

CONFIRMED (Disclosable)

**MEETING OF THE BOARD OF DIRECTORS, EAST OF ENGLAND AMBULANCE NHS TRUST,
HELD IN PUBLIC ON WEDNESDAY 12 OCTOBER 2022 BETWEEN 10.30 AND 12.15 PM
MELBOURN HQ, WHITING WAY, SG8 6EN (SAT NAV SG8 6NA)**

Present: Members		
	Nicola Scrivings	Trust Chair
	Alison Wigg	Non-Executive Director
	Carolán Davidge	Non-Executive Director
	Julie Thallon	Associate Non-Executive Director
	Marika Stephenson	Director of People Services
	Melissa Dowdeswell	Director of Nursing
	Mrunal Sisodia	Non-Executive Director
	Neville Hounsome	Non-Executive Director
	Tom Abell	Chief Executive Officer
	Wendy Thomas	Non-Executive Director
In attendance		
	Emma de Carteret	Director of Corporate Affairs and Performance
	Esther Kingsmill	Deputy Head of Corporate Governance
	Julie Hollings	Director of Communications and Engagement
	Kate Vaughton	Director of Integration and Deputy CEO
	Linda Gove	Head of Corporate Governance
	Simon Walsh	Medical Director
Observer:		
	Alan Jackson	Community Engagement Group (CEG) Chair

PUBLIC SESSION (Disclosable)

PUB22/3/24 WELCOME

1.1 *The meeting commenced at 10:30.*

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

PUB22/3/25 APOLOGIES FOR ABSENCE

2.1 Apologies were received from Kevin Smith, Director of Finance (DoF) and Hein Scheffer, Director of Strategy, Culture and Education (DoSCE).

PUB22/3/26 DECLARATIONS OF INTEREST

3.1 The Trust Chair received no declarations of interest related to business on the agenda



PUB22/3/27	MINUTES FROM THE PREVIOUS MEETING
7.1	The Trust Board resolved to approve the minutes from the meeting held on 14.09.2022.
PUB22/3/28	ACTION TRACKER
8.1	13.05.22/11.9: The Trust Board resolved to confirm closure of the action as it was included on the agenda.
PUB22/3/29	REGULATORY UPDATE
9.1	Tom Abell, Chief Executive Officer (CEO) confirmed that the Trust had met the deadline for the Equality and Human Right Commission (EHRC) submission. Feedback had not yet been received from the EHRC. He confirmed that the GMB Union had announced a formal ballot would be undertaken amongst its members, proposing industrial action was taken across all ambulance services. It was understood any proposed strike action would be held before Christmas. Work was being co-ordinated centrally across ambulance services to ensure safety was maintained in the event of any industrial action taken.
9.2	The Public Board resolved to: Note the submission to the EHRC Note the ballot proposed by GMB in relation to industrial action
PUB22/3/30	INTEGRATED PERFORMANCE REPORT
10.1	The Director of Corporate Affairs and Performance, Emma de Carteret (DoCAP) presented the executive summary and confirmed work was underway to develop a sector based integrated performance reporting mechanism. The TC invited each Executive Director to talk to their sections within the overall report.
10.2	Melissa Dowdeswell, Director of Nursing (DoN) advised that pressures were increasing both regionally and nationally, ambulance handover delays were worsening the position and responsiveness to patients. Mid and South Essex and Norfolk and Waveney were reporting higher levels of pressure than other areas. To support responsiveness the organisation had increased the ability to contact patients waiting in the stack to undertake a welfare check or clinical check and had also increased 'hear and treat' activity. Systems were considering the backlog of elective activity within hospitals, acknowledging the pressures posed on the system from hospital attendances via ambulance and independently. Patient acuity had increased in September, nationally work was underway to recategorise C2 calls which would not change national response standards but would break down C2 categories to prioritise the response.
10.3	Simon Walsh, Medical Director (MD) advised that NHSE was working alongside the central ambulance team and local ambulance services to prioritise C2 calls to ensure a focussed clinical response to those most in need. This was being piloted ahead of full rollout. EEAST was fully engaged in discussions. Although EEAST would not be a pilot site, the Trust had emphasised the urgency of the situation, and there was the potential to start using the revised categorisation ahead of rollout provided there were no safety concerns identified through the pilot.
10.4	Non-Executive Director, Wendy Thomas (NED-WT) sought to clarify the impact of C2 reclassification on patients and ambulance response standards. She highlighted the potential impact on serious incidents and harm arising from increasing pressures. Integrated Care Boards had committed to setting maximum arrival to handover timeframes but these were only being achieved in two areas. She suggested there may be learning from these areas which could be reflected across the other areas. The MD confirmed that the reprioritisation of C2 calls, which was the category of patients



	accounting for a large portion of the stack, would enable targeted responses for those in most need such as heart attack and stroke patients. This would enable patients to be supported through alternative community services where appropriate to mitigate pressures in emergency departments.
10.5	The DoN advised that communications were going out regionally to clarify the expectations for handover times. The position for handovers had significantly deteriorated. Given the pressures, a realistic standard was required for handover response times which may not meet the pledge of one hour.
10.6	Non-Executive Director, Neville Hounsome (NED-NH) enquired how the Trust benchmarked for C2 response times. He further noted a 15% reduction in incidents and enquired the causes for this. The DoN advised that EEAST was in the lower percentile for C2 response times and was an outlier from a cohorting perspective and in handover delays compared to other regions.
10.7	Non-Executive Director, Mrunal Sisodia (NED-MS) sought assurance that serious incidents were being effectively escalated and managed by the system, where they were considered, system owned. The DoN responded to confirm there was a process in place for the management of system incidents to ensure learning was accurately shared and applied. Delay incidents were managed in line with the patient safety incident response framework, which pulled incidents of a similar theme into a single comprehensive report to feed learning through the system. Generally, systems were aware of the position but ownership and understanding of the impacts of delays required further activity to emphasise. The DoN confirmed relevant partners were receiving information on incidents, but these were not always escalated through the appropriate governance routes within these systems to ensure awareness and the tracking and management of risks at senior level.
10.8	Non-Executive Director, Carolan Davidge (NED-CD) noted a concerning increase in C1 calls and enquired how this impacted patients. The MD advised that national data indicated there was no change to patient acuity, but the increase in C1 calls was attributed to EEAST working alongside partner organisations to address the obvious safety risks arising as a result of delayed ambulance responses, to support a response to the most time critical patients. EEAST was working alongside acute trusts to support senior clinical review of patients in handover delays and to escalate concerns associated with patient deterioration. The mechanisms in place had supported a reduction in serious incidents although there remained an inherent risk associated with delays, the Trust would be working with systems and national teams to support a sustainable improvement.
10.9	NED-CD enquired how the nature and type of calls from patients was shifting. The DoN advised that the medical dispatch system was based on a national algorithm, the types of calls did not change, but where the algorithm altered this could change the categorisation. Further to this, delays in responding to patients could result in a deteriorating patient condition which would change the categorisation of the call but did not change the category initially listed in reporting.
10.10	NED-AW sought assurance that 'no send' categorisation was not causing harm. The DoN responded to confirm that most 'no send' decisions were made at the first point of contact, with subsequent review from the clinical team. The governance process for 'no send' ensured patient safety for those patients within this category. All 'no send' responses were audited and although it was recognised a subsequent call from these patients may result in a re-categorisation there had been no patient safety incidents to date associated with this response. NED-MS advised that he had attended Bedford Emergency Operation Centre (EOC) and witnessed 'no send' reviews, he was assured of the process for this response.
10.11	The Director of People Services, Marika Stephenson (DoPS) advised that turnover demonstrated an incremental reduction in August 2022, employee relations (ER) cases were tracking positively for volume of cases, numbers of staff on suspension and timeframes for suspensions. Sickness absences had also reduced in August 2022. Statutory and mandatory training was reporting at 79% compliance. Staff were showing increasing willingness to disclose their ethnicity and disability status.



10.12	Associate Non-Executive Director, Julie Thallon (ANED-JT) highlighted that a men's wellbeing network was being considered due to high attrition rates. NED-WT responded to confirm that People Committee had received a staff turnover deep dive which recognised a gender disparity in staff leavers, who were leaving due to inflexibility in the workplace. It had been agreed the flexible working arrangements would report to People Committee.
10.13	NED-CD enquired whether the incentive offered for completion of the staff survey (a Costa £5.00 voucher) had impacted positively on staff numbers completing the survey. The DoCAP confirmed that to date 25% of staff had completed the survey, this meant EEAST was the ambulance service with the highest number of respondents to date. Internal messaging and competitions were being released to maintain this momentum. It was confirmed learning would be applied to the flu campaign and COVID boosters to encourage completion.
10.14	The CEO confirmed a deficit to plan of £0.4m, this was driven predominantly by overtime and incentive payments to respond to operational pressures and those pressures exacerbated by hand over delays, as well as overspends associated with the patient transport service. Work was underway to maximise delivery of the quality cost improvement plan (QCIP) however this was delivering a shortfall year to date of £2.3m. To mitigate the position EEAST was engaging with commissioners and regulators on scenario modelling of resources vs financial impacts to come to a collective agreement on the level of resourcing required and how this would impact on the financial outturn position. Greater clarity was expected on how national insurance increases would affect the Trust as well as potential additional funding to support pressures posed by inflation.
10.15	NED-AW sought clarity on likely QCIP delivery based on the trajectory. The CEO confirmed there was approx. £5m assured, with £7m-£8m delivery expected. There were schemes associated with staffing, however if there was limited traction to address handover delays this would likely reduce and had been included in scenario planning with commissioners.
10.16	The DoCAP advised that mid to long term financial modelling and impacts would be considered in December 2022 with a provisional forecast developed pending national discussion.
10.17	NED-MS reminded the Trust Board that QCIP delivery was a key element of the break-even recovery plan and represented a clear risk to achieving this requirement. Serious incidents and elements of budget overruns could be attributed to system challenges, like handover delays, and asked if the Trust was able to identify the costs associated with these system challenges. Further, if able to quantify these costs would it be prudent to share them with system partners to demonstrate the impact on our budget and the % of budget overrun due to system pressures.
10.18	The CEO confirmed a cost per hour had been calculated for handover delays, in Norfolk and Waveney during September 2022 which accounted for circa. £750,000 of expenditure.
10.19	<p>The Trust Board resolved to:</p> <p>Note the operational, financial, clinical and people pressures</p> <p>Note work underway to engage and work alongside system partners to address system risks and pressures</p> <p>Agree to consider financial planning for 2023/24 at the next meeting</p> <p>Note the People Committee was overseeing concerns associated with staff turnover</p> <p>Note the YTD financial shortfall of £2.3m</p> <p>Note improvements in ER, sickness and training compliance</p>
PUB22/3/31	INDEPENDENT INVESTIGATION INTO THE UNEXPECTED DEATH OF A MEMBER OF STAFF
11.1	The TC extended the Board's condolences to family, friends and colleagues involved in this review. She added that this was an important review and allowed the Trust to fully consider the findings to ensure that the best possible support and welfare was available to all our staff and volunteers.



	Further, an opportunity to scrutinise whether the Trust had learned lessons from previous unexpected deaths and what other actions could be put in place to support staff further.
11.2	The DoN reminded the Trust Board that there had been three unexpected staff member deaths in 2019 which had been subject of a previous investigation with recommendations identified and agreed by the Trust. Following a subsequent staff death in December 2022, an independent investigation was commissioned to ensure the Trust had learned lessons from the previous investigation and were in place and embedded, and any further actions identified which could improve the support for staff.
11.3	The DoN confirmed that this independent investigation report had been thoroughly considered within the Trust including significant review by the Wellbeing Team and senior leadership. The DoN added that an action plan had been developed to ensure all recommendations were monitored and managed to ensure improvements were implemented.
11.4	The DoCAP enquired how assurance would be gained that actions were being completed and embedded. The DoPS responded to confirm there was robust executive oversight of all actions and action leads had been assigned.
11.5	NED-NH reflected that the People Committee also had oversight of the original investigation report and had received assurance that the recommendations associated with this review had been accepted and implemented. Some were still being embedded. Staff welfare was an important priority for the Trust.
11.6	The CEO extended condolences to the family involved. He noted the wellbeing of operational managers was a key concern, operating in some of the most highly pressured positions in the organisation whilst also being responsible for staff wellbeing. Greater consideration was required of the specific support requirements for these staff to ensure they were effectively cared for.
11.7	The Director of Integration, Kate Vaughton (DoI) emphasised the importance of ensuring real time support for staff across the Trust and supported enhancing the support offer where required particularly for staff while responding to ongoing operational pressures.
11.8	The DoPS confirmed the wellbeing and people strategy had been updated in recognition of the findings from the report and mental health training was also being made available to leaders. The DoPS explained that the implications for wellbeing and operational pressures would be central to the Time to Lead programme of work
11.9	The Trust Board resolved to: Receive the investigation’s final report, the recommendations and the action plan to support the implementation of the lessons learned Note progress made against the action plan from the 2019 staff death report
PUB22/3/32	SAFEGUARDING TRAINING COMPLIANCE AND RECOVERY UPDATE
12.1	The DoN presented the report and informed the Trust Board that despite challenges associated with safeguarding training capability, compliance was demonstrating an improvement against the trajectory of 85%. To support level one and level two safeguarding training compliance a range of methods of training delivery were being considered to support compliance such as the modules being readily available for staff to complete when it was convenient for them: for example during periods of waiting during delayed hospital handovers.
12.2	NED-AW requested clarity on the timeline to achieve the risk assessed target of 85% compliance.



12.3	The DoN explained that the recovery trajectory was established for the operational clinical teams from January 2022 and concluded at the end of August 2022 which had seen a positive recovery in the overall safeguarding training compliance levels. Whilst the trajectory had improved, it still fell short of the compliance rate however the recovery trend was continuing to push forward in a positive direction, and was on track to deliver against the risk assessed compliance level of 85% by March 2023. The DoN added assurance that this was a realistic timeframe given the expected winter pressures and onboarding of new staff.
12.4	NED-AW further queried whether there was an increased risk posed by the extended target. The DoN advised that L3 training was being prioritised, completion of L3 training would also ensure compliance with L1 and L2 training, as these levels were included in L3. Performance against the target would be monitored via oversight and assurance provided to the Quality Governance Committee (QGC). She had engaged with other organisations to see how EEAST compliance benchmarked and was assured EEAST was positioned well with other acute hospitals and primary care.
12.5	ANED-JT enquired whether there was a prioritisation matrix for staff to focus training. The DoN confirmed statutory and mandatory training had been prioritised, although greater clarity could be provided to staff to further focus this on the highest priority areas. It was important all staff were enabled to access and complete all training.
12.6	The CEO advised the Trust Board that statutory and mandatory training compliance had increased overall to 79% and was tracking positively. There were opportunities which could be maximised to facilitate staff to access training more easily.
12.7	<p>The Trust Board resolved to</p> <p>Accept assurance that overall statutory and mandatory training compliance was demonstrating an improvement</p> <p>Receive assurance that safeguarding training was demonstrating an improvement</p> <p>Note the trajectory to achieve 85% compliance by March 2023</p> <p>Note that the position benchmarked positively across the NHS</p>
PUB22/3/33	QUESTIONS FROM THE PUBLIC
13.1	<p>Alan Jackson, Community Engagement Group Chair (CEG-AJ) advised that he had visited Addenbrookes Hospital recently and spoken with our teams and the Hospital Ambulance Liaison Officer (HALO). He said he believed handover times at the hospital had ranged between 15 minutes and four hours, with reduced handover times apparent where HALOs were supporting the process. The HALO at Addenbrookes had advised they were usually on shift about three times a week – and given that handover times were reduced when HALOs were present he enquired why there was not greater coverage.</p> <p>The DoI confirmed that each system had agreed to the substantive appointment of HALOs, and the shift coverage varied between systems. As part of the SURGE escalation response for each system Local Operational Managers (LOMs) also attended to provide additional capacity where needed. The DoN advised that a recruitment campaign was underway to appoint substantive HALOs with high levels of interest received. From a commissioning perspective the coverage provided within each system varied, although EEAST made recommendations within this.</p> <p>The DoI confirmed that she would further review this matter and thanked Alan Jackson for his question.</p> <p>The TC confirmed there were no further questions received from members of the public.</p>

PUB22/3/34	REFLECTION ON MEETING
14.1	The TC invited NED-AW to give her reflection on the meeting. NED-AW highlighted improvements associated with the increasing quality of reporting. There had been strong challenge during the meeting particularly in relation to operational metrics and welcomed greater challenge from executive directors in the future. She added that meeting in-person had impacted positively on the quality of discussion and debate.
14.2	The DoI thanked NED-AW for her reflection and believed that the executive was well placed to ensure that the debate and challenge was much more robust across all Board members. She felt that clearer and focused reports would play their role but emphasised the importance of the NED – Lead Director relationship was critical.
14.3	The TC thanked everyone for their participation and drew the meeting to a close.
14.4	The meeting closed at 12:15.