUB23/4/04</b>	<b>PATIENT STORY</b>
4.1	The Public Board heard the story of Mrs Senior, whose husband fell and broke his hip in a community setting. On contacting the ambulance, Mrs Senior was informed by the call handler there could be up to a 24-hour delay in ambulance response, and if possible the patient should be transported to hospital by car. The Board heard how this delay had caused worry and stress for Mrs Senior, particularly given the location of the incident. Call handlers triaged calls based on a set-criteria based on the needs of the patient, however this did not always consider the environment the patient was in. As a result of learning from this incident, cases occurring in a public setting were also referred to clinicians for assessment to consider the clinical needs of the patient based on the environment. A review was also underway of how clinical advice could be used to better support and improve communications with patients in the community. Rollout of access to the stack and the clinical advice line had supported the response to calls and increased clinical confidence and communications with families.
4.2	The Chief Executive Officer, Tom Abell (CEO) expressed his apologies on behalf of the organisation for the service Mr and Mrs Senior experienced. The elongated response time was related to system pressures. It was recognised there was further action EEAST could take to increase resourcing and streamline services to enhance the level of care provided to patients. A key area for further action was the communications provided to patients during periods of delay, and how this could be enhanced as additional clinical advice was appointed and alternative care pathways became available.
4.3	Kate Vaughton, Director of Integration (DoI) noted that the case highlighted the need for an agreed escalation process with system and internal partners. There was significant activity underway in the system to support working with community services and place-based teams. Where delays were being experienced in ambulance response an escalation process was being pursued to mobilise local community teams to respond.
4.4	NED-WT thanked Mrs Senior for sharing this story. She reflected that the Board received patient stories on a monthly basis which contained vital suggestions for future improvements in the service provision. She recommended reporting be undertaken of the stories heard and learning implemented as a result of these stories. This was agreed for reporting to the Quality Governance Committee.
<b>4.5</b>	<b>The Public Board resolved to:</b> <b>Extend their thanks to Mrs Senior for sharing her story and supporting learning within the organisation</b> <b>ACTION: Report to QGC actions taken as a result of learning from patient stories</b>

PUB23/4/05	<b>TRUST CHAIR REPORT</b>
5.1	<p>The TC presented the Trust Chair report and summarised key activity:</p> <ul style="list-style-type: none"> <li>• There had been a good response from systems to address hospital handover delays</li> <li>• The TC extended her thanks to all EEAST staff who continued to provide compassionate care to patients during a challenging period</li> <li>• There had been a broad range of engagement activity undertaken by NEDs across the organisation</li> </ul>
5.2	<p><b>The Public Board resolved to: Note the update provided</b></p>
PUB23/4/06	<b>CHIEF EXECUTIVE REPORT</b>
6.1	<p>The CEO presented the report:</p> <ul style="list-style-type: none"> <li>• He confirmed there were some signs of improvement in response times in April 2023 which had been enabled by increased resourcing, although remained below target.</li> <li>• EEAST was working extensively to deliver internal efficiency and productivity improvements as well as working alongside systems to drive a reduction in handover delays. A maximum handover delay target had been agreed of 1500 hours per week regionally, which would enable the Trust to consistently deliver the 30-minute standard.</li> <li>• Good progress had been made against the Trusts ambitious recruitment plan, aiming to recruit 775 new A&amp;E clinicians within the Trust over the course of 2023/24. As of the reporting date, 40% of the target was at offer, course booked or had commenced in post as of 19.04.2023.</li> <li>• Delivery of the Operational Performance Improvement Plan (OPIP) remained a priority, focus areas had been agreed as sickness rates, on scene times and out of service. Clear accountability and escalation structures had been agreed.</li> <li>• The National Guardians Office had released a report on speaking up in the ambulance sector, EEAST had provided a response to the actions related to ambulance trusts.</li> </ul>
6.2	<p>Non-Executive Director, Neville Hounsome (NED-NH) commended the delivery against the recruitment plan, but noted the key challenge when recruiting staff was the availability of practice educators and Leading Operations Managers (LOMs) to support these staff, he enquired how this would be assured. The CEO assured him that delivery of time to lead would be key alongside the recruitment programme, this included key actions associated with practice educators as part of the educator improvement plan. The Director of Strategy, Culture and Education, Hein Scheffer (DoSCE) confirmed the duties and responsibilities of current practice educators were being reviewed to determine how they were best deployed. NED-NH commended the level of recruitment but highlighted that the gap between staff in post and the level of practice educators to support them was significant and would worsen as recruitment increased. This would be a vital focus.</p>
6.3	<p><b>The Public Board resolved to: Note the update provided</b></p>



<b>PUB23/4/07</b>	<b>MINUTES OF PREVIOUS MEETING</b>
7.1	The minutes from the meeting on 15.03.2023 were approved with no amendments.
<b>PUB23/4/08</b>	<b>MATTERS ARISING AND ACTION TRACKER</b>
8.1	PUB22/3/85.6: NED-WT confirmed that contact details for organisations who could support in communications for those with different needs had been shared. The DoN confirmed this was being reviewed as part of the training requirements for staff. A register would also be developed of those able to communicate with British Sign Language. The action was confirmed as closed.
8.2	PUB22/3/68.3: Kevin Smith, Director of Finance (DoF) confirmed key performance indicators had been agreed for each strategic contract, which would report to the External Provider Assurance Group. It was recommended the action be referred to the Audit Committee for ongoing monitoring.
8.3	PUB22/3/45.16: The DoSCE assured the Board there had been a consistent improvement in appraisal compliance, with individuals supported to complete their appraisals through dedicated ring-fenced time.
8.4	<b>The Public Board resolved to: Refer action PUB22/3/68.3 to Audit Committee for ongoing assurance Close action PUB22/3/85.6</b>
<b>PUB23/4/09</b>	<b>INTEGRATED PERFORMANCE REPORT</b>
9.1	Marika Stephenson, Director of People Services (DoPS) provided a brief in relation to goal one 'be an excellent place to work, volunteer and learn' <ul style="list-style-type: none"> <li>• Vacancy rates continued to show an improvement with the delivery of the workforce plan and key incentivisation methods.</li> <li>• Turnover rates had reduced in March 2023 which may be associated with the NHS pay deal for 2022/23 and 2023/24.</li> <li>• Employee Relations (ER) cases had stabilised, suspension review meetings were driving a reduction in the number of individuals suspended and the average timeframe for suspensions.</li> <li>• Sickness rates reduced in March 2023, the HR business partners continued to focus on managing turnover and sickness at local level.</li> </ul>
9.2	The DoSCE confirmed: <ul style="list-style-type: none"> <li>• The 2022 staff survey demonstrated an improvement in staff satisfaction, this would continue to be monitored through the pulse survey.</li> <li>• The level of secondments had incrementally increased from the preceding year, they continued to be reviewed through the culture oversight group on a monthly basis. This included a focus on ensuring secondments were compliant with the secondment policy.</li> <li>• The level of BME staff in post and those declaring a disability had incrementally improved.</li> </ul>

	<ul style="list-style-type: none"> <li>• Mandatory training was operating above the 87% target.</li> <li>• Information governance training was operating below the 95% compliance requirement.</li> </ul>
9.3	Non-Executive Director, Alison Wigg (NED-AW) suggested reporting required updating to reflect the trajectories for improvement. The Director of Corporate Affairs and Performance, Emma de Carteret (DoCAP) confirmed that as part of the refreshed IPR rollout in July 2023 targets for key areas would be included.
9.4	Non-Executive Director, Mrunal Sisodia (NED-MS) noted that delivery of the recruitment plan had been a key area of success, but also enquired how EEAST was supporting a reduction in sickness and attrition rates. The DoPS informed the Board that retention was a key focus, but it was vital to recognise EEASTs role as part of the pipeline for the wider system which was also a key element within the workforce plan. The Trust was actively engaged in regional and national retention programmes and schemes. The People Strategy focussed on employee satisfaction and experience. Teams were assessing the causes for attrition and key hotspots to target initiatives.
9.5	The DoI confirmed as part of system activity, work was being undertaken to assess clinician ambitions and the models required to best support paramedics operating as a resource throughout the system. Development of these skills was vital for the paramedic career pathway. EEAST was working alongside system partners to better define the system offering for these staff, with a focus on the education programme requirements and managing the staff pipeline.
9.6	Melissa Dowdeswell, Director of Nursing (DoN) briefed in relation to goal two 'provide outstanding quality of care and performance': <ul style="list-style-type: none"> <li>• Responses to complaints within required timeframes had increase to 60%.</li> <li>• The Ambulance Care Quality Indicators for stroke and ROSC remained on a positive trajectory which was increasingly sustainable.</li> <li>• Early signs of improvement were being demonstrated through the OPIP, such as no send and cancelled at point of call which significantly reduced compared to the previous year.</li> <li>• Improvements in the EOC had been demonstrated as sustainable over the previous five to six months.</li> </ul>
9.7	NED-JT was pleased to note a reduction in serious incidents, but noted these pressures were likely to increase again in winter. She enquired how assurance would be provided on the preparations for winter and how this would be supported on a sector-by-sector basis. The DoN confirmed winter planning was underway. The recent industrial action planning had helped to inform planning for winter. EEAST would be working alongside partner organisations to manage the population risk. The plan and toolkit for winter would report back into the Performance and Finance Committee.
9.8	The TC requested a trajectory for hear and treat rates to include the aims. The DoN confirmed that hear and treat was not performing on target due to impacts from access to the stack which diverted some of the calls which would have met the criteria for hear and treat. There was also a high level of sickness which adversely impacted the ability to deliver hear and treat rates. The aim was for 12% of all calls to be managed via hear

	<p>and treat, this would be further supported by the recruitment of ECAT clinicians. Trajectories had been outlined in the OPIP and would be reflected in the IPR.</p>
9.9	<p>The DoI informed the Board in relation to goal three ‘be excellent collaborators and innovators as system partners’:</p> <ul style="list-style-type: none"> <li>• There had been extensive activity supported by the regional team to mitigate handover delays, regular oversight meetings had been established to drive a reduction in handover times.</li> <li>• It had been agreed community hubs would be established within each system to manage lower acuity calls, with surge escalation measures also agreed to respond as system pressures changed. Feedback to date on the community hub, which was being piloted in SNEE, had been positive. Patient outcomes had been audited to ensure clinical effectiveness, learning would be shared across the systems.</li> <li>• Each system was equipped with a strategic command centre which would work alongside the tactical operational centre in a flexible approach to respond to system pressures and escalations.</li> <li>• Funding had been agreed for the implementation of a volunteer hub aligned to the delivery of core workstreams to mobilise where patients could not access direct care. The potential for teams to be supported by the fire service was being considered to further increase the reach of volunteer hubs.</li> </ul>
9.10	<p>The DoF confirmed in relation to goal four ‘be an environmentally and financially sustainable organisation’:</p> <ul style="list-style-type: none"> <li>• The outturn performance for 2022/23 was a surplus of £1.9m which had been driven by a review of the asset base and associated increase in the value of the estate.</li> <li>• The revised QCIP forecast of £5.1m had been delivered in 2022/23.</li> <li>• The capital programme had been maximised to deliver the capital resource limit, due to the associated delay with fleet dispatch, remaining capital had been reabsorbed into the system to support the overall system position.</li> <li>• It was important to note the surplus position had been supported by underspends in support services which offset overspends in operational and PTS.</li> <li>• An additional £27m ambulance improvement funding had been agreed for 2023/24 to support operational performance improvements.</li> <li>• There was a £13.6m QCIP target in 2023/24, sectors had been assigned local targets and would present plans to achieve these targets, there had been a strong level of engagement received to date. The Trust continued to be financially affected by sickness and abstraction rates, which would be supported by the improvement plan.</li> </ul>
9.11	<p>The DoCAP reminded the Board that at the last Transformation Committee there had been a concern escalated to Board on the pace of transformation activity. The programme plans were scheduled to report to Transformation Committee on 31.05.2023 and would provide this assurance on pace and key deliverables. There had been good progress to clarify the change agenda. There was one key area of concern associated with health and safety regulations, work was underway between the clinical and governance teams to strengthen this assurance. There was a focus on embedding</p>

	professional standards, performance management and accountability to ensure the right outcomes for patients and staff, this would involve behavioural change.
9.12	<b>The Public Board resolved to:</b> <b>Note the assurance provided</b> <b>ACTION: Hear and treat trajectories to be incorporated in the IPR</b>
<b>PUB23/4/10</b>	<b>CONDITION G6 AND FT4 SELF CERTIFICATION</b>
10.1	The Deputy Director of Corporate Affairs, Stanley Mukwenya (DDoCA) presented the condition G6 and FT4 self-certification which set the recommendations for NHS trusts to continue services. EEAST was reporting as non-compliant with the provider license due to the failure to meet national ambulance targets, and the enforcement undertakings with the CQC. The Board was asked to approve for publication the condition G6 and FT4 self-certification as required by the NHS provider license.
10.2	The DoCAP suggested that if the Trust effectively delivered the planned improvements outlined for 2023/24 she was confident the Trust could confirm compliance with the provider license when it was next reviewed.
10.3	<b>The Public Board resolved to:</b> <b>Approve the condition G6 and the condition FT4 self-certification for publication.</b>
<b>PUB23/4/11</b>	<b>BOARD EFFECTIVENESS REVIEW</b>
11.1	The Public Board received the outcomes from the Board effectiveness review for 2022/23 for noting. It was important to recognise the continued development of the Board and committees which had been supported by the extensive development agenda. Clear improvement was evidenced in the survey and NHS Providers feedback which laid the foundations for ongoing development. Critical areas of focus remained the ongoing operational improvement plan, culture development, collaboration with system partners on alternative pathways of care, and recruitment against the workforce plan.
11.2	The CEO noted the progress over the previous year. He highlighted that critical to the ongoing development was ensuring the committees were operating effectively, which would be enabled by a strong governance sub group structure which would facilitate a wealth of improvements across the organisation. This would be reflected in the executive directors individual objectives.
11.3	NED-AW noted improvements in the quality of reports at Board level but suggested further work was required to refine these reports. She also highlighted the ongoing concerns associated with duplication between the Transformation Committee and other forums. She enquired whether there was a review of how the public was enabled to access Public Board meetings and whether the current approach was effective or whether in person attendance should also be reinstated for members of the public. The DoCAP confirmed the ambition was to progress to a flexible approach which enabled both virtual attendance at the meeting, and in person attendance for members of the public. Learning from the pandemic demonstrated that there was increased accessibility

	for the public through virtual attendance due to the dispersed footprint of the organisation.
11.4	NED-MS reflected on the Board effectiveness and the collective focus on transitioning the Board to a more strategic position. The Audit Committee had highlighted two key areas of improvement, the internal controls which were being developed to assure on the effective operation of the committee structure and the sub-group review to ensure they were meeting on time, were supported by the right skillsets and were discussing the right topics. Ensuring clarity on the internal controls and operation of sub-groups would transition the Board into a more strategic position. The DoCAP confirmed the review of governance sub-groups was already underway alongside establishment of key internal controls for each committee. A governance improvement plan was being developed to capture all areas of improvement activity and the aims of this activity.
11.5	<b>The Public Board resolved to: Note the improvements delivered over the preceding year</b>
<b>PUB23/4/12</b>	<b>DISABILITY SURVEY</b>
12.1	<p>The DoSCE informed the Trust Board that following the BME survey which had been released in March 2023, the Trust had conducted a survey to assess the experiences of Trust staff reporting a disability, and Trust staff reporting as a member of the LGBT+ community. The outcomes from these surveys, alongside findings from the national staff survey would form the basis of the inclusivity plan to nurture intersectionality within EEAST. The Trust had made the decision to separate the publication of the disability survey results from the LGBT survey results to ensure each report received a separate focus. He had met with the networks and had extended apologies on behalf of the Trust to those who had a negative experience with EEAST. There had been a strong response rate to the disability survey, with 71% of those eligible responding. Headlines from the report were outlined as follows;</p> <ul style="list-style-type: none"> <li>• 50% of respondents felt confident inappropriate behaviours and language would be managed appropriately.</li> <li>• 42% of respondents felt EEAST was a modern and inclusive organisation.</li> <li>• 41% of respondents felt they were able to bring their whole self to work, regardless of their disability.</li> <li>• 41% of respondents reported incidents of inappropriate nicknames, terminology or mimicking within EEAST.</li> <li>• 40% of respondents felt requests for reasonable adjustments were accommodated.</li> <li>• 32% of respondents believed there were suitable career development and training opportunities within EEAST.</li> <li>• 32% of respondents felt their manager had a sufficient understanding of their disability and the effect this had on how they worked.</li> </ul> <p>The survey drove eight key recommendations, and highlighted the need to review some of the policies which could risk unlawful action in the way they were interpreted. The Trust was committed to ensuring consistency in practices across EEAST, upskilling managers to eradicate ignorance and improve behaviours. It was noted there were potentially some unrealistic expectations of the Trust from a minority of employees. The action plan outlined the 12 actions which would be managed as part of the overarching</p>



	inclusivity plan, these actions were developed in collaboration with staffside and network members.
12.2	NED-AW commended the high response rate on the survey, which she suggested indicated staff were keen to be involved in providing their feedback. She noted some of the lived experiences of respondents had been challenging. It was vital to ensure the Trust was clearly responding to the findings from the survey and delivering these changes, ensuring a strong staff network support would be vital alongside the delivery of training and development for managers.
12.3	The CEO reinforced the commitment of the Trust to the delivery of the action plan and driving forward the changes required to ensure EEAST was a fully inclusive organisation.
12.4	NED-NH commended the Trust for the decision to undertake the survey and clearly outline the lived experiences of Trust staff in a transparent approach. He recognised further work was required to support flexible working within the Trust. He enquired whether the report had been shared with senior and middle management to understand their perceptions and whether they recognised the findings from the survey or had a different view. The DoPS noted the challenges associated with reasonable adjustments and confirmed a review had already been undertaken of the reasonable adjustments process. An additional focus area was redeployments which staff had provided feedback on, with some major successes in supporting staff into alternative, permanent roles. Over the preceding six months 19 staff had secured permanent roles with an additional 31 staff on trial periods into a permanent role. As a result of the successes in redeployments, leaders were being educated and supported in the management of reasonable adjustments to ensure a transparent approach to these decisions. Flexible working requests remained a source of challenge, the current rostering approach impacted the ability to implement flexible working requests, however the rostering approach was being reviewed to further support in this area.
12.5	The TC enquired whether the Disability Staff Network had provided any feedback in relation to the outcomes from the survey. The DoCAP confirmed the network had received the findings from the survey and were highly engaged in this discussion, expressing gratitude for the transparency and collaborative approach taken to respond to concerns. The network had also provided key input in the development of some actions, in particular the transition from e-learning to face to face training sessions to support staff with a disability. The network also recognised the bravery of those who shared their personal experiences, which was vital not only for those with visible disabilities, but also those with hidden conditions.
12.6	Simon Walsh, Medical Director (MD) supported the recommendations from the report and the need to ensure a bolder approach to flexible working. There was strong evidence from the British Medical Association of the positive effect of flexible working on retention, particularly for those in highly intense and stressful roles.
12.7	The DoF informed the Board that he had spent some time with a wheelchair user in Norwich who was supporting a project on disability management. He had travelled around the site with the individual which had highlighted the challenges wheelchair users experienced when travelling around the organisations estate and had been a valuable

	learning experience. There was a commitment to ensure adaptations were made to the estate to respond to the needs of staff.
12.8	The TC supported the plan and the intent and principles to progress to a more inclusive organisation which promoted diversity and the skillsets available as a result of this diversity.
12.9	The DoSCE reflected on feedback received from survey respondents, who felt this was the first occasion in which their experiences had been heard and there was a focus on driving improvements for these individuals without trying to justify or defend their individual experiences. Part of the focus of improvements would be on training managers to understand disabilities and encouraging managers to discuss the outcomes with staff. Progress against the inclusivity plan would report to People Committee. The surveys would be rolled out over the following three years to assess the impact of interventions. Staff were encouraged to share their own experiences and journeys which may support others in the organisation to speak out so they could be better supported. The DoSCE had also shared on Need to Know his own experiences in this area.
12.10	<b>The Public Board resolved to:</b> <b>Extend their thanks to those staff who had shared their personal experiences</b> <b>Note the outcomes from the survey</b> <b>Note the action plans to address findings from the survey, ongoing monitoring would be reported through the People Committee</b>
<b>PUB23/4/13</b>	<b>WRES AND WDES DATA REPORT</b>
13.1	The DoSCE presented the WRES and WDES data report which was a statutory obligation for submission. The Public Board was asked to approve the data submission. The reports had been discussed by the People Committee on 26.04.2023. Ongoing improvements in core equality and diversity indicators would be supported through the overarching inclusivity plan which would also include actions arising from the staff surveys and delivery of the anti-racism charter.
13.2	<b>The Public Board resolved to:</b> <b>Approve the WRES and WDES data submission.</b>
<b>PUB23/4/14</b>	<b>PEOPLE COMMITTEE ASSURANCE REPORT</b>
14.1	NED-WT provided a brief from the People Committee meeting on 26.04.2023: <ul style="list-style-type: none"> <li>• The committee received an update from the LGBT+ network on the networks planned activity over the coming period. The network was considerably more developed than other staff networks which was attributed to the strong national support. Future network priorities were a review of the transgender policy and implementation of gender-neutral questioning on EPCR.</li> <li>• The core metrics for the committee were demonstrating a range of improvement</li> <li>• The committee had recommended to Trust Board approval of the WRES and WDES</li> </ul>

	<ul style="list-style-type: none"> <li>The committee received an update on the revised educational model for EMTs which should reduce the dependence on practice educators and provide more development opportunities to support retention.</li> <li>Low assurance was reported in relation to the Health and Safety Action Plan, this had previously been escalated to the Trust Board in January and March 2023. Although compliance was confirmed in six of eight core areas the committee felt there was not clarity or evidence to demonstrate how this had been achieved. The governance team would review the evidence and report back to the People Committee on assurance.</li> </ul>
14.2	The DoN assured the Private Board that a review of Health and Safety had been undertaken however the timeline did not align with the reporting to the committee. A revised report was being developed for assurance to the People Committee to evidence this transition.
14.3	<b>The Public Board resolved to: Note the update provided</b>
<b>PUB23/4/15</b>	<b>REMUNERATION COMMITTEE REPORT TO BOARD</b>
15.1	NED-MS confirmed the Remuneration Committee had reviewed the gender pay gap report and received an update on the management of ER cases, which were on an improving trajectory.
15.2	<b>The Public Board resolved to: Note the update provided</b>
<b>PUB23/4/16</b>	<b>QUALITY GOVERNANCE COMMITTEE ASSURANCE REPORT</b>
16.1	<p>NED-NH provided an update on the latest meeting of the Quality Governance Committee:</p> <ul style="list-style-type: none"> <li>Serious incident levels had reduced in line with the reduction in handover delays. The committee had queried how assurance could be gained that system incidents were being adequately investigated and learning identified. It was confirmed that it was the provider responsibility following referral to action incident investigations and learning, EEAST was focussed on ensuring systems were made aware of these incidents where relevant.</li> <li>Members of the Community Engagement Group had withdrawn from attendance at the committee meeting as they felt input as core changes were being developed would be more valuable. The Audit Committee was undertaking a review of stakeholder mapping, it had been requested this review expand to focus on the patient voice to ensure this was adequately represented.</li> <li>The committee received a closure report on the Quality Improvement Strategy for 2018-2022 which was transparent in demonstrating failures in the oversight controls and implementation of this strategy. This provided limited assurance and was referred to the Transformation Committee to ensure learning was progressed.</li> <li>There was moderate assurance in relation to the sub-group governance structure due to concerns associated with group attendance, meeting frequency and expertise.</li> </ul>

16.2	With regards the Quality Improvement Strategy closure report, the DoCAP confirmed learning was being managed by the demonstrating impact oversight group which had defined objectives for quality improvement. A change framework was also being established which would outline the mechanisms for all change and transformation within the organisation.
16.3	<b>The Public Board resolved to: Note the update provided</b>
<b>PUB23/4/17</b>	<b>PERFORMANCE AND FINANCE COMMITTEE ASSURANCE REPORT</b>
17.1	<p>NED-JT provided a brief on the Performance and Finance Committee meeting on 26.04.2023:</p> <ul style="list-style-type: none"> <li>• The committee had considered the financial challenges for 2023/24, in particular delivery of an ambitious Quality Cost Improvement Programme.</li> <li>• Initial signs of performance improvement were noted, this would be closely monitored to ensure sustainability as pressures increased over the winter period.</li> <li>• EEASTs role and input in the future commissioning of ambulance services was considered and was a priority area.</li> <li>• PTS was being discussed nationally, EEAST had been engaged in these discussions.</li> <li>• The committee received the committee annual report and noted significant improvements in the committee function.</li> </ul>
17.2	<b>The Public Board resolved to: Note the update provided</b>
<b>PUB23/4/18</b>	<b>QUESTIONS FROM THE PUBLIC</b>
18.1	There were no questions from the public received.
<b>PUB23/4/19</b>	<b>REFLECTION ON MEETING</b>
19.1	The DoI provided the reflection on the Public Board meeting. She was pleased to note the increasing trust, openness and collaboration reflected in the meeting tone. She noted improvements in the quality of reports, although further refining of these reports would be a benefit. There had been constructive and supportive challenge, but she suggested this was not to the level anticipated, particularly in relation to some of the historic issues such as handover delays. However, she suggested this may be related to the increasingly robust plans in place to assure the Board on improvements. She particularly noted the Non-Executive Directors were needing to ask questions on multiple occasions, and recognised the executive could improve the assurance provided in reports to offset some of these questions.
19.2	The TC reflected on the insights from patients in the meeting which had been powerful in highlighting where the Trust communications were not as effective as intended. This feedback was vital in directing how the Board operated and responded to the concerns of the public.

<b>PUB23/4/20</b>	<b>ANY OTHER BUSINESS</b>
20.1	<p>The CEO extended his thanks on behalf of the Trust to the departing TC. He recognised the support and guidance received from the TC, who would be departing the organisation at the end of May. He particularly commended her activity during an extraordinary period of time as chair, supporting the response to regulatory pressures, the pandemic and executive instability whilst achieving this in a calm and measured approach. She had led the organisation in a compassionate approach, ensuring patients and communities were at the heart of all decisions.</p>
20.2	<p>There was no other business and the meeting closed at 12:00.</p>