



**CONFIRMED**

**MEETING OF THE EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST  
BOARD OF DIRECTORS, HELD IN PUBLIC ON WEDNESDAY 14 FEBRUARY 2024  
(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
	Catherine Glickman	Non-Executive Director	NED-CG
	George Lynn	Non-Executive Director	NED-GL
	Wendy Thomas	Non-Executive Director	NED-WT
	Julie Thallon	Non-Executive Director	NED-JT
	Chris Brook	Non-Executive Director	NED-CB
	Omid Shiraji	Associate Non-Executive Director	NED-OS
	Tom Abell	Chief Executive Officer	CEO
	Kevin Smith	Director of Finance	DoF
	Melissa Dowdeswell	Chief of Clinical Operations	CCO
	Marika Stephenson	Director of People Services	DoPS
<b>In attendance</b>	Dr Hein Scheffer	Director of Strategy, Culture and Education	DoSCE
	Kate Vaughton	Director of Integration and Deputy CEO	DoI
	Julie Hollings	Director of Communications and Engagement	DoCE
	Stanley Mukwenya	Deputy Director of Corporate Affairs	DDoCA
	Chris McGregor	Deputy Director of Commercial Services <i>(agenda item PUB24/02/4.1 only)</i>	DDoCS
	Sue Pluck	Note-taker	
<b>Observing</b>	Jo Cripps	Deputy Director of Integration (Business and Partnerships)	DDoI

<b>PUBLIC SESSION (Disclosable)</b>	
<b>PUB24/02/1</b>	<b>WELCOME</b>
1.1	<i>The meeting commenced at 09:30</i>
1.2	<p>Mrunal Sisodia, Trust Chair (TC) welcomed those present to the Public Board meeting of the East of England Ambulance Service Trust. He extended his apologies to the public that technical issues prevented the live broadcast of the meeting, however the meeting would be recorded and shared through the Trust's website at the earliest opportunity. Questions received from the public to <a href="mailto:OCE.Eeast@eastamb.nhs.uk">OCE.Eeast@eastamb.nhs.uk</a> would be addressed at the end of the meeting.</p> <p>The TC welcomed Omid Shiraji, Associate Non-Executive Director (NED-OS) to his first Public Board meeting.</p>
<b>PUB24/02/2</b>	<b>APOLOGIES FOR ABSENCE</b>
2.1	<p>Apologies were received from:</p> <ul style="list-style-type: none"> <li>• Emma De Carteret, Director of Corporate Affairs and Performance</li> <li>• Simon Chase, Chief Paramedic and Director of Quality</li> <li>• Simon Walsh, Medical Director</li> <li>• Victoria Corbishley, Associate Non-Executive Director</li> </ul>

<b>PUB24/02/3</b>	<b>DECLARATIONS OF INTEREST</b>
	There were no new interests declared.
<b>PUB24/02/4</b>	<b>PATIENT STORY</b>
4.1	<p>Chris McGregor, Deputy Director of Commercial Services (DDoCS), introduced the Patient Story from Mrs Shaikly which highlighted the importance of patient experience in shaping and improving the Patient Transport Service; he explained that the Trust was delivering care through this service, not just transport.</p> <p>A research project had confirmed that the reliability of transport was the most important concern for patients. It was therefore essential that patient transport contracts be brought up-to-date as the service was based on assumption; the presentation highlighted the challenges faced. The DDoCS reported that the Trust had focused on making these contracts more relevant in the past year; contracts had been renegotiated and adjusted to meet patient needs, using data to inform the contract model. New contracts and, where relevant, extensions would be submitted for Board approval in the coming months.</p> <p>Digital systems remained a challenge, but capital investment had enabled the purchase of new software to improve both efficiency and the patient experience.</p> <p>The TC acknowledged that considerable work had been undertaken to improve the Patient Transport Service (PTS).</p> <p>George Lynn, Non-Executive Director (NED-GL) enquired if the Trust had access to a sufficient number of suitable vehicles to support PTS? The DDoCS confirmed that a replacement like-for-like vehicle programme was in place, but research had shown that more wheelchair accessible vehicles were needed.</p> <p>Dr Hein Scheffer, Director of Strategy, Culture and Education (DoSCE) asked if the Trust was talking to commissioners regarding the extra workload that was being undertaken? The DDoCS advised that contracts were out-of-date when the project started; the metrics supported these conversations, but the contracts should have been re-negotiated.</p> <p>Kate Vaughton, Director of Integration and Deputy CEO (DoI) reported that leadership within PTS was the most difficult area to address. The DDoCS added that forward-planning was fundamental as 80% of the journeys made were pre-booked. Difficulties with the current system limited planning to 40-hrs in advance; this needed to change if the service was to become more efficient.</p> <p>The TC thanked Mrs Shaikly for her honest and constructive feedback. He had heard similar comments at a recent visit to the Dunstable PTS depot where crews were frustrated with fleet issues and the inability to forward-book; the importance of crews to the patient experience was recognised.</p> <p>The TC assured the meeting that future patient stories would be aligned with the work of the Trust Board.</p>

<b>PUB24/02/5</b>	<b>TRUST CHAIR AND NON-EXECUTIVE DIRECTOR'S REPORT</b>
5.1	<p>The Board received and considered the Trust Chair's report which offered a summary of the work undertaken by the TC and Non-Executive Directors (NEDs) over the past three months; this was closely aligned to the Trust's priorities, identified risks and strategies. Significant time had been committed to the following areas which would continue to be a focus for the TC and NEDs:</p> <ol style="list-style-type: none"> <li>1. Winter planning and pressures</li> <li>2. Engagement with stakeholders and systems</li> <li>3. Strategy development</li> <li>4. Engagement with staff and volunteers</li> </ol>
5.2	<p>The TC thanked everyone at EEAST for their commitment and work in getting the Trust moved out of Special Measures. He offered assurance that the Trust was focussed on both the staff and patient experience over the Winter period.</p>
<b>PUB24/02/6</b>	<b>CHIEF EXECUTIVE'S REPORT</b>
6.1	<p>The Board received and considered the CEO's report. Tom Abell, Chief Executive Officer (CEO), provided a verbal update of the following highlights:</p> <ul style="list-style-type: none"> <li>• Progress had been made in the year to December 2023; response times had improved, although considerable work was required to achieve further improvements.</li> <li>• A significant and positive reduction in patient safety incidents was noted for December 2023, compared to December 2022.</li> <li>• The Business Planning process was addressing the reduction in C2 response times to 30-minutes, and the Operational Improvement Plan from the perspective of efficiency.</li> <li>• Considerable work had been undertaken and progress made on the <i>Time to Lead</i> programme; appointments had been made to a number of roles, and the roadshows for the Team Leader posts would start in early March 2024. Communication and engagement with staff was a priority through this period of change.</li> <li>• The Trust's approach to Sustainability needed to be refreshed, and a review undertaken of progress towards the Net Zero target.</li> <li>• Simon Chase had been appointed to the post of Chief Paramedic and Director of Quality.</li> </ul>
6.2	<p>NED-GL noted a theme across the papers around the use of data and management systems. Further improvement would not be possible without access to accurate and usable data; a more sophisticated understanding of our data and processes was needed in order to move the organisation forward. It was also important to consider internal integration as a lack of cohesion could limit progress (to be discussed further under agenda item 9.1 – Integrated Performance Report).</p>
<b>PUB24/02/7</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>
7.1	<p>The minutes of the meeting held on 11 November 2023 were agreed as an accurate record.</p>

<b>PUB24/02/8</b>	<b>MATTERS ARISING AND ACTION TRACKER</b>
8.2	<b>PUB23/4/34.8 – FTSU report</b> Report to be updated to reflect the number of reports raised as a percentage of the number of staff for each area. Agenda item 11.3; <b><u>Action closed</u></b>
	<b>PB22/3/45 – Training Needs Analysis report</b> requested for Quarter 2. Agenda item 11.2; <b><u>Action closed</u></b>
8.3	<b>PUB23/4/38.7 – CEG structure, remuneration for volunteers</b> Public Patient Involvement Strategy paper to be developed and presented to the Trust Public Board by Simon Chase, Chief Paramedic and Director of Quality (CP-DoQ) and Rachel Morris, Head of Patient Experience. <b>Action ongoing</b>
	<b>PUB23/11/9/9 – Reflections on Hub learning, behaviour and capacity</b> Dol to report to the next Public Trust Board, to include a table of coverage of each Hub by condition and time. Agenda item 12.1; <b><u>Action closed</u></b>
	<b>PUB23/11/9.4 – Plan to increase the Staff Appraisal rate</b> Agenda item 11.1; <b><u>Action closed</u></b>
<b>PUB24/02/9</b>	<b>PERFORMANCE, RISK AND GOVERNANCE</b>
9.1	<b>Integrated Performance Report (IPR)</b>  The Board received and considered the Integrated Performance Report. The TC invited Melissa Dowdeswell, Chief of Clinical Operations (CCO), to also address under IPR the following agenda items to provide a holistic overview: <ul style="list-style-type: none"> <li>• Winter Plan and Review</li> <li>• Fleet Data update</li> </ul>
9.1.1	The CCO provided an update on <b>Operations</b> : <ul style="list-style-type: none"> <li>• Improvement was noted around C1 and C2 response times.</li> <li>• An increase in Hear and Treat was helped by C2 segmentation, but there was still a lot of work to do in this area, specifically in relation to data.</li> <li>• Patient-Facing Staff Hours had increased month-on-month; the introduction of more vehicles and an increase in staff would continue to drive this improvement.</li> <li>• Call pick-up had been sustained during the past 12-months, despite a significant increase in calls during January 2024.</li> </ul>
9.1.2	The Board received and considered the <b>Winter Plan and Review</b> report, and the CCO provided the following update: <ul style="list-style-type: none"> <li>• Local Operational Cells (LOCs) were proving to be successful in all six ICBs and were working well alongside the Unscheduled Care Hubs; this had aided discussion with the ICBs, and the escalation and day-to-day management across all acutes.</li> <li>• A year-on-year reduction in handover delays was noted, and the extensive delays at the Norfolk and Norwich Hospital had dissipated. However, high handover delays were now being reported across the whole region.</li> </ul>

	<ul style="list-style-type: none"> <li>• Revisions to the Clinical Safety Plan in 2023 had impacted on the improvements seen this Winter.</li> <li>• The Winter Plan had proved to be more effective than the previous year, mainly because planning had started earlier, in the Spring of 2023. This model would be repeated for Winter 2024, using the lessons learnt to improve the Plan.</li> </ul>
9.1.3	<p>The Board received and considered the <b>Fleet Data</b> report, and the CCO provided the following update:</p> <ul style="list-style-type: none"> <li>• The data sources used were accurate but not synchronised; the Trust needed to agree which data to use across all sectors to negate disparity, not just Fleet.</li> <li>• The FleetWave software was being re-assessed with a view to using data from one source.</li> </ul>
	<p><b><u>ACTION:</u> The TC requested an analysis of patient-facing hours, handover delays, fleet statistics, performance, etc., incorporating all aspects of the service into one model. The Board needed to reflect and learn from the predictions of the various models in order to undertake a review of the effectiveness of Winter performance for future planning. Report to be submitted to the Board via the Performance and Safety Committee.</b></p>
9.1.3.1	<p>In response to an enquiry from the TC about the challenges that handover delays presented and what had been learnt, the CCO reported that delays at the majority of hospitals had not been extensive, but performance had been inconsistent, and this had impacted on patient safety. Conversations with ICB colleagues had been helpful, particularly in relation to the support that was available through the Hubs, and many of these conversations had focussed on understanding the cause of the delays.</p> <p>The DoI recommended the introduction of a dashboard for each ICB that would demonstrate adjacencies and impact, and aid reporting so the Trust could better track interaction and improvement.</p> <p>The TC noted that different issues were being experienced across the region, within the ICBs and at local-level. He wanted the Board to focus on more local issues and hot-spots. He asked the Executive team to bring to the Board detailed and digestible intelligence at a more local-level to inform the Trust's longer-term strategy and empower local managers; this was key to addressing the continued improvement in performance.</p>
	<p><b><u>ACTION:</u> Executive team to provide the Board with detailed and digestible intelligence at a more local-level to inform the Trust's longer-term strategy and empower local managers.</b></p>
9.1.3.2	<p>The DoSCE recommended that the Trust refresh the forward planning process and link together all areas of the service, removing the silos that still operated in some areas. From 01 April 2024, an Executive Review Forum would identify the challenges that needed to be referred for Board discussion.</p> <p>Chris Brook, Non-Executive Director (NED-CB) encouraged ongoing communication to maintain and improve staff morale, sharing good news and thanking staff for the improvements made. He proposed that the Trust should provide staff with an overview of how the changes made had positively impacted on Winter performance. The CCO</p>

	<p>confirmed that this was already being done but discussions were ongoing to improve this communication; a move to a more pictorial presentation was being considered.</p>
9.1.3.3	<p>With reference to the TC’s vision, Wendy Thomas, Non-Executive Director (NED-WT), asked how the variables could be overcome: with so many different initiatives ongoing across the six ICBs, how did EEAST know which of these initiatives were having an impact and making a sustained difference, and how could this be quantified?</p> <p>The DoI responded that there was currently no definitive response to this question and the available data demonstrated the inequalities within the region. However, following a meeting with the six ICBs the previous week, agreement to closer working and the development and use of a regional model was being discussed, while understanding how this would impact on each system.</p> <p>In response to a question from Catherine Glickman, Non-Executive Director (NED-CG), the DoI confirmed that good-practice was being shared across the systems when something was working well, but funding was not always available to support the change. EEAST was discussing with the ICBs, through the current contracting round, the need for uniformity across the region; it was noted, however, that systems had differing priorities.</p> <p>The TC acknowledged the next stage of the Trust’s development as a balance between being a regional provider and understanding the local challenges and issues. The availability of accurate and uniform data and information was required to improve the patient experience. He was reassured that the Trust was focussed on the right areas and wanted to see progress going forwards.</p>
9.1.3.4	<p>With reference to the clinical overview, Julie Thallon, Non-Executive Director (NED-JT), suggested that the phrase “normal rate of incidents” was perhaps the wrong language to use, and she enquired if the reduction in Serious Incidents (SIs) was due to the introduction of the Patient Safety Incident Response Framework (PSIRF)? The CCO confirmed that this was a genuine and significant reduction, not linked to PSIRF.</p> <p>NED-JT recognised that financial decisions for Fleet were being made by the Board based on need and the information that was available at the time. She expressed concern that these decisions were taken based on data that was not as reliable as it might be. The Board needed assurance from the Executive Directors that the decisions the Board was being asked to make were informed and based on accurate information.</p> <p>The CEO agreed that the data could be improved and decisions better informed if teams worked collaboratively; the Business Planning process was addressing data quality, alignment and making the best use of the available systems. It was important that EEAST worked to the current model, using the most accurate data, not based on historic need.</p>
9.1.4	<p>Marika Stephenson, Director of People Services (DoPS), highlighted the main points for <b>People Services</b>:</p> <ul style="list-style-type: none"> <li>• Sickness absence had increased in December, as expected, although numbers were significantly lower than the previous year. A deep dive into short-term sickness absence had been undertaken for the week commencing 24 December 2023 in order to plan and mitigate for future years.</li> </ul>

	<ul style="list-style-type: none"> <li>• Employee Relations cases continued to record a downturn; the involvement of external bodies in the more complex cases had impacted negatively on timescales as they were beyond the control of the Trust.</li> <li>• A significant increase in Employee Relations casework since April 2023 was noted (~20%); this was attributed to people feeling able to raise concerns following changes to senior manager roles and the Trust's movement out of Special Measures. The increase in staff willingness to speak-up was seen as a positive change.</li> </ul>
9.1.5	<p>The DoSCE provided an update on <b>Strategy, Culture and Education</b>:</p> <ul style="list-style-type: none"> <li>• Good progress had been made with mandatory clinical training compliance; six Resuscitation Officers had been appointed and good progress was recorded across the six sectors.</li> <li>• BME and Disability statistics continued to rise; staff were being encouraged through the Networks to report their ethnicity and disability.</li> <li>• Appraisals – the downward trend for compliance continued; there were numerous challenges to this, including Winter pressure. Solutions included the introduction of a digital appraisal tool, and the alignment of the appraisal window to the financial year over the next 3-years; staff would therefore be aligned to the Trust's strategic objectives. The DoSCE assured the Board that the target of 85% compliance by March 2025 could be achieved if everyone engaged with the process. This was an area of focus for the Accountability Forums.</li> </ul> <p>In response to a question from NED-WT regarding appraisals, the DoSCE confirmed that the ratio of managers to staff was too high in some areas because Time to Lead had not yet been implemented.</p> <p>NED-GL asked why appraisals needed to be aligned to the financial year? Kevin Smith, Director of Finance (DoF) explained that the Business Planning cycle was linked to the financial year, and individual objectives would be determined by the Business Plan, not aligned to a financial target.</p> <p>NED-CB advised that managers should be trained to undertake an effective appraisal meeting. He also enquired about the impact of new recruits on established ambulance crews, specifically the demand for constant training. The DoPS confirmed that a report had been made through a recent Accountability Forum, and it had been agreed that the Clinical Head of Operations should have more input into the Workforce Plan.</p> <p>NED-WT commented that registered practitioners had a responsibility as part of their role to train the next generation. The DoSCE emphasised that it was embedded into the curriculum at Bedfordshire University that teaching others was a requirement of clinicians.</p> <p>NED-JT challenged the proposal for appraisals to be undertaken by everyone at the same time, and she queried the reasons for non-compliance; had the Trust engaged with staff to better understand this? The DoSCE confirmed that staff had indicated a desire for appraisals, but managers did not have time for meaningful conversations; appraisals needed to be more interactive and developmental, with accountability on both sides.</p>

	<p>The CEO asked the DoSCE to revisit the timings for appraisal; the Board agreed that the preferred window would be 01 April to 30 June (3-months).</p> <p>The TC concluded that communication with staff remained a priority; he acknowledged that good progress had been made but every member of staff had a professional duty to further improve in order to support the future success of the organisation.</p>
9.1.6	<p>The CCO provided an update on the following <b>Clinical</b> areas:</p> <ul style="list-style-type: none"> <li>• An improvement in the management and closure of complaints was noted.</li> <li>• Safeguarding allegations were high but being monitored and effectively managed.</li> <li>• Staff had embraced the bare-below-the-elbow campaign.</li> </ul> <p>Feedback received through the Accountability Forums regarding the implementation of the bare-below-the-elbow campaign confirmed that operational leaders felt empowered to change behaviour; they had requested the same level of communication and engagement for future campaigns.</p>
9.1.7	<p>The DoI provided an <b>Integration</b> update:</p> <ul style="list-style-type: none"> <li>• The highest ever number of Access to the Stack referrals had been recorded from Herts and West Essex ICB.</li> <li>• Unscheduled Care Hubs were now co-located within five of the six systems, with Norfolk and Waveney operating 12-hours a day, seven days a week, and South Essex 12-hours a day, five days a week. Cambridge had no physical location but were investing and piloting a virtual hub.</li> <li>• Automation software to support referrals would go live within the next two weeks.</li> <li>• A Mental Health model was being piloted in BLMK and Norfolk and Waveney.</li> <li>• Meetings with individual systems had been delayed but were planned for February.</li> </ul> <p>The DoSCE remarked on the clear change in ownership of the hubs across the systems; people were now talking about their involvement and responsibility; this was welcomed by EEAST as facilitators.</p>
9.1.8	<p>Kevin Smith, Director of Finance (DoF) delivered a <b>Finance</b> update:</p> <ul style="list-style-type: none"> <li>• The Trust was in surplus at month 9 and expected to end the year in surplus.</li> <li>• The Quality Cost Improvement Plan (QCIP) target would be achieved.</li> <li>• The Trust was on target to spend £12-13m of the additional £27m funding received from NHS England for the 2023-24 financial year; it was working with regional colleagues to utilise the underspend to address emergency care issues.</li> <li>• £30m funding was confirmed for the 2024-25 financial year.</li> <li>• The Capital Plan remained on target. There was risk around the International Financial Reporting Standards (IFRS), specifically the treatment of leases which were difficult to manage. NHS England had issued a target for the year in November 2023 that was insufficient at system level as it didn't cover the expected spend against target. This could result in the system allocation for capital (either owned or IFRS 16) being reduced next year by any overspend. Systems had been informed, and the NHS England Regional Office understood and were supportive of the Trust's position.</li> </ul> <p>In response to a question from NED-GL regarding the relationship between QCIP savings and the Business Plan, the DoF confirmed that the Business Plan was based</p>



	on the current year's budget, once reduced by QCIP requirements; CIPs that were not being achieved would be added back into the budget.
<b>PUB24/02/10</b>	<b>OBJECTIVE 2: PROVIDE OUTSTANDING QUALITY OF CARE AND PERFORMANCE</b>
10.1	<p><b>Quality Governance Committee Assurance Report</b></p> <p>The Board received and considered the Quality Governance Committee (QGC) Assurance Report. Catherine Glickman, Non-Executive Director and Committee Chair (NED-CG) addressed the report highlights:</p> <ul style="list-style-type: none"> <li>• Patient Safety Incident Reporting Framework (PSIRF) - there had been a reduction in the number of incidents recorded. The emerging themes were non-conveyance, EOC communications, patient injury, and delays.</li> <li>• Only three Serious Incidents remained, and these were still being reviewed.</li> <li>• An update on Learning from Deaths was requested for the next meeting as the data was not being shared with the Committee.</li> <li>• Complaints closure was 50% but not reducing within the set timescale; to be addressed.</li> <li>• The 2022-23 Annual Reports for both Clinical Audit and Medicines Management were presented to QGC in December. It was agreed that these reports would in future be submitted to QGC within the first quarter, with an interim 6-month report annually in December.</li> <li>• A significant increase was noted in audit completion between 2021-22 and 2022-23. 27 audits were scheduled for 2023-24; 19 were on schedule with two complete, seven were behind schedule – some awaiting national guidelines (ie. Mental Health), and those remaining were not yet due.</li> <li>• Advanced Practitioners' update – 38 were now working in urgent care and 8 in critical care. 25 were training to be non-medical prescribers to support the 12 already in place. Although progress was being made, there was concern that the Trust was not achieving the targets set, and the work of the Advanced Practitioners could be more targeted.</li> <li>• Medicines Management – high compliance and reporting of incidents was noted; Annual Report to be submitted earlier in the year.</li> <li>• Moderate assurance was offered to the Board.</li> </ul>
<b>PUB24/02/11</b>	<b>OBJECTIVE 1: BE AN EXCEPTIONAL PLACE TO WORK, VOLUNTEER AND LEARN</b>
11.1	<p><b>Staff Performance Appraisal Compliance Report</b></p> <p>Discussed under agenda item 9.1.3</p>
11.2	<p><b>Training Needs Analysis</b></p> <p>The Board received and considered the Training Needs Analysis Report. The DoSCE advised that there was no formal infrastructure currently in place to complete a Training Needs Analysis; the report had therefore been compiled through information received from a Management Skills survey, the Staff Survey results, Assessment Centres and Leadership Away Days.</p>

	<p>EEAST was aligned with the Ambulance Association’s Chief Executive Leadership Development Framework which focussed predominantly on e-learning. The Management Skills survey had identified what was required by line managers, and this had been addressed within the Leadership Development Framework which would be embedded within the organisation; it focussed on the individual, their experience and skills gap. The Leadership Development team was working with external providers to deliver 18 bespoke modules (15 core modules and three for senior leaders), starting with the Operations team and then rolling out to leaders across the organisation; the aim was to train ~200 Operations managers by September 2024. The DoSCE was pleased to report that positive feedback had been received on the first two modules delivered: Vision, Values and Behaviours and Equality, Diversity and Inclusion (EDI).</p>
11.2.1	<p>The TC acknowledged the importance of this work in the future development of EEAST; it supported the Trust’s values, priorities and objectives. He asked if the Leadership Development Framework had been co-produced with both managers and staff? The DoSCE confirmed that the work was shaped by Time to Lead consultations and requests from managers. Developed with EEAST leadership and aligned externally with the ambulance sector, it provided a foundation upon which to build and support all staff.</p> <p>The CEO asked that the sequencing of module roll-out be reviewed and some modules prioritised, for example support for conflict management conversations.</p> <p>In response to a question from NED-CB regarding the development of future leaders, the DoSCE replied that the organisation needed to better utilise its Apprenticeship levy. Bedfordshire University was working with EEAST to design and validate a degree in Clinical Leadership Development that would enable people to work towards a formal qualification; this had been welcomed by clinical leaders.</p> <p>The DoPS advised that the successful implementation of the Leadership Development Framework would impact the whole organisation; this would be measured through improved behaviours, sickness absence, recruitment and retention, etc.</p>
11.3	<p><b>Freedom to Speak Up (FTSU) Quarterly Progress Report</b></p> <p>The Board received and considered the Freedom to Speak Up Quarterly Report. Janice Scott, Freedom to Speak Up Guadian (FTSUG) provided the following highlights:</p> <ul style="list-style-type: none"> <li>• A 6% reduction was noted in the overall number of new cases reported, but there had been an increase in the number of concerns raised by the combined frontline Operational roles for the year to date. An increase in new cases was noted across some teams, including Administrative, Estates and Ancillary teams.</li> <li>• 8% of new concerns were raised by Support Services staff; 32% were linked to change management processes, and 35% related to negative behaviours (this rose to 59% for Operational teams).</li> <li>• Three concerns had been raised from external sources regarding external providers who EEAST commissioned with.</li> <li>• The increase in numbers was a natural outcome of change within the organisation and reflected the messaging that the Trust valued and wanted all staff to feel that they were respected and afforded the same support if raising a concern.</li> <li>• Positive feedback was received around the impartiality of FTSU and the way that concerns had been addressed and actioned by EEAST.</li> </ul>

	<ul style="list-style-type: none"> <li>• Progression towards KPIs were on track, but FTSU mandatory training needed to be promoted.</li> <li>• Areas of excellence were identified in completing the National Guardians' Office self-assessment Reflection and Planning tool; this had been recognised by the CQC when Special Measures were lifted, and the visibility and function of FTSU was expanded.</li> <li>• Self-assessment identified some key areas for improvement, including strengthening the case feedback process to embed learning from FTSU cases, reviewing the team and its function, and reviewing casework to help identify clearer criteria for staff and who they should raise their concern with.</li> <li>• Managers needed to be equipped to better deal with and support concerns; it was important that they took ownership of the concerns raised within their area.</li> <li>• There was no system currently in place to address allegations of detriment; a stronger approach was needed and the FTSUG was working with the Executive Leadership Team (ELT) to address this.</li> </ul>
11.3.1	<p>NED-CG acknowledged the importance of the three Guardians working in a cohesive way but was concerned about the information a Guardian might share if someone talked to them in confidence. She asked what was appropriate to share across the team and was there a risk that information could be shared too widely? She also recognised the importance of the increase in new cases since the Trust was moved out of Special Measures; this reinforced the trust that staff had in the FTSU process. Streamlining the point of reference so an individual would speak to and have trust in just one person was also welcomed.</p> <p>The DoSCE advised that equipping line managers to have compassionate and supportive conversations would take time, it was important in the meantime for the Trust to ensure that people were not worried about raising concerns and being named. He understood the desire for anonymity, but the Trust was unable to act when people wished to remain anonymous, and problems could not be addressed or resolved.</p> <p>The FTSUG accepted that many of the concerns raised could not be acted upon because of the individual's wish to remain anonymous, however she considered that these concerns could still be addressed by the organisation. The CEO and DoPS continued to work with the FTSU team to address the concerns raised.</p> <p>The TC concluded that FTSU was an important area for culture and staff welfare. He recognised the fear of detriment and reinforced the need to build confidence in FTSU; people needed to be assured that they would not be penalised for speaking up.</p>
11.4	<p><b>People Committee Assurance Report</b></p> <p>The Board received and considered the People Committee Assurance Report. Wendy Thomas, Non-Executive Director and Committee Chair (NED-WT) provided the following update:</p> <ul style="list-style-type: none"> <li>• Regretted attrition had reduced from 54% to 22% (against a target of 10%); most leavers were lower grade staff, many in the EOC.</li> <li>• The NHS had reduced the Trust's education risk from 25 to 9, an outstanding achievement.</li> <li>• An excellent report was received that addressed Career Pathways, linking into leadership development.</li> </ul>

	<ul style="list-style-type: none"> <li>• People Committee IPR – a reduction was noted across all metrics.</li> <li>• The four programmes that reported into the Committee were making good progress.</li> <li>• Seven areas of Moderate assurance were identified, and four areas offered Substantial assurance.</li> </ul>
11.5	<p><b>Remuneration Committee Assurance Report</b></p> <p>The Board received and considered the Remuneration Committee Assurance Report. Catherine Glickman, Non-Executive Director and Committee Chair (NED-CG) provided the following update:</p> <ul style="list-style-type: none"> <li>• A review of Director benchmarking was undertaken against other ambulance trusts and NHS data.</li> <li>• The Medical Director role was discussed.</li> <li>• Six-month target-setting for the Executive Directors was reviewed and it was agreed to include EDI objectives.</li> <li>• The CEO’s 6-month review was well received.</li> <li>• A PRP payment for services and a redundancy payment were approved.</li> </ul>
PUB24/02/12	<p><b>OBJECTIVE 3: BE EXCELLENT COLLABORATORS AND INNOVATORS AS SYSTEM PARTNERS</b></p>
12.1	<p><b>ICB System Working Update</b></p> <p>The Board received and considered the ICB System Working Update. The TC stressed the importance of working with and contributing to the success of stakeholders and systems as this was fundamental to the success of EEAST. A deep dive report would be discussed at the Private Board meeting later in the day.</p> <p>The DoI explained that integration was an enabler that underpinned the Clinical Strategy, and the Trust was working constructively with systems to understand what the future of urgent and emergency care should look like. It had worked with systems to develop Unscheduled Care Hubs which were now owned by the ICBs and community services. The Trust’s contribution to the hubs was the sharing of calls, the supply of Band 6 – which gave access to the stack, and Advanced Paramedic expertise which aided the progress and success of the hubs. Conversations were ongoing around understanding and the sharing of risk as the Trust’s performance, improvement and transformation was dependent on the systems’ ability to deliver as providers.</p> <p>The growing of the Trust’s senior leadership team had been a core component in underpinning Time to Lead and understanding how the Trust, as a regional provider, could operate at ICB-level. This was still a developing process, but dedicated leadership capacity was now available.</p> <p>With regard to governance and oversight mechanisms for the ICBs, each system had a UEC Board, attended by the Trust’s Head of Sector, joint Deputy Director and Business Partnership lead, which enabled the flow of information and messaging from Board conversations, local Performance Improvement Plans, etc. An established reporting mechanism was in place and the UEC Boards had already overseen Winter planning, recovery and hub development. The quality of data, reporting, and the understanding of impact varied across the systems, but the commitment to EEAST involvement was now embedded.</p>

	<p>Monthly contract meetings were still being held with systems to review key indicators and access to the stack. In terms of increasing call numbers, it was only recently permitted and technically possible to compare Hear and Treat figures against the targets set (an increase of 2% was noted). It was difficult to capture information on the actions taken before an ambulance was dispatched and, once an ambulance had been dispatched, before a patient was conveyed. It was not currently possible for EEAST to record where it was known that a patient did not need to be conveyed. The systems were keen for EEAST to capture this fundamental piece of information, and this was being addressed by Digital and Operational colleagues to enable the Trust to further explore opportunities. Currently, calls were being taken and patients conveyed to hospital where there was no alternative course of action.</p> <p>EEAST was working with Hospices to model an end-of-life pathway and two pilots were in place; options were being explored that would either give them access to the stack, or involvement with the hubs.</p> <p>Collaboration with military and blue-light partners was progressing for C1, falls and complex rescue. Community Wellbeing Officers were now in place in Bedford, Cambridgeshire and Essex, and excellent feedback had been received from both patients and partners.</p> <p>The DoI repeated the Trust’s long-term commitment to work with the hubs. The temporary Band 6 positions were offered as a development opportunity and needed to be moved to permanent substantive posts, and there was an opportunity across the six systems to review workforce at sector-level in order to develop advanced practice across an urgent care portfolio.</p> <p>The DoSCE stressed the importance of linking to EEAST strategies the ICB workforce strategies that were being developed by the sectors.</p>
<b>PUB24/02/13</b>	<b>OBJECTIVE 4: BE AN ENVIRONMENTALLY AND FINANCIALLY SUSTAINABLE ORGANISATION</b>
13.1	<p><b>Performance and Finance Committee Assurance Report</b></p> <p>The Board received and considered the Performance and Finance (PAF) Committee Assurance Report. Julie Thallon, Non-Executive Director and Committee Chair (NED-JT) advised that four areas of escalation were identified: three for the Board and one for the Executive Directors.</p> <ul style="list-style-type: none"> <li>• Capacity funding underspend – lessons had been learned during the 2023-24 financial year; the Trust knew early on in the year that it would be unable to spend the funds allocated, but it wanted to protect the surplus to support future opportunities.</li> <li>• Digital plan – an ongoing concern.</li> <li>• Winter review – the same conversation was being duplicated at Committee and Board-level; it was proposed that the Board should hear this report.</li> <li>• Patient Transport Services (PTS) – there was concern about the ongoing impact of the PTS overspend to the wider organisation; escalated to ELT.</li> <li>• Although the current position was stable, there remained a long-term risk around finance.</li> </ul>

	The TC agreed that a review of Winter 2023-24 should be submitted to the Board for oversight, via PAF.
13.2	<p><b>Audit Committee Assurance Report</b></p> <p>The Board received and considered the Audit Committee Assurance Report. George Lynn, Non-Executive Director and Committee Chair (NED-GL) provided the following update:</p> <ul style="list-style-type: none"> <li>• BAF and Risk Management – it was considered that the dynamism of risk movement could be improved; the Committee welcomed the planned discussion around the Risk Management Framework.</li> <li>• Internal Controls were reviewed, with particular focus on the introduction of the new procurement system; the Committee would have oversight and monitor progress.</li> <li>• The Treasury Management Policy process was approved.</li> <li>• The Reservation of Powers and Scheme of Delegation were reviewed; it was proposed that these documents should be formally approved by Audit Committee on 21 February 2024, then submitted to the Board for ratification in April.</li> <li>• A potential change of External Auditors was discussed, and the tender timescale agreed.</li> </ul>
<b>PUB24/01/14</b>	<b>CLOSING ADMINISTRATION</b>
14.1	<p><b>Items Referred to/from Other Committees</b></p> <p>Performance and Safety Committee:</p> <ul style="list-style-type: none"> <li>• An analysis of all services into one model, to enable the Board to undertake a review of the effectiveness of Winter 2023-24 performance for future planning.</li> </ul>
14.2	<p><b>Key Messages and Risks Identified</b></p> <p>The TC concluded that progress was being made but a deeper understanding of some issues was needed to further improve the service and reduce risk. More forensic detail was required by the Board and Committees in order to better understand the impact of actions proposed and taken to guide the improvement journey.</p> <p>In addition to the usual themes of digital and performance, communication and engagement with staff remained a priority, particularly the communication of progress made, the importance of staff roles to the future of the organisation, and staff input to future Development Plans.</p>
14.3	<p><b>Questions from the Public</b></p> <p>There were no questions received from the public.</p>
14.4	<p><b>Reflection on Meeting</b></p> <p>The DoPS offered the following reflections:</p> <ul style="list-style-type: none"> <li>• The importance of leadership development was highlighted.</li> <li>• The issue of technology and data was a theme that ran throughout the meeting.</li> </ul>

	<ul style="list-style-type: none"> <li>• Recognition for the work that had been undertaken, including Patient Transport Services (PTS) and the Leadership Development Framework (LDF).</li> <li>• There was good challenge around the timing of appraisals and sequencing of the Leadership Development Framework modules.</li> </ul>
14.5	<p><b>Date of Next Meeting</b></p> <p>Wednesday 08 May 2024</p>

The Public Board meeting was formally closed, and the next item was considered:

<b>PUB24/02/15</b>	<b>COPORATE TRUSTEE – CHARITABLE FUNDS COMMITTEE ASSURANCE REPORT</b>
	<p>The Board received and considered the Charitable Funds Committee Assurance Report. Chris Brook, Non-Executive Director and Committee Chair (NED-CB) reported on the following highlights:</p> <ul style="list-style-type: none"> <li>• Significant progress had been made by a small group of people, with funds raised through a wide variety of activities.</li> <li>• More organisations were nominating the EEAST Charity as their charity of the year.</li> <li>• Regular donations were being received from members of the public.</li> <li>• The team was identifying the organisations to which the Charity should submit a grant application, including NHS Charities Together and Volunteering for Health.</li> <li>• Progress was being made on the next phase of the Welfare Wagons.</li> <li>• A dedicated Communications Lead was now in post.</li> <li>• Financial position – transparency and governance had been brought to the published accounts, providing assurance for potential donors.</li> <li>• Legacy estate – the sale of the property was still being considered.</li> </ul>

*The meeting closed at 12:47*