

**CONFIRMED (Disclosable)**

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

<b>Present:</b>			
<b>Members</b>			
	Mrunal Sisodia	Trust Chair	TC
	Alison Wigg	Non-Executive Director	NED-AW
	George Lynn	Non-Executive Director	NED-GL
	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
	Neville Hounsome	Non-Executive Director (from PUB23/4/39)	NED-NH
	Tom Abell	Chief Executive Officer	CEO
<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
	Kerrie Wykes	Specialist Midwife in Pre-hospital Care	SM-KW
	Linda Gove	Head of Corporate Governance	HoCG
	Simon Walsh	Medical Director	MD
	Stanley Mukwenya	Deputy Director of Corporate Affairs	DDoCA

<b>PUBLIC SESSION (Disclosable)</b>	
<b>PUB23/4/23</b>	<b>WELCOME</b>
23.1	<i>The meeting commenced at 09:00.</i>
23.2	Mrunal Sisodia, Trust Chair (TC) welcomed those present to his first Public Board meeting as Trust Chair. He extended his thanks to Nicola Scrivings, outgoing Trust Chair for the guidance and support she had provided during a challenging period as chair of the ambulance service and emphasised the importance of continuing to build on the improvements she had started. He welcomed George Lynn to his first meeting as Non-Executive Director (NED-GL) for EEAST.
<b>PUB23/4/24</b>	<b>APOLOGIES FOR ABSENCE</b>
24.1	Apologies were received from Wendy Thomas, Non-Executive Director (NED-WT), Simon Chase, Chief Allied Health Professional (C-AHP) and Chris Brook, Associate Non-

	Executive Director (NED-CB). Neville Hounsome, Non-Executive Director (NED-NH) would join the meeting at a later point.
<b>PUB23/4/25</b>	<b>DECLARATIONS OF INTEREST</b>
25.1	There were no declarations of interest related to business on the agenda.
<b>PUB23/4/26</b>	<b>MATERNITY STAFF STORY</b>
26.1	The Public Board heard a story in which EEAST paramedics had attended a breach birth in the community and had worked with the critical care team to deliver the baby and provide newborn life support which had resulted in a positive outcome for both mother and baby.
26.2	Non-Executive Director, Alison Wigg (NED-AW) as NED lead for maternity care highlighted the education which was underway to ensure first responders were prepared to respond to a birth. She also highlighted the stork award which had been rolled out for responders to a birth. Kerrie Wykes, Specialist Midwife in Pre-Hospital Care (SM-KW) confirmed that the Stork award was originally implemented in the control rooms and was aimed at ensuring the pathways and protocols were used to safely support both mother and baby over the phone. This had since been extended to frontline crews and recognised where teams had responded to a birth in the community. The focus of the award was on maximising the chance of a positive outcome for mother and baby, however it was important to note the outcomes were not always positive, which could be challenging for crews.
26.3	Simon Walsh, Medical Director (MD) recognised that cases such as this were uncommon and could be very intimidating for crews to respond to. Ensuring appropriate teamwork and support was provided when responding was vital.
26.4	Kate Vaughton, Director of Integration (DoI) enquired how crews were able to link with system partners when responding to maternity cases. The SM-KW highlighted the importance of increasing responders general knowledge in relation to maternity, which was a specialism, and the importance of engagement with specialist healthcare professionals in these circumstances. Crews were able to call any maternity unit and were encouraged to do so for any maternity response to receive advice and guidance.
26.5	Hein Scheffer, Director of Strategy, Culture and Education (DoSCE) enquired how the mother and baby were following the birth. The SM-KW confirmed that the Trust received feedback on births up to six weeks post birth. All children admitted to neonatal units received regular review into early childhood. The baby had received an MRI at six weeks which showed a minimal degree of brain injury, but the baby and mother were both doing well since the birth.
<b>26.6</b>	<b>The Public Board resolved to commend the responses of crews and critical care teams and note the partnership working for all maternity cases.</b>
<b>PUB23/4/27</b>	<b>TRUST CHAIR AND NON-EXECUTIVE REPORT</b>

27.1	<p>The TC highlighted the successful recruitment campaign which had taken place over the preceding months to recruit two new NEDs, NED-GL and Catherine Glickman, Non-Executive Director (NED-CG), and NED-CB. He had spent his first weeks in post meeting with staff to understand their views of the Trust. In addition, he focussed the priorities on two objectives; C2 response times, and 999 call responses. If improvements could be driven in these areas it would demonstrate that the Trust had effectively delivered the right staffing levels, sickness, fleet and had good relationships with partners across the system. Successful implementation of the clinical, people and sustainability strategies would be essential to delivering this.</p>
27.2	<p><b>The Public Board resolved to note the update provided.</b></p>
PUB23/4/28	<p><b>CHIEF EXECUTIVE OFFICER UPDATE</b></p>
28.1	<p>Tom Abell, Chief Executive Officer (CEO) provided an update in the following areas:</p> <ul style="list-style-type: none"> <li>• He highlighted improvements in performance particularly in relation to C2 response times, which was reporting at 37 minutes but remained above the NHS planning target of a 30-minute C2 response time. This had been enabled through increased resourcing and reducing hospital handover delays. In addition work on access to the stack had supported patients into more appropriate care pathways for their needs.</li> <li>• Work to deliver the Operational Performance Improvement Plan (OPIP) would inform the exit criteria.</li> <li>• Funding had been agreed as part of the NOF4 support which would be used for additional programme delivery resource.</li> <li>• Pre-consultation had been undertaken on the fit for the future structure changes with feedback being analysed to inform the final structure. There had been a high level of engagement received, it was vital the Trust responded to this feedback which would help to demonstrate the culture change and collaborative activity informed by staff.</li> <li>• The junior doctor strike would commence on 13.07.2023, EEAST had been planning the response to this strike to ensure patients continued to receive a good level of service.</li> </ul>
28.2	<p>NED-GL enquired whether performance criteria had been adjusted to reflect more realistic performance levels during periods of strike and industrial action. The CEO clarified that there were no adjustments to performance criteria in any part of the healthcare system during a period of industrial action. Generally, ambulance performance improved during junior doctor strikes as hospitals focussed on the emergency care pathways – the main impact from junior doctor strikes was on elective care. If consultants voted to strike this would have a more significant impact on ambulance pathways, affecting handover delays, discharges etc.</p>
28.3	<p>The TC reflected on the feedback from staff in the consultation on time to lead, in particular the frustration that staff felt they had not been listened to previously. There had been positive feedback since the pre-consultation commenced with staff increasingly feeling their experiences and opinions were heard, however if the Trust did not make changes as a result of this feedback it could risk reverting to the previous position. There should be clear communications on how this feedback had been incorporated or where</p>

	<p>this was not possible, why it had not been incorporated. The DoCAP recognised the historic concerns of staff and the importance of listening and engaging effectively with those who would be affected. She highlighted that although restructures could be concerning and frustrating, there was a general recognition across the workforce on the need for change and improvement. A change framework was being developed to apply the principles from time to time to lead to future programmes.</p>
28.4	<p><b>The Private Board resolved to note the update provided.</b></p>
<b>PUB23/4/29</b>	<p><b>MINUTES OF PREVIOUS MEETING</b></p>
29.1	<p>The minutes from the meeting on 10.05.2023 were approved with no amendments.</p>
<b>PUB23/4/30</b>	<p><b>MATTERS ARISING AND ACTION TRACKER</b></p>
30.1	<p>PUB22/3/92.5: The DoSCE informed the Public Board that an inclusivity plan had been developed which would include the leadership pipeline for all minority staffing groups. This would report to the People Committee and incorporated additional equality, diversity and inclusion capacity to support engagement and outreach to local communities.</p>
30.2	<p>PUB22/3/45.16: The DoSCE highlighted good progress in appraisal and mandatory training compliance, however there remained areas of concern associated with clinical skills training which was being escalated in weekly reporting to ELT. The responsibilities in relation to appraisals had been emphasised with Sector heads of operations to ensure they were clear on the importance of these in supporting staff. On 18.07.2023 a report would be provided to ELT on proposed implementation of electronic reporting for appraisals. Once a digital process was implemented this would provide greater clarity on the overall position. It was recommended the action be closed and be superseded by an action to include appraisal compliance in reporting following the transition to digital appraisals, and to provide assurance on essential skills training compliance. The Public Board resolved to close the action and agree the recommended additional action requirements.</p>
30.3	<p>PUB22/3/90.13: The Public Board resolved to close the action.</p>
30.4	<p>PUB22/3/62.7: The Director of Nursing, Melissa Dowdeswell (DoN) confirmed text messaging was already in place and would be developed further based on activity in the wider system. Consideration was also being given to new ways of using technology to keep patients updated on the position. NED-GL enquired whether the technology enabled tracking of the ambulance position to electronically inform patients of time frames for response. The DoN clarified that ambulance positions were tracked however patients were not informed of their position in the queue as ambulances may be diverted based on the most pressing need at any point, which may affect the timelines provided to patients. The focus was instead on maintaining communications with patients so they knew that the ambulance was aware of their call and would be with them as soon as possible.</p>
30.5	<p><b>The Public Board resolved to:</b> <b>Close PUB22/3/45.16</b></p>

	<p><b>Close PUB22/3/90.13</b></p> <p><b>ACTION: Provide assurance on essential care skills training compliance</b></p> <p><b>ACTION: Include in reporting appraisal compliance following transition to digital appraisal process</b></p>
<b>PUB23/4/31</b>	<b>EXIT CRITERIA AND INTEGRATED PERFORMANCE REPORT</b>
31.1	Due to the inter connectivities, the Trust Board resolved to consider these items together.
31.2	The DoCAP confirmed the exit criteria had not been reviewed since 2020, when the Trust first entered special measures. The decision had been made to review the Trusts position against each of these criteria, including what had been achieved and next steps. Due to the significant progress made since 2020 the need to review the position to identify new exit criteria measures was recognised, with the intention of shifting from reactive to proactive measures. The proposed criteria was outlined, this had been tested by the Oversight and Assurance Group which was comfortable with the focus. The focus of the criteria was on operational delivery and the need to be both efficient and sustainable, as well as recruitment, attrition, abstraction, sickness and the delivery of a financial balance which would be enabled through the quality cost improvement plan (QCIP).
31.3	<p>Marika Stephenson, Director of People Services (DoPS) provided an update on core people measures:</p> <ul style="list-style-type: none"> <li>• Workforce targets had been broken down on a quarter by quarter basis to facilitate tracking and holding to account against these. Recruitment in Q1 2023/24 was below target at 128 against the target of 160, but 39 new recruits were already in place for Q2 and it was surmised this related to the timings of training courses and when graduate programmes were scheduled to conclude.</li> <li>• Interventions had been put in place to facilitate delivery of the workforce plan which included incentivisation and international recruitment. In addition, the Trust was focussing on increasing graduate recruitment.</li> <li>• Further work would be undertaken with operational leaders and HR business partners to support retention and sickness management aligned with national programmes of activity.</li> <li>• Support provided to operational leaders to manage sickness had resulted in a three-month period of decreasing sickness absence rates which benchmarked well against other ambulance services.</li> <li>• Employee Relations cases were increasingly managed within the policy requirements.</li> </ul>
31.4	NED-AW enquired how confident the Trust was that the recruitment target for 2023/24 would be achieved. The DoPS assured the Board there was a high level of confidence with a strong pipeline of new staff and launch of the career profession for life campaign. Where there were areas of concern, interventions had been put in place at pace.
31.5	NED-AW supported the focus of the new exit criteria but was concerned regarding whether cultural changes had been embedded, particularly given the concerns raised through the Freedom to Speak Up (FTSU) process.

31.6	<p>The DoSCE recognised that culture required a long-term focus to deliver sustainable improvement. The Trust was regularly releasing pulse surveys to staff which provided feedback on how the Trust was measuring against key indicators, these pulse surveys were gradually beginning to demonstrate an improving position. Good progress had been made to embed the leadership framework, which formed the basis of all values and behaviours expectations and fed directly into time to lead. Pathways were also being developed to support career progression for staff internally which would support staff satisfaction.</p>
31.7	<p>NED-JT enquired whether there was any benchmarking of abstraction rates. The DoSCE clarified that there were no national criteria for what constituted an abstraction which made benchmarking challenging. If EEAST was to use the same methodology as London Ambulance Service, the abstraction rate would reduce to 37%. In discussion with Operations, it was agreed that the definition of abstractions should be patient facing hours, which the Trust was confident in and was not proposing a change to this methodology.</p>
31.8	<p>NED-JT highlighted potential opportunities in the national workforce plan which may support the exit criteria, in particular training and recruitment. The DoSCE confirmed the national workforce plan referenced an increase in paramedic apprentices – the Trust workforce plan had been reviewed to incorporate recommendations from the NHS People Plan. The DoPS highlighted that the current workforce plan was largely frontline focussed, consideration was being given to applying the same scrutiny for support services such as PTS, make ready and EOC to facilitate recruitment.</p>
31.9	<p>NED-JT noted a reliance in the QCIP on vacancies, she enquired what the impact was on achievement of the QCIP once the Trust had filled all vacancies and utilised the full £27m ambulance improvement funding. The DoF highlighted an assumption in the workforce plan on what new staff would deliver through an alternative approach to call handling, time on scene etc, which alongside the OPIP should support improvements in operational performance. This may support a reduction in overtime and PAS usage whilst maintaining performance and safety standards. If this could be achieved, it would deliver the cost improvement requirements to support address of the underlying deficit.</p>
31.10	<p>The DoN highlighted the key performance and clinical indicators:</p> <ul style="list-style-type: none"> <li>• The national target for C2 was 18 minutes, however EEAST was working towards delivery of 30-minute C2 response times which was an agreed national interim target. Although this had not been delivered, over the preceding five months there had been sustainable improvements in both C2 response times and call handling times.</li> <li>• There were a wealth of internal measures the Trust was driving to improve, however a number of these elements would also require external support to mitigate the position, for instance, ambulance handover delays.</li> <li>• Time out of service had been assessed and a revised process implemented to clarify the reasons a vehicle could be listed out of service, this had driven a reduction in vehicles out of service.</li> <li>• There was an increase in the level of serious incidents associated with delays, which also impacted both complaints levels and patient safety.</li> </ul>

	<ul style="list-style-type: none"> <li>Although ambulance care quality indicators were benchmarking well nationally there was a correlation between increased delays and response times, and clinical outcomes for patients. EEAST was working with system partners to share these themes and trends.</li> </ul>
31.11	<p>NED-AW noted that although further improvements were required she was pleased to note the positive trajectory. She enquired what the level of confidence was on the system activity to reduce handover delays, and how EEAST could further influence the system. The CEO confirmed each system had agreed a target to reduce handover delays to 1500 hours. There was good engagement from most systems and active engagement with NHSE. For areas of more acute concern, different ways of working were being trialled to engage differently in an aim to drive more sustainable improvement. The DoI confirmed monthly accountability meetings were in place with each system to ensure meaningful action was being taken to address system issues. Plans were underway with confidence they would be delivered. It was noted that there remained patients who were transferred to hospitals because alternative care pathways could not be accessed, teams were being upskilled to access these care pathways.</p>
31.12	<p>NED-GL observed that outcomes were measured in time, which could generally be achieved however may not be sustainably delivered. He enquired how assurance would be provided that once achieved these outcomes were sustainable. The DoN responded to confirm that greater clarity was required where improvements were delivered on the actions which had delivered these improvements. The DoI confirmed key performance indicators had been agreed with each system, which had been co-produced and could trigger escalation processes within the system to mitigate any areas off track.</p>
31.13	<p>The DoCAP informed the Public Board that with the support of the national improvement director team, targeted resource for delivery of the OPIP had been agreed alongside the appointment of change programme capacity to drive programmes alongside sector leadership teams.</p>
31.14	<p>The DoF assured the Board on the criteria to provide assurance on the current position and trajectory, this was demonstrated through outturn performance, the financial planning process and long-term financial model. He was confident the Trust could demonstrate how it met the exit criteria. For 2023/24 the Trust had submitted a balanced base plan and was tracking at this level. Improvement activity would be supported through the £27m ambulance improvement funding, there was a risk that the full funding would not be utilised within the required timeframes with plans being developed to utilise this. The focus on delivery of the QCIP for 2023/24 was being maintained with a view to address the underlying cost base, as the Trust remained one of the most inefficient organisations based on benchmarking indicators across ambulance services. The OPIP addressed areas of inefficiency.</p>
31.15	<p>The DoCAP clarified that if the proposed exit criteria was agreed, consideration would be given to stretch targets for sickness absence, temporary redeployment and in sectors where retention was already meeting the target.</p>
<b>31.16</b>	<p><b>The Public Board resolved to: Agree the revised exit criteria</b></p>

	<b>Note the performance updates provided</b>
<b>PUB23/4/33</b>	<b>DATA SECURITY PROTECTION TOOLKIT (DSPT) SUBMISSION</b>
33.1	The DoCAP provided the DSPT submission for noting and confirmed the Trust had submitted standards met following achievement of the 95% information governance (IG) mandatory training requirement. This supported the closure of the improvement plan for IG training compliance. Due to data quality issues this had been facilitated through a manual cleanse of the data, as the Trust transitioned to a new learning platform this would support improved data quality which would enhance compliance reporting by the end of October 2023.
33.2	The DoF extended thanks to the IG team who had worked in a focussed and professional manner to achieve the standards met submission requirements.
33.3	<b>The Public Board resolved to:</b> <b>Note a standards met submission for the 2022/23 DSPT submission</b>
<b>PUB23/4/34</b>	<b>FREEDOM TO SPEAK UP (FTSU) REPORT</b>
34.1	<p>The CEO summarised key findings from the FTSU report:</p> <ul style="list-style-type: none"> <li>• There had been a 36% reduction in the quarterly case numbers compared to the same period last year, however case contacts remained higher than comparative services. Consideration was being given to whether this reduction was appropriate as the level of concern reduced, or whether there were issues with staff awareness of the service.</li> <li>• Case themes remained unchanged, with a focus on the application of systems and processes linked to local decision making and staff concerns they had been treated inequitably or outside of trust processes, and attitudes and behaviours.</li> <li>• Work was required in all service areas to equip managers with the skills and training to ensure they were operating fairly within systems and processes.</li> <li>• The National Guardians Office (NGO) had recently released recommendations following a review of the ambulance sector. EEAST was already operating at the recommended capacity, with 16 FTSU ambassadors on boarded effectively. An action plan had been developed to support delivery of the NGO recommendations.</li> <li>• The NGO had made contact with the Trust as EEAST was identified as one of the top ten NHS organisations which was most improved in its FTSU survey score. EEAST would be meeting with the NGO to discuss this work.</li> </ul>
34.2	The TC highlighted the shift in theme prevalence from direct bullying and harassment to indirect behaviours and attitude. This could be linked to the change programmes underway within the Trust. The CEO confirmed programmes such as time to lead and the review of scheduling, and consultation on fleet and make ready services was likely to affect the type and level of contacts to the FTSU. These processes may cause anxiety for staff who may feel due to historic behaviours they would not be treated fairly in this consultation. HR professional support would be provided to support these change processes with a focus on demonstrating to staff a fair and equitable process which was informed by their feedback.



34.3	<p>NED-AW noted a high level of contacts from support services and enquired the causes for this. The DoPS confirmed that make ready was incorporated in support services, there was a consultation on shift changes which may be driving these increased contacts. NED-AW challenged that this had also been a high reporting area in 2022/23. The DoPS confirmed this was a recurrent theme also demonstrated in ER casework. The people services team was working closely with FTSU to understand causes and triggers for such cases. In particular, consideration was being given to the support which could be provided to the FTSU and whether individuals could be supported through another case process. The DoF reflected on the Board development session on 14.06.2023 and how support services staff felt there was a lack of respect shown to their roles. There was also a perception that support services had not received the same level of investment as frontline services which was causing further unrest amongst staff under increasing pressure. The Public Board agreed a review would be undertaken of the reasons FTSU cases were reporting at a higher level in support services to ensure there were no hotspot areas of concern.</p>
34.4	<p>The DoCAP informed the Board that leadership development managers were being appointed to sectors and would work alongside the FTSU and staff to improve culture. She noted that individuals would often report concerns through multiple processes and enquired whether there was a risk concerns were duplicated in reporting. The CEO confirmed that individuals would often raise concerns through multiple forums, work was being undertaken to triage cases to ensure there were not multiple investigations into the same case running in parallel and instead to agree with the individual raising the case the best pathway for their concern. The TC emphasised that it was important staff felt confident to raise concerns, even if this was via multiple processes.</p>
34.5	<p>The DoSCE provided an update on the appointment of leadership development managers, he confirmed that six leadership development managers had been appointed to date. These managers would support the understanding of FTSU within sectors and provide an independent point of contact for staff to raise concerns and encourage open conversation, working in collaboration with HR Business partners.</p>
34.6	<p>The MD recommended reporting be updated to reflect the number of concerns raised as a percentage of the number of staff in these areas, which would clarify the position and any outlier areas.</p>
34.7	<p>The DoN reflected that EEAST was one of the only organisations with three FTSUG which was positive. The Chief Allied Health Professional was leading a piece of work with other ambulance services on how EEAST had supported the positive changes in FTSU.</p>
34.8	<p><b>The Public Board resolved to:</b>  <b>Note the FTSU update provided</b>  <b>ACTION: Review support services FTSU position to ensure there are no hotspots for concern.</b>  <b>ACTION: FTSU report to be updated to reflect the number of reports raised as a percentage of the number of staff for each area.</b></p>

PUB23/4/35	<b>MODERN SLAVERY STATEMENT</b>
35.1	The modern slavery statement was a requirement to be published on an annual basis and outlined the Trusts commitment and the actions being taken to abolish modern slavery in the workplace.
35.2	<b>The Public Board resolved to approve the modern slavery statement for 2023/24.</b>
PUB23/4/36	<b>PEOPLE COMMITTEE ASSURANCE REPORT</b>
36.1	<p>Assurance was provided as follows:</p> <ul style="list-style-type: none"> <li>• Multi-Faith Staff Support Network Update - Moderate</li> <li>• Integrated Strategy, Culture and Education report – Moderate</li> <li>• Inclusion Action Plan – Equality Networks update - Moderate</li> <li>• Deep Dive: Ambassador role (Requested by the EEAST Charity) - Moderate</li> <li>• Integrated People Services Report - Substantial</li> <li>• Deep Dive: Wellbeing - Moderate</li> <li>• People Services Away day - Substantial</li> <li>• Communications and Engagement Improvement Plan - Moderate</li> <li>• Health and Safety Action Plan - Limited</li> <li>• Board Assurance Framework – Moderate</li> </ul>
36.2	<p>The TC escalated concerns associated with compliance with health and safety regulations, the Trust was not currently compliant with these requirements and the proposed action plan would not deliver full compliance until 2026 which he was concerned was not sufficiently ambitious. The DoCAP confirmed the People Committee had discussed this at the meeting on 28.06.2023 with outstanding areas of concern highlighted as; the pace with which outstanding risk assessments would be progressed/ the priority rating for these risk assessments and the evidence to demonstrate the position. There was confidence in the order and phasing of risk assessments. Concerns remained regarding the data available to demonstrate compliance with health and safety regulations, including the feedback provided from the Health, Safety and Wellbeing Group. Work was being undertaken with the chair of the Health, Safety and Wellbeing Group to clarify when the assurance level would improve.</p>
36.3	<p>The DoN clarified that there were risk assessments in place but compliance related to the review and update process for these risk assessments which would be more clearly narrated in future reporting.</p>
36.4	<p><b>The Public Board resolved to:</b>  <b>Note the communications and engagement improvement plan</b>  <b>Note the actions being taken to support improved assurance around Health and Safety</b>  <b>Note the assurance provided</b></p>
PUB23/4/37	<b>REMUNERATION COMMITTEE ASSURANCE REPORT</b>
37.1	<p>Assurance was provided as follows:</p> <ul style="list-style-type: none"> <li>• ET/ER Update - substantial</li> </ul>

	<ul style="list-style-type: none"> <li>• Executive Director Annual Review of Objectives - substantial</li> <li>• Remuneration and Staff Report - substantial</li> <li>• Remuneration Committee Annual Report - substantial</li> <li>• Chief Executive Appraisal and Performance Criteria – substantial</li> </ul>
<b>37.2</b>	<b>The Public Board resolved to note the report.</b>
<b>PUB23/4/38</b>	<b>COMMUNITY ENGAGEMENT GROUP (CEG) RESTRUCTURE</b>
38.1	The DoN informed the Public Board that the CEG had raised concerns that the group was not representative of the communities served, there was varying levels of engagement and they were not delivering maximum effectiveness based on their current structure and reporting. A review had been undertaken of other organisations to determine their approach to obtaining feedback from the community, which defined the two key roles within the CEG – volunteers who were able to dedicate considerable time, and those who could step up and step down as needed. This provided the opportunity for those who had less availability to support key projects as and when they were able, supporting the CEG to become more representative of the general population. This would help to build the community engagement base and ensure meaningful representation in key matters.
38.2	The TC enquired how assurance would be gained that there was representation from all sectors, characteristics and conditions in the community. The DoN confirmed the focus was on utilising organisations already in place to enhance the reach provided, such as working alongside Healthwatch and other national conditions groups such as Diabetes UK. It was also vital to ensure different age ranges were represented with a focus on encouraging involvement from young people.
38.3	NED-JT recommended the Trust also collaborate with the Patients Association which was nationally recognised for co-production and could inform this.
38.4	NED-AW supported the change in approach. She suggested that the Trust could also provide individuals who were raising complaints, concerns or compliments with the opportunity to become more involved as a patient representative. The DoN confirmed that on appropriate response letters, the Trust provided information on how patients could get more involved with the Trust including volunteering and discovery interviews.
38.5	The DoCAP assured the Public Board that the Patient Public Involvement (PPI) strategy had been co-produced with volunteers, the proposed approach would help to drive the PPI strategy.
38.6	The TC enquired whether the Trust paid volunteers for their involvement, which may provide those who did not have the financial freedom with the opportunity to contribute. The DoN informed him that the Trust reimbursed expenses payments but did not compensate for time commitments. The TC requested consideration be given to compensating volunteers for their time, as there was a risk of unfairly prejudicing those who were unable to volunteer due to financial constraints.
<b>38.7</b>	<b>The Public Board resolved to:</b>

	<p><b>Note the position</b></p> <p><b>ACTION: Request consideration on the potential for remunerating volunteers for their time commitments</b></p>
<b>PUB23/4/39</b>	<b>QUALITY GOVERNANCE COMMITTEE ASSURANCE REPORT</b>
39.1	NED-NH joined the meeting.
39.2	<p>Assurance was provided from the Quality Governance Committee as follows:</p> <ul style="list-style-type: none"> <li>• Board Assurance Framework - moderate</li> <li>• Quality metrics - moderate</li> <li>• Serious incidents - moderate</li> <li>• Group Assurance Report - low</li> <li>• CIAF - moderate</li> <li>• CQC update - moderate</li> <li>• Patient Safety Incident Response Framework - moderate</li> <li>• Draft Quality Account – high</li> </ul>
39.3	<p>NED-NH provided a summary of the position from the QGC meeting on 24.05.2023:</p> <ul style="list-style-type: none"> <li>• Handover delays and serious incidents had both reduced</li> <li>• It was vital the time to lead project was delivered effectively, as this would support winter planning</li> <li>• Where incidents were system issues, it was evident that the Trust did not always follow through on the outcomes from these system issues, as such the committee had considered an internal review to provide assurance on the follow up on these incidents to ensure they were appropriately managed.</li> <li>• There was concern the sub-groups responsible for reporting assurance into the QGC did not have the required attendance and focus to provide robust assurance.</li> </ul>
39.4	The TC assured the Public Board that sub-group representation and focus was an area of focus for the Audit Committee, who had commissioned a review to ensure the effective working of these groups.
39.5	<b>The Public Board resolved to note the update provided.</b>
<b>PUB23/4/40</b>	<b>PERFORMANCE AND FINANCE COMMITTEE ASSURANCE REPORT</b>
40.1	<p>Assurance was provided from the Performance and Finance Committee as follows:</p> <ul style="list-style-type: none"> <li>• Long term financial model and final plan - substantial</li> <li>• Finance report - moderate</li> <li>• QCIP - moderate</li> <li>• Capital Investment Group - substantial</li> <li>• Operational performance report and OPIP – moderate/limited</li> <li>• PTS and Commercial services - limited</li> <li>• Board Assurance Framework – moderate</li> </ul>
40.2	NED-JT provided a summary from the meeting on 28.06.2023:

	<ul style="list-style-type: none"> <li>• The committee had considered PTS and QCIP as high priority areas to assure on delivery.</li> <li>• Outcomes from the Manchester arena enquiry had been reviewed, there were limited actions relevant to the ambulance service from this enquiry, but the committee would receive ongoing escalation of areas for address.</li> <li>• There was concern around the ability to deliver the QCIP target for 2023/24 as this was already reporting off track. Similar concerns were highlighted in relation to PTS, with suggestions the expectations may be overambitious in how losses were recuperated.</li> <li>• The committee had agreed a focussed Performance and Finance Committee would be scheduled in August 2023 to review the position of QCIPs and PTS and identify any concerns for escalation.</li> </ul>
40.3	<b>The Public Board resolved to note the update provided.</b>
<b>PUB23/4/41</b>	<b>AUDIT COMMITTEE ASSURANCE REPORT</b>
41.1	<p>Assurance was provided from the Audit Committee as follows:</p> <ul style="list-style-type: none"> <li>• Matters arising – data integrity tool - substantial</li> <li>• Counter Fraud - substantial</li> <li>• Internal Audit - moderate</li> <li>• Annual Accounts and Annual report (including External Audit update) - substantial</li> <li>• Annual governance statement - substantial</li> <li>• Board assurance framework and standing orders - substantial</li> <li>• Audit Committee Annual report - substantial</li> <li>• Consolidated Board and Committee Effectiveness review - substantial</li> <li>• Board integrated effectiveness review – limited</li> <li>• Board assurance framework/Group Assurance report/Updated code of governance/ Hewitt report update/Declaration of interest and register of seals - substantial</li> <li>• Losses and special payments – substantial</li> <li>• Tenders and waivers - limited</li> <li>• Information governance - limited</li> </ul>
41.2	<p>The TC informed the Public Board that the Head of Internal Audit Opinion had provided an overall reasonable level of assurance, however this was a borderline position as there had been a number of audits in the period which did not meet the required standards. Internal audit was assured they had been directed to the areas of highest concern, whence the low assurance provided in reports which was not unexpected. Since the meeting, the Trust had also approved the annual accounts, annual report and annual governance statement. A review was underway of the sub-committee structure to ensure committees had appropriate capacity and focus to best enable them in their roles.</p>
41.3	<p>NED-GL enquired the timelines in which EEAST could return to a position in which there was a robust internal audit opinion. The TC informed the Board that internal audit was deliberately directed at areas of concern to inform improvements, as such these areas were more likely to have low levels of assurance. To return to robust assurance, the Trust would need to transition away from this approach which was not recommended.</p>

	<p>The DoF clarified that the internal audit proposal was based on the level of risk internal audit identified for each area, EEAST could then adapt this based on internal areas of concern. He suggested that internal audit should continue to be directed at the areas of highest risk. However, the DoF clarified that there were statutory areas for audit such as the core financial systems, which received substantial assurance, demonstrating that the Trust was operating effectively in those core areas for review.</p>
41.4	<p>NED-AW enquired when the new sub-committee structure would be approved. The DoCAP advised that the Audit Committee and Transformation Committee had highlighted concerns with the proposal, therefore this would be further tested with the aim to implement from Q3. She assured the Board that in terms of effectiveness the committees were operating well and there was not an urgency to the rollout of this revised structure, the proposal supported ongoing improvement. It was recommended the testing be completed and approval requested in September 2023 ahead of rollout.</p>
41.5	<p>Consolidated board effectiveness report: The DoCAP presented the board effectiveness report, which assessed the performance at Board and Committee level in 2022/23 based on survey feedback and identified further areas for improvement. Consideration had already been given to the next stage of improvement in line with the proposed committee changes for Q3.</p>
41.6	<p>Standing Orders and Board Governance and Assurance Framework: The Audit Committee had recommended to Board for ratification the Standing Orders and Board Governance and Assurance Framework. Following confirmation of the future committee structure for rollout in Q3, the documents would be revised to reflect these proposed changes.</p>
41.7	<p><b>The Public Board resolved to:</b>  <b>Ratify the Standing Orders and Board Governance and Assurance Framework</b>  <b>Note the update provided</b>  <b>Note that the September Board meeting would be requested to approve the revised Board and Committee structure proposal.</b>  <b>Note the outcomes from the consolidated board effectiveness report</b></p>
<b>PUB23/4/42</b>	<b>TRANSFORMATION COMMITTEE ASSURANCE REPORT</b>
42.1	<p>Assurance was provided from the Transformation Committee as follows:</p> <ul style="list-style-type: none"> <li>• Qi Strategy Closure Report - moderate</li> <li>• Change Framework - substantial</li> <li>• Terms of Reference- Board Planning and Integration Meeting - substantial</li> <li>• Board Assurance Framework - moderate</li> <li>• Transformation Programme Group Update - moderate</li> <li>• Long Term Progress against Key strategic themes - moderate</li> <li>• PMO Dashboard and Programme Plans - moderate</li> <li>• Outcomes from External Digital Strategic Review – substantial</li> </ul>
42.2	<p>NED-AW informed the Board that at the next meeting of the Transformation Committee the focus would be on assuring that programmes were in a robust position to transfer to their respective Committee for onward assurance and reviewing the change framework.</p>



	The change framework provided a template for the management of key change programmes in a consistent and robust approach. All committee chairs had been invited to attend this meeting to assure that programmes were in a position for handover. Following disbanding of the Transformation Committee, ongoing assurance on transformation activity would be provided through the bi-yearly Planning and Integration Board, which would include full Board membership. The Committee had reviewed the PMO dashboard and programme plans and confirmed moderate assurance, there were early signs of improvement however the full impact of these programmes was yet to be realised.
42.3	Planning and Integration Board Terms of Reference: The DoCAP presented the Planning and Integration Board terms of reference, which outlined a realignment of transformation programmes to the Committees. The Planning and Integration Board would oversee the strategic approach to planning on a bi-yearly basis. The Transformation Committee had recommended to Board for ratification the Planning and Integration Board terms of reference.
42.4	<b>The Public Board resolved to: Ratify the Planning and Integration Board terms of reference Note the update provided.</b>
<b>PUB23/4/43</b>	<b>REFLECTION ON MEETING</b>
43.1	The TC reflected on the theme of engagement, which had run throughout the Board meeting. This would be vital as the Trust embarked on an extensive and ambitious period of transformation. He further highlighted the improving position in areas across People, Performance and Finance. However he emphasised that the Trust was not complacent in driving forward improvements in the experiences for both staff and patients. He further reflected on the variation in approach required between what could be delivered internally and what required external support, with EEAST influencing this position.
43.2	NED-JT reflected on the meeting, and commended the improving quality of reports which were reflective of the current position as well as the ongoing ambition and measures of success. She noted the positive trajectory reflected across a range of measures. In particular she noted the improvements which had been driven to support both the patient and staff experience and had improved EEASTs benchmarked position among comparable organisations. She was pleased to highlight the increasing confidence in engagement from the executive across the full portfolio and shift to a more strategic approach.
43.3	SM-KW provided a reflection as an observer of the meeting. She noted that from an employee perspective they were beginning to see the impact of changes at frontline level. She emphasised the importance of maintaining this development and engagement with staff.
<b>PUB23/4/44</b>	<b>ANY OTHER BUSINESS</b>

44.1	The TC extended his thanks to NED-NH at his last Public Board meeting as a non-executive director. He particularly commended the support, council and wisdom NED-NH had provided during a challenging period for the Trust.
44.2	NED-NH highlighted the wealth of improvement which had been delivered in the preceding four years. He highlighted the appointment of a confident, high calibre executive team and transition away from the enhanced regulatory oversight the Trust had been in. As this oversight further reduced, as a Board it was vital to ensure the continuous monitoring, auditing and governing of these areas internally.
44.3	There was no other business and the meeting closed at 12:30.