

CONFIRMED (Disclosable)

**MINUTES OF THE EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST BOARD MEETING
(PUBLIC SESSION) WEDNESDAY 12 JANUARY 2022 AT 09:00
VIRTUAL MEETING**

Present:	Nicola Scrivings	Trust Chair
	Alison Wigg	Non-Executive Director
	Ai Lowe	Head of Organisational Development
	Carolán Davidge	Non-Executive Director
	Emma De Carteret	Director of Corporate Affairs and Performance
	Esther Kingsmill	Deputy Head of Corporate Governance
	Julie Hollings	Director of Communications and Engagement
	Juliet Beal	Director of Nursing, Clinical Quality and Improvement
	Julie Thallon	Associate Non-Executive Director
	Kevin Smith	Director of Finance and Commissioning
	Linda Gove	Head of Corporate Governance
	Liz Cunnell	Office Manager
	Marcus Bailey	Chief Operating Officer
	Mrunal Sisodia	Non-Executive Director
	Neville Hounsome	Non-Executive Director
	Selina Lyons	PMO Project Manager (staff story only)
	Simon Walsh	Interim Medical Director
	Tanoh Danso	Paramedic and Reciprocal Mentor (staff story only)
	Tom Abell	Chief Executive Officer
	Tom Burton	Strategic Planning Director
	Wendy Thomas	Non-Executive Director
	Members of the Public	

PUBLIC SESSION (Disclosable)

1.0 WELCOME

1.1 *The meeting commenced at 09:00.*

1.2 Nicola Scrivings, Trust Chair (TC) welcomed those present to the public board meeting.

2.0 APOLOGIES FOR ABSENCE

2.1 There were no apologies for absence.

3.0 DECLARATIONS OF INTEREST

3.1 There were no declarations of interest related to matters on the agenda.

4.0 STAFF STORY

4.1 *Tanoh Danso, Paramedic and Reciprocal Mentor (RM) and Selina Lyons, PMO Project Manager (PMO-PM) joined the meeting.*

4.2 The TC introduced the reciprocal mentoring pilot, which included a podcast which demonstrated the tone and style of a mentoring session.

- 4.3 The PMO-PM confirmed that she had supported the reciprocal mentoring pilot. The BAME network had identified reciprocal mentoring as a key enabler for career progression and training for under-represented groups in 2020. As part of the pilot, junior members of staff took on the role of a 'mentor' to engage senior staff in understanding the lived experiences of the mentor. This took place over six sessions across a 6–9-month period. Mentors were secured from both frontline operational roles and corporate and support roles, with mentees from the senior leadership team. The sessions were supported by a clear framework and confidential guidance to enable and direct discussions. The programme created a framework for accountability for the mentor and mentee to engage, respond and produce a plan for tangible outcomes. There were many benefits associated with reciprocal mentoring for both parties involved, it enabled mentors to directly contribute to critical work within the system, while mentees were enabled to be more effective change agents, encouraging a culture in which all parties felt able to take initiative and raise concerns. There were low-costs associated to deliver the programme and a high level of benefits associated. On a personal level, supporting the programme had enabled the PMO-PM to progress her career into a project manager role on a full time basis. The programme was considered fundamental to deliver positive outcomes and provide a platform to enable engagement between leaders and staff of different levels and backgrounds.
- 4.4 Non-Executive Director, Carolan Davidge (NED-CD) enquired whether there was any advice that could be given to staff keen to take on the role of mentor but with uncertainties. She also enquired whether there was any learning from the pilot. The PMO-PM advised that she had found the programme extremely beneficial in sharing individual experiences and learning from these. She recognised the potential for mentors to struggle with confidence as a result of the power imbalance, which would be built into the framework to enable and empower mentors to speak openly and honestly. The Head of Organisational Development, Ali Lowe (HoOD) advised that the programme had shifted from reverse mentoring to reciprocal mentoring in recognition of the benefits for all parties involved. A framework was in place to support all parties to gain maximum benefit from the experience. The next stage would be to open the opportunity to other individuals with protected characteristic. The RM advised that he had found the experience empowering and would encourage other staff considering reciprocal mentoring to get involved. There had been historically limited changes in enabling BAME staff to progress in their careers, so he was pleased to see the Trust taking this initiative and getting staff involved in the process. He was pleased to share his own experiences with staff who were uncertain to encourage them to take part.
- 4.5 The Chief Executive Officer, Tom Abell (CEO) advised that reciprocal mentoring would be key for the whole board development. It had enabled senior staff to understand others experiences of discrimination within the trust and helps to tackle issues and advance careers for those who had been subject to unconscious bias. He was keen to extend the framework to other senior leaders which would help to drive changing mindsets and perceptions of deep-rooted issues. The RM supported the expansion of the project to other senior leaders, particularly where the Trust Board had already undertaken this training and demonstrated the benefits. It was important to understand the experiences at all levels of the organisation, particularly as there was a more direct link to ground level staff through this information cascade.
- 4.6 The TC reflected on the privilege and benefits realised from reciprocal mentoring and encouraged others to take part in the programme.
- 4.7 *The PMO-PM and RM left the meeting.*

5.0 TRUST CHAIR REPORT

- 5.1 The TC presented the report. She recognised the extremely challenging circumstances for staff working under sustained pressure and advised that the Trust Board were focussed on supporting staff and patient health and wellbeing throughout these pressures. The Trust Board had

undertaken a range of engagement, stakeholder support and personal development activity to support the transition to a well led board and ensure they were delivering to the best standard possible for the trust.

6.0 CEO REPORT

6.1 The CEO presented the report. He commiserated with colleagues over the death of a staff member in December 2021 and recognised the family who were struggling with the loss. EEAST was supporting the family in their grief and had also commissioned an independent investigation into the circumstances of the staff death and whether anything could have been done differently to better support staff members in acute distress.

6.2 The CEO advised there had been an increase in staff abstractions and operational pressures which had resulted in increasing hospital handover delays which was further compounding the pressures staff were under. EEAST was engaging with system partners to identify how hospital handover delays could be mitigated and resilience input into the urgent and emergency care system. He recognised staff had shown and continued to show significant resilience and willingness to support delivery and ensure the best possible service for patients despite these pressures. Good progress was being made against the CQC actions. The trust had also successfully met monitoring point one for the Equality and Human Rights Commission (EHRC) submission in October 2021, no feedback had yet been received. Relationships with core stakeholders continued to improve, with specific support received from NHSE/I to define the exit criteria from SOF4 – the draft would be shared in March 2022. Regulations to mandate COVID vaccinations for staff undertaking a CQC regulated activity had passed through parliament. An assessment had been undertaken which identified 60-80 staff who had not had their vaccinations, individual conversations were being held with those affected to understand their reasons for refusing vaccination and to consider redeployment as required.

7.0 MINUTES FROM THE PREVIOUS MEETING

7.1 The Trust Board approved the minutes from the meeting on 10.11.2021 with no amendments.

8.0 MATTERS ARISING AND ACTION LOG

8.1 There were no actions for consideration.

9.0 FIT FOR THE FUTURE UPDATE

9.1 The CEO advised that there had been an improvement in the overall confidence of programme delivery as a result of the progress made in a number of areas including ratification of the oversight for each of the workstreams and establishment of metrics to enable the demonstration of impact. The revised Integrated Performance Report (IPR) was being developed and would enable enhanced oversight and assurance against core metrics agreed. The phase two approach for cultural development and improvement had commenced and included consultation and approval of a leadership development framework.

9.2 Non-Executive Director, Mrunal Sisodia (NED-MS) was pleased to see increasing traction on the fit for the future programme and enquired what metrics had been agreed to demonstrate that actions were delivering the desired impact. He further queried whether there was confidence there was sufficient focus and ownership to embed this improvement within the organisation. The CEO advised that assurance would be provided that actions were realising the desired impact through the establishment of a robust IPR with a focussed set of metrics. Each workstream would be establishing the priority metrics to clearly demonstrate improvements. Further assurance would be provided through the quarterly and annual staff survey findings, but the metrics would help to demonstrate the impacts in the interim of these results. COVID and REAP 4 had adversely

impacted progress against the workstream. As such consideration was being given to how resilience could be supported despite the sustained pressures the organisation was under to ensure there were no further delays. It was important to ensure a sufficient level of dedicated capacity to drive the work forwards which would be supported by the establishment of an enhanced, substantive executive team.

- 9.3 Non-Executive Director, Alison Wigg (NED-AW) sought update on the progress to review and refresh the governance for transformation. The CEO confirmed there was a focus on ensuring existing programmes of work were adequately supported, whilst prioritising transformation activity to ensure capacity against the priority areas. There would be a further report for Transformation Committee on 16.02.2022 to better define the priority areas for transformation.

10.0 INTEGRATED PERFORMANCE REPORT

- 10.1 The TC observed improvements in how data was being articulated. She was keen to ensure a triangulated view of whether the IPR aligned with the experiences and touchpoints for staff on the ground and whether mitigations were appropriate and consistent with the trust priorities.
- 10.2 The Director of Corporate Affairs and Performance, Emma De Carteret (DoCAP) presented on the progress to update the IPR to reflect SPC where possible. This would enable greater clarity when identifying areas of positive change or areas of focus. The IPR was on track for full rollout of SPC by 31.03.2022. An executive summary had been included to reflect inter connectivities with the BAF and risks. There remained sustained pressure across the NHS arising from winter and the pressures presented by the pandemic. This was having an impact on operational targets, patient safety and experience, and high risks scores. The ability to attend patients in a timely manner was having an impact on patient experience and adverse harm incidents. These sustained pressures were contributing to staff sickness levels which further compounded operational pressures.
- 10.3 Operational performance: The COO advised that general performance and activity remained on an increasing trajectory. Demand systems had been implemented to reduce the level of face-to-face responses which was diverting approx. 2500 patients per week to alternative sources of care. As sickness levels remained on an upward trajectory this had driven a reduction in patient facing staff hours which was contributing to the level of incidents reported. Risks remained on an increasing trajectory. Reduced PFSH and increased hospital handover delays were contributing to an increase in serious and harm incidents which was being balanced. The consequence of the actions put in place to mitigate this risk had meant delays to appraisal and essential care skills training to support the operational response.
- 10.4 The TC advised that the Workforce Committee had noted that internal audit identified a lack of workforce recruitment targets. She sought assurance on the confidence in the recruitment pipeline to deliver recruitment to meet activity targets. The COO advised that there were two forms of recruitment planning – recruiting to meet staff turnover against the agreed baseline position, and activity performance for a workforce plan. Modelling was underway on the workforce plan to meet turnover which would report to Trust Board in February. Work was also underway to develop a workforce plan which included the requirements to deliver against upcoming activity and alternative models of care. The plan had not yet been finalised, but a programme had been established for the development.
- 10.5 People Services: Marika Stephenson, Director of People Services (DoPS) advised that staff turnover was on an increasing trajectory. There was increasing focus on exit interviews and questionnaires to identify reasons for leavers so actions could be implemented to mitigate this. Sickness absences had increased predominantly due to COVID related absences. Operational leaders and managers were being supported to review staff sickness absences and ensure they

were effectively managed and support provided to individuals. Drop in clinics were also scheduled with occupational health to further support the position. Learning and development compliance had been impacted by the operational pressures, training was being developed virtually to support compliance alongside an 'appraisal on a page' to support the process and prioritise wellbeing discussions. Employee Relations (ER) cases remained at an unprecedented level, additional support had been put into the team including permanent and short-term resources to manage the case load.

- 10.6 The TC enquired whether the high level of sickness absences presented any specific risks, particularly related to the clinical resilience of small teams dependent on limited staff. The COO confirmed a business impact assessment had been undertaken. There was a focus on critical functions essential for patients and staff, such as call handling as well as small teams who could be impacted by a relatively low level of absences. Any reduction in call handler function could result in a deterioration in patient conditions as calls could not be responded to in a timely manner. Learning had been identified from previous events. Some teams had been severely impacted by absences and required a reprioritisation of their critical functions.
- 10.7 NED-MS observed that additional resources had been approved to support the HR function and enquired where these were expected to be focussed to deliver maximum impact. The DoPS confirmed the additional resources would be focussed on addressing ER cases in a timely manner and supporting the handover from the ER legacy support team. There would be further benefits for HR capacity as existing resources in the team could focus solely on HR management. Greater support was required at ground level for operational leaders to coach in values and behaviours and support case management and mitigation at local business partner level.
- 10.8 NED-JT noted that there was a refined approach to the appraisal being developed but this did not negate the need for a full appraisal, therefore she enquired how this would be reported. She also noted the appraisal on a page was being considered by the lead commissioner and enquired whether this was a permission or approval approach. The HoOD confirmed the refined appraisal was designed to ensure staff under increasing pressure had the opportunity to consider immediate training needs and their own health and wellbeing requirements. This was an alternative to no appraisal and would be reported separately. Although compliance with appraisals had reduced this remained in line with other ambulance trusts. Reporting would be undertaken against the refined appraisal compliance, which was a short-term measure. Given the regulatory scrutiny the trust was under, the approach was being discussed with commissioners.
- 10.9 The CEO requested confirmation of the approach to support statutory and mandatory training compliance. The HoOD confirmed that statutory and mandatory training had been maintained as a priority throughout REAP 4. To support staff to access this training rollout of an essential training package was underway, this would be made more accessible for staff via handheld devices.
- 10.10 Clinical: The DoNCQI advised that 94 serious incidents had been reported, of which 70% related to delays with a high level of harm or patients delayed. Significant work had been undertaken to mitigate this, including an analysis of the issues contributing to delays. The predominant contributor to incidents were hospital handover delays. Incidents in which patients were harmed as a result of a hospital handover delay were reported via the individual hospital affected. Work had been undertaken alongside the commissioning CCG and lead nurse to consider how incidents could be managed as a system and learning implemented across the system. A framework had been developed which was out for consultation at hospitals. In depth analysis had been undertaken against 80 SIs which included harm for patients with chest pain, ineffectual breathing and falls. As a result a specific falls pathway was put in place and senior paramedics appointed to the control rooms to respond to calls for ineffectual breathing and chest pain, which would enable triaging for an earlier response. Benchmarking was undertaken and EEAST was not an outlier for SIs and harm compared to other ambulance services. Guidance had been

released to all areas on the process for managing a deteriorating patient in an ambulance. Further processes were in place to support the flagging of pre-alert patients to ensure they were immediately admitted to hospitals. Complaints levels had increased which was directly attributed to delays and clinical care. Targets for vehicle and uniform audits had all been exceeded, station IPC had been adversely impacted by operational pressures. EEAST was performing above the national average for return to spontaneous circulation (ROSC) targets, however survival to discharge at 30 days was well below target. Safeguarding allegations had reduced to 10 cases.

- 10.11 NED-AW sought assurance that the system was effectively managing and addressing hospital handover delays. The DoNCQI confirmed hospitals had made a concerted effort to support patient flow and discharge. The system had provided significant support particularly for pre-alert patients.
- 10.12 NED-WT highlighted six incidents were reported which did not relate to delays, of which non-conveyance was a significant factor. She enquired how clinicians were being supported to make better informed decisions for non-conveyance. The DoNCQI assured her that a care bundle was developed for non-conveyances which crews were issued with to support decision making.
- 10.13 NED-WT further noted that following discharge at acute Trusts EEAST had no influence into how patients were supported, she enquired how survival to discharge rates would be improved as a result. The DoNCQI confirmed the focus was on care in advance of hospital treatment and swift handover of patients, working alongside cardiac networks to support an improved process. The COO advised that EPCR was supporting improved system links so outcomes for individual patients could be confirmed.
- 10.14 NED-CD enquired whether sufficient action was taken to mitigate the patient safety pressures. The DoNCQI confirmed system pressures had been escalated regionally, nationally and with each CCG and ICS. The framework for managing delays as a system would be vital to ensure they were effectively mitigated. Further education was required to ensure the risk to the patients in the community was adequately socialised.
- 10.15 NED-JT observed that the trust generally performed well against stroke, sepsis and STEMI indicators and enquired whether learning was being applied from this to other areas. The DoNCQI confirmed senior clinical leads for each area had spearheaded initiatives to support performance including care bundles.
- 10.16 Finance: The DoFC advised that the trust was reporting a deficit position of £7.1m at M8 which was expected to maintain an upward trajectory through winter. The initial M9 position indicated that the forecast may not be met. Principle drivers behind the deficit were attributed to costs to maintain and increase PFSH through the use of PAS and overtime incentives. COVID attributable costs had been assigned to the COVID budget. Fleet was running above the core levels as well as increasing costs attributed to fuel. People and culture costs also exceeded the core level due to the need to invest and prioritise for improvement activity. Cash remained in a stable position. Capital had not been expended at the anticipated level largely due to delays in material shipments, there remained a wealth of activity planned for the remainder of Q4 which was expected to deliver the capital expenditure for 2021/22. Over £2m in defibrillators was expected in Feb/ March 2022 which would contribute to the capital requirement. Based on budget setting the early indication was that if this rate of expenditure was maintained the indicative outturn could be £410m in 2022/23. Although income had not yet been determined, it was not expected to meet this level of expenditure.

11.0 BOARD ASSURANCE FRAMEWORK

- 11.1 The DoCAP advised that each of the strategic risks reflected the challenges for operational delivery, patient care and staff health and wellbeing. Additional welfare resources had been put in place to support staff during a period of significant pressure which included the rollout of welfare wagons. There were secondary impacts arising from staff fatigue arising from the sustained pressure, alongside delays to clinical training this resulted in an increased clinical risk. As a result of the business impact assessment, a one-day essential care skills training programme was being rolled out to support essential clinical training. SR7 '*failure to ensure a well governed and accountable Trust*' had a residual score of 16 and had been informed by the KPMG governance review. This incorporated risks pertaining to the regulatory oversight and inspections including the CQC, EHRC and other ongoing work.
- 11.2 NED-WT observed the National Quality Board had released the draft Ambulance Safe Staffing Resource and enquired how the Trust Board would get oversight of this. She also noted the end of shift pilot had concluded in December and enquired which committee would be responsible for overseeing the pilot and next steps. The DoNCQI confirmed the trust was in the early stages of triangulating the safe staffing report with internal activity, this provided a benchmark of staffing levels and would report into Trust Board. The COO confirmed the late finish trial had proven successful, however there remained other causes for late finishes which would require a system response such as hospital handovers. Findings from the end of shift pilot would report to PAF and PEC.
- 11.3 The TC advised that a comparative had been undertaken nationally on SR4 '*failure to deliver an efficient, effective and economic service*' and the scoring was considered appropriate. Further review would be required following confirmation of the commissioning and funding settlements for 2022/23.

12.0 KPMG GOVERNANCE REVIEW

- 12.1 The DoCAP advised KPMG had undertaken a supportive review to identify the current position for the trust and next steps following the improvement activity undertaken over the preceding 12-15 months. This had taken place alongside the BCG culture review with multiple inter dependencies between the reporting including leadership behaviours, responsibilities and ownership which were sighted in both reports. It was recognised systems and processes were critical to provide a framework for decision making, but these would only ever be as effective as they were applied. The review considered not only the framework but how this was applied at every level of the organisation. Recommendations were highlighted in three thematic areas – risk processes/ behaviours, framework application and leadership. Action due dates were recommended and agreed with KPMG. Delivery had commenced against a range of actions however some amended timescales were proposed to ensure these aligned with existing work underway. In addition to action delivery it was vital to ensure they were embedded and delivering the required effects. Targets and metrics were outlined to provide assurance on the improvements being realised. Leadership behaviours would be linked with the capacity and capability workstream within fit for the future. There had been challenge around whether there were sufficient actions identified to have a positive impact on leadership behaviours which had been considered by the executive team. It was recognised that the actions within the KPMG review would be iterative. The 360-degree appraisal process would help drive conversations on appraisal and objective setting over the following year including individual and collective development for values and behaviours. In addition a board skills assessment would identify any gaps to support the board development programme. Actions would continually develop to meet the needs of the organisation and drive the change required.
- 12.2 NED-MS accepted the report had provided greater clarity on areas which had already been recognised as a concern. There had been significant changes made to the governance structures over the preceding 18 months which the review provided independent assurance against, KPMG were broadly supportive of the direction of travel. He was encouraged that the major items

identified within the report already had actions in place to address. He cautioned against the over reliance on action plans, one of the key weaknesses identified within the review was the lack of grip on change management activities – development of a second workstream to support action implementation from the review seemed counter intuitive. Audit Committee would be responsible for overseeing progress, but actions should be embedded within existing programmes. The DoCAP confirmed that monitoring of the core metrics would be more critical in demonstrating the effectiveness of actions, rather than the update of a separate action plan. EEAST had an inconsistent approach to delivery of objectives and priorities, work was underway to define how these objectives would be incorporated in performance management and delivery. Alignment with the fit for the future programme would be critical to provide the framework for change activity.

- 12.3 NED-JT observed that the 360-degree appraisal process would be critical for defining the personal contribution to improvements and where focus was required to demonstrate this commitment to change.
- 12.4 The TC welcomed the proposal and approach. She advised that at the last Oversight and Assurance Group meeting with regulators they had requested confirmation of the dates for delivery which the trust had committed to providing. The Audit Committee would be responsible for overseeing progress to deliver sustainable improvement.

13.0 WORKFORCE COMMITTEE REPORT TO BOARD

- 13.1 NED-NH presented the report. He confirmed the committee had met during a period of significant operational pressure amidst high abstraction rates. Trust wide there were unprecedented levels of demand which had adversely impacted the completion of appraisals and mandatory training. Assurance was received that the low levels of compliance were reflected across ambulance services and a plan was being developed to support improved compliance despite the prolonged pressures. Without the significant recruitment over the preceding two years it was important to recognise that the workforce gap and ability to deliver a safe service would have been even more impacted. External benchmarking had highlighted where EEAST did not meet best practice including workforce training, employee wellbeing/ safety, employee engagement and management of employee relations (ER) cases. In many cases there had not been credible improvement plans or trajectories. A performance trajectory had been requested against key metrics. The committee had welcomed the appointment of senior leaders in workforce, education and wellbeing, alongside increased ER case handlers which should help to deliver some of the required improvements.
- 13.2 The CEO recognised there had been a failure to deliver against key metrics for considerable periods. As the workforce plan was developed this would enable the setting of credible trajectories against key measures.
- 13.3 The TC enquired whether there was assurance there was a credible plan to drive an improvement. NED-NH confirmed partial assurance, following the reporting of trajectories at the committee meeting in February it was anticipated greater assurance could be provided. If this was not realised the committee would consider escalation to the Trust Board.

14.0 QUALITY GOVERNANCE COMMITTEE REPORT TO BOARD

- 14.1 NED-WT confirmed the committee had been focussed on the level of incidents reported which remained on an upward trajectory. Consideration had been given to delivery of the ambulance care quality indicators however benchmarking nationally had not been released, as such the committee had agreed to undertake localised benchmarking. Despite a slight deterioration in complaint response times, EEAST continued to perform well in this area, increasing from 30% of responses on time in 2020/21 to 75% within the agreed timeframe. Greater analysis was required

of themes and changes made as a result of complaints, including triangulation with FTSU and the impact of body worn cameras on staff health and safety. SR2 '*failure to achieve continuous improvements and high-quality care delivery*' continued to report at its highest level. The committee had received the IPC annual report, medicines management annual report and research and development report which was well received. Further assurance was required on sub-contractor arrangements.

- 14.2 The Trust Board approved the IPC annual report, the research and development annual report and the medicines management annual report.

15.0 TRANSFORMATION COMMITTEE REPORT TO BOARD

- 15.1 NED-AW advised that the committee remained in its development stage, with further focus required to align all transformation activity across the trust. The committee recognised the need to prioritise change activity to ensure sufficient capacity. The committee received the initial report on COVID lessons learnt from the first wave of the pandemic. Areas of good practice would be incorporated in the national review as well as in the trusts own action plans. There had been positive progress in estates, fleet, infrastructure and IM&T which had successfully bid for additional funding. There remained significant resource constraints in IM&T which was impacting progress.

16.0 AUDIT COMMITTEE REPORT TO BOARD

- 16.1 NED-MS presented the report and confirmed the Audit Committee meeting on 01.12.2021 had considered the risk management process introduced in April 2021. Broadly implementation of the framework had been positive and KPMG had confirmed in their review that it met requirements. There had been some impacts from the operational pressures on the ability to conduct manager risk sessions which would be monitored. The losses and special payments report had been received and remained within expected parameters. It was anticipated there may be an increase in losses and special payments as ER cases were resolved and may have compensation implications. A high level of SAR and FOI requests was noted which had resulted in breached timelines. The trust had self-referred to the Information Commissioners Office with feedback not yet received. The Treasury Management Policy had been reviewed and approved.

17.0 PERFORMANCE AND FINANCE COMMITTEE REPORT TO BOARD

- 17.1 NED-JT advised that the committee had been focussed on the risk management approach necessitated by the sustained operational and financial pressures. There was likely to be a lead time for staff to be recruited, embedded and fully operational therefore no immediate benefits operationally were expected. The committee had discussed risks presented by the loss of staff goodwill which were compounded by capacity constraints affecting staff wellbeing. Additional wellbeing measures had been put in place which would be assessed. It was recognised that an operational and financial plan was required for 2022/23 but this had been impacted by the late release of guidance. The committee considered the risks presented by reduced or no COVID funding and the requirements for quality cost improvements in 2022/23 to help bridge this gap. The committee had also raised concerns related to the quality of reporting which did not meet the standard expected and failed to provide the assurance required.
- 17.2 The CEO advised that staff goodwill implications was a risk reflected across the NHS. Arrangements were being put in place to support staff wellbeing and recommence training. It was recognised a lack of training could result in staff feeling less valued, and also had capability implications, so this was being progressed as a priority. A sick line was being rolled out to more pro-actively direct staff to support available including mental health support. He recognised the resilience of all staff during the challenging period and was optimistic that the recommencement

of training and improved wellbeing resources would provide a solid foundation to support staff wellbeing.

- 17.3 The TC requested clarity on how EEAST was planning for 2022/23. The CEO advised that the technical framework for planning had been released but did not contain any income allocation. The committees had discussed the need to prioritise, with areas for prioritisation initially drafted. Further discussion would be held at the Trust Board in February 2022.

18.0 REMCOM REPORT TO BOARD

- 18.1 NED-AW confirmed the last remuneration committee had approved the remuneration packages for incoming directors and succession planning. The ToR and agenda plan for the committee had also been approved. The committee had considered senior managers on fixed term contracts and agreed actions to progress secondments and interim appointments to substantive.

19.0 REFLECTION ON MEETING

- 19.1 The COO provided the reflection on the meeting. He recognised the increased cohesiveness in discussions on improvement, and where there was a lack of achievement. He was pleased to note the improved IPR was starting to direct discussions to areas of most concern and risk and supporting increased triangulation. Further work was required from the executive team to narrate the progress and solutions. Consideration was also required whether the actions within the BAF were delivering the required impacts. It was important that operational pressures were not sighted as an excuse – these had been referred to a number of times, despite these pressures there should be tangible improvements. The discussion of the IPR at ELT ahead of board had enabled a richer discussion and triangulation. He queried individuals body language, in particular whether they were comfortable with the response provided to questions or whether they were brave enough to challenge these responses where it was not satisfactory. It was important to support the down and upward flow from board to floor to ensure the Trust Board were fully cognisant of the situation at ground level.

20.0 QUESTIONS FROM THE PUBLIC

- 20.1 Q: How is EEAST going to engage with the patients and public in areas such as: the six counties; the Integrated Care Systems; Places; and, Primary Care Networks?

The Trust has developed a public and patient involvement strategy (PPI) in a co-production approach supported by over 70 people across a three month period. This was approved by the Trust Board on 10.11.2021. There is a workplan supporting this strategy which has taken into account approximately 400 comments received from those at engagement meetings and others who feed into it.

EEAST covers a very large area. The Patient and Public Involvement team are supporting local CEGs (Community Engagement Groups) to increase their contribution to the services in all parts of the region. If there are any individuals who feel they are not currently connected, and would like to be, this can be supported by their local CEG.

The implementation plan for the strategy – how we in practical terms make it work – is being reviewed at the next Committee meeting and more detail will be available then, via the CEG groups. As this was the first co-production strategy, there will be more engagement than previously experienced.

Externally, each Integrated Care System (ICS) has a CEG which reports into the ICS partnership board, of which EEAST will be an active partner.

20.2 Q: What is the patient & public engagement and input to the considerations about quality and safety?

Healthwatch representatives remain included on the Quality Governance Committee, this has not changed. The Patient Experience and Engagement Group also includes public representatives. The Trust Board considers a patient story regularly in the public board which helps to identify learning from patients. In addition the new PPI strategy has recently launched with actions underway to ensure this is effectively enacted.

Finally, we are considering how best to enable the Trust CEG representatives to participate in relevant discussions as part of the strategy, and whether this would be best suited to group or committee level, feedback will be provided to the CEG in due course via the Trusts lead for CEG.

20.3 Q: What is the situation of EEAST as to becoming a Foundation Trust, with Members and Governors?

Following the enhanced focus on NHS trusts transitioning towards foundation trust status in previous years, there has been a national shift away from this approach. As such EEAST is not pursuing foundation trust status at this time. Although foundation trusts status is not being pursued, the Trust remains focussed on supporting some of the core principles of foundation trusts, namely seeking to nurture a 'patient led' method of operating. The Trust has approved an ambitious PPI Strategy, and will be reviewing at the next meeting of the People Engagement Committee plans to support patient representation at committee level. Engagement continues with members of the CEG.

20.4 Q: What action are you taking to answer public questions to the Board in a timely manner please? In particular, will you answer individual questions to the questioner as each answer becomes available and not wait for others? Will you identify time critical questions and prioritise them? And will you assess the answers before delivering them to ensure they answer the question?

We would like to sincerely apologise for the delay in responding to your previous questions. This was an error during a period of intense pressure. Board questions from the public are intended to provide public accountability rather than provide engagement answers to time critical questions and it is therefore important that we provide you with a more suitable route into the organisation for these types of questions. I believe the link through the CEG lead is the most appropriate and will discuss with you and then provide you with contact details.

20.5 Q: Appreciating the ongoing extreme pressure EEAST is suffering, what advice do you have for the people of South Woodham Ferrers and surrounds, including the Dengie Peninsular, who suffer a serious accident or illness which warrants a 999 call and ambulance attendance of immediate life threatening nature and not? Where someone in a public place has a potentially serious injury such as a broken pelvis and/or hip will a face to face triage be arranged in a timely manner rather than leaving them stranded in public and cold weather for hours? Where there are significant delays for emergency ambulances rather than asking people to get to hospital under their own steam will EEAST divert/activate patient transport services to get patients to A&E in a timely manner?

Our advice has remained consistent over the last 2 months related to phoning 999 in an emergency, where we will prioritise life threatening and serious illness/injury. The approach is to prioritise those calls, recognising some patients will wait longer while we prioritise those who are life threatening. In order to support this we are asking people to choose well, which includes the use of primary care, self-care advice or 111 (www.111.nhs.uk). This assists with accessing the right service and enables patients to be prioritised based on need.

It is really important for the community to be clear that, should they call 999 we will undertake the triage and provide the right level of response based on clinical need.

We have guidance related to cold weather which focusses on advice and have recently introduced a trial related to falls desk to assist with reviewing all patients on the floor for response and/or alternative pathways. These are routinely communicated out via our communication channels including Facebook and Twitter, or proactive news stories in the local news. Additionally, information is available on the Trust website.

The Trust provides North Essex PTS and South Essex (until 31.3.22) services and does use PTS where appropriate and available to support 999 response. They are responding to support patients including adapting service delivery around COVID and as such availability to support front line operations is an option but based upon patient flow and a range of factors. As such our focus remains on increasing our 999 ambulance provision using overtime, non-clinical drivers and increasing our control room clinical staffing.

We continue to monitor our response to patients identifying areas for improvement along with different model of care such as community response models.

20.6 Q: What is the operational use of CFRs at present and planned for the coming months? What is the present and planned cooperative operational use of emergency service colleagues, particularly fire and rescue officers, at present and for the coming months?

Currently the Trust receives around 68,000hrs of support from volunteers who provide support to our communities, they are supporting further with regards to the establishment of cars and expanding a further 16 falls schemes. Further activity continues with volunteers into next financial year and we are preparing additional funding bids. Since the pandemic we have received excellent support from the fire and rescue service, this is continuing at present. There are around 40 individuals, the number who have joined our bank continues to increase.

Other collaborative schemes are being considered and piloted as a routine, including Joint Response Units with the police. If pilots are successful these can be considered for roll out across appropriate areas of our community.

21.0 ANY OTHER BUSINESS

21.1 There was no other business and the meeting closed at 12:15.