CONFIRMED (Disclosable)

MEETING OF THE BOARD OF DIRECTORS, EAST OF ENGLAND AMBULANCE NHS TRUST, HELD IN PUBLIC ON WEDNESDAY 14 SEPTEMBER 2022 BETWEEN 09.00 AND 12.15 PM MELBOURN HQ, WHITING WAY, SG8 6EN (SAT NAV SG8 6NA)

MELBOURN

Present: Members		
	Nicola Scrivings	Trust Chair
	Alison Wigg	Non-Executive Director
	Carolan Davidge	Non-Executive Director
	Julie Thallon	Associate Non-Executive Director
	Kevin Smith	Director of Finance
	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		
	Esther Kingsmill	Deputy Head of Corporate Governance
	Hein Scheffer	Director of Strategy, Culture and Education
	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:	Ann Utley	NHSP

PUBLIC SESSION (Disclosable)	
PUB22/3/01	**WELCOME**
1.1	*The meeting commenced at 09:00.*
1.2	Nicola Scrivings, Trust Chair (TC) welcomed those present to the Public Board meeting. She confirmed that due to the period of national mourning, the meeting would be held in closed session although a public session would be scheduled in October 2022 to ensure transparency. She also extended her condolences and reflected on the life and passing of Her Majesty, Queen Elizabeth II, who had set a magnificent example of public service.
PUB22/3/02	**APOLOGIES FOR ABSENCE**
2.1	Apologies were received from Emma De Carteret, Director of Corporate Affairs and Performance (DoCAP)

PUB22/3/03	**DECLARATIONS OF INTEREST**
3.1	Non-Executive Director, Carolan Davidge (NED-CD) advised that she would be stepping down as a Non-Executive Director in December 2022 and would be joining Hertfordshire Partnership Foundation Trust as a Non-Executive Director, with effect from 01.11.2022. The Board wished her well in her new role.
3.2	Mrunal Sisodia, Non-Executive Director (NED-MS) advised that he had been formally appointed as the chair of the children and young people parents' transformation network. It was agreed to update the Declarations of Interest Register.
3.3	Associate Non-Executive Director, Julie Thallon (NED-JT) advised that she had been appointed as Non-Executive Director for East Coast Community Healthcare with effect from 01.11.2022. The Board confirmed that there were no material conflicts of interest in undertaking this role. The Declaration of Interest Register would be amended to capture this change.
3.4	The TC received no declarations of interest related to business on the agenda
PUB22/3/04	**PATIENT STORY**
4.1	Melissa Dowdeswell, Director of Nursing (DoN) presented the patient story from Ms Eaton, who shared her experience with EEAST. The story outlined the incident in which Ms Eaton's 94-year-old father experienced a fall and had a five hour wait before an ambulance response, despite severe injury. The Trust Board extended its condolences to Ms Eaton on the death of her father.
4.2	Non-Executive Director, Alison Wigg (NED-AW) commented that community first responders (CFR) were being trialled to support patients experiencing a fall and enquired whether any intervention by CFRs would have supported any differently in this situation.
4.3	Non-Executive Director, Neville Hounsome (NED-NH) suggested Raizer chairs may support in a similar situation. He was saddened by the case but highlighted that delays of this length were not uncommon and further action was required to mitigate this situation. He suggested the individual case would provide a powerful learning point for system partners to help address delays.
4.4	Hein Scheffer, Director of Strategy, Culture and Education (DoSCE) highlighted that Ms Eaton had been advised that the age of the patient did not increase the severity of the call, however he challenged this notion and asked for clarity around this position. He suggested emergency clinicians could be dispatched to attend ahead of the ambulance when there was a delay.
4.5	NED-CD noted from the story that a second call had been incorrectly deleted as a repeat call, although this would have increased the severity of the call due to the changing symptoms, she enquired whether there was any learning from this case and was interested in understanding how this case related to system issues and the system response.
4.6	Non-Executive Director, Wendy Thomas (NED-WT) advised she had previously spent time working with clinicians managing the call stack and had experienced the challenges in managing, triaging and dispatching these calls. It was vital to work alongside integrated care boards (ICB) to respond to pressures as a system, enhance the clinician model and improve communications.
4.7	NED-MS was specifically concerned regarding the cancellation of the deleted call and how this would be categorised, and whether this had occurred in other cases. He asked for greater assurance to be provided around this matter.

4.8	The TC enquired whether there was a clear call handling process for repeat calls and further escalation, and whether there was sufficient advice, support and reassurance for individuals at ground level who were experiencing a delayed response.
4.9	The Director of Nursing, Melissa Dowdeswell (DoN) advised that EEAST followed national guidance for categorising calls which did not provide exceptions based on age or frailty. The second call was classed as a duplicate call, as there were no changes in the symptoms. Calls should be made during periods of high risk to assess individuals' welfare which may change the response. There was the potential to utilise other services to respond to falls patients, however in this instance Raizer chairs were not considered appropriate due to the nature of the injuries.
4.10	Kate Vaughton, Director of Integration (DoI) and deputy CEO advised that work was underway to progress senior clinicians to support the call response. CFR response to calls was being considered as part of winter planning. The biggest learning from this and similar cases related to the unmet needs for patients in the call stack which the rest of the system did not see, to support the response sharing of the stack with partner organisations and the establishment of an escalation process would be key. This would be part of the development with urgent care response teams.
4.11	Tom Abell, Chief Executive Officer (CEO) extended his apologies to all those involved in the case. He acknowledged the requirement to frontload clinical expertise so a better clinical assessment could be made at an earlier stage. Stress testing was required based on case samples such as this incident based on a variety of models to determine whether each model would improve the outcome.
PUB22/3/05	**TRUST CHAIR REPORT**
5.1	The TC extended her thanks to all staff who continued to respond to patients in exceptional circumstances. She commended the work underway with system partners to enhance the care model.
PUB22/3/06	**CHIEF EXECUTIVES REPORT**
6.1	The CEO advised that there was a recognition the Trust was making positive progress to address areas of regulatory concern although it was vital to ensure these improvements were sustained, which remained a critical element. A continued area of challenge and focus related to the operational response although early signs of improvement had been demonstrated in call handling during August 2022. Work was required to identify changes needed within the clinical strategy and progress these at pace to ensure an enhanced response to patient needs. The Trust was demonstrating ownership and addressing those areas within its control and was engaging with system partners to consider wider systemic issues.
6.2	NED-MS highlighted that the national urgent and emergency care strategy would inform EEASTs own strategies, he sought assurance EEAST would be aligned with the national direction. He also enquired how winter planning would be supported and whether there was the potential for additional funding to support the winter response. The CEO assured him that all strategies being progressed internally aligned with the national direction adopted, with the ambulance sector a key integrator within the urgent and emergency care system. Lobbying was underway to support winter planning although this had been delayed due to the changing Prime Minister. It was anticipated there would be additional funding to support the changing C2 categorisation. The ICBs were establishing integrated care cells to support the system response through winter with the intention of a more rapid response to demand pressures and active management of ambulance flows could be enabled.
6.3	Simon Walsh, Medical Director (MD) confirmed that as ambulance services were the only regional provider discussions were underway on how they supported the delivery of integrated urgent care

	across the system in a leadership role. The clinical strategy had a focus on population health management which had also been prioritised internally.
6.4	NED-NH enquired whether the emission reductions cited in the sustainability report were principally related to the shift to electric vehicles. The CEO advised that the biggest area of impact was increased energy efficiency in buildings which had saved £60,000 in energy in the last year, without these efficiencies an additional £300,000 would have been spent. Electric vehicles were starting to come online, survey works were underway to transition key sites to install rapid charging points across the region. London Ambulance Service was trialling electric ambulances, EEAST would be monitoring this to determine the effectiveness of these vehicles particularly when operating in a rural location.
PUB22/3/07	**MINUTES FROM THE PREVIOUS MEETING**
7.1	In relation to minute 11.5 NED-JT highlighted that the AACE review of C1 calls had not reported to the last meeting of the Performance and Finance Committee and it was resolved an action would be agreed for reporting to the Committee in October 2022.
7.2	Subject to the above amendment, the Trust Board resolved to approve the minutes from the meeting held on 13.07.2022.
PUB22/3/08	**ACTION TRACKER**
8.1	09.03.22/6.2: The CEO confirmed an update had been provided on the transition to integrated care boards and would continue to be reported through system partnership updates. Guidance remained unclear although some commissioning guidance was expected and would support implementation. The Director of Finance, Kevin Smith (DoF) confirmed a session was scheduled in October 2022 with commissioners to consider how this would affect EEAST. The Trust Board resolved to close the action.
8.2	13.05.22/11.9: It was confirmed that as the Public Board would be taking place in a closed session due to the period of national mourning, the independent investigation into staff death would be discussed in October 2022, to ensure members of the public could be present. The action was deferred.
PUB22/3/09	**CIVIL CONTINGENCY ACT COMPLIANCE**
9.1	The DoN presented the Civil Contingency Act compliance report and confirmed that the previous NARU audit had identified that the Trust was in breach of 14 standards, which had resulted in the development of an action plan consisting of 28 actions to achieve compliance. Areas of challenge predominantly related to the ability to train 290 staff to respond to a Marauding Terrorist Attack (MTA) or Chemical, Biological, Radiological or Nuclear (CBRN) incident. Challenges broadly related to abstractions, sickness and the availability of staff to be trained, although there was a trajectory in place to achieve compliance by year end.
9.2	NED-NH was concerned that the NARU audit had highlighted the Trust was not compliant ahead of internal identification. He enquired when a plan would be finalised to release LOM capacity. The DoN advised that the plan was included in clinical modelling, the current ratio was approx. 1:35 staff, with an aim to reduce this span of control to 1:12-16 or to change the supporting workforce structure to release capacity through station managers and team leaders. NED-WT assured the Trust Board that the Quality Governance Committee (QGC) was aware the Trust was not compliant with the Civil Contingencies Act based on the self-assessment in August 2021, further assurance was provided in September 2021 and January 2022. The DoN confirmed the self-assessment was undertaken on a yearly basis, EEAST tended to report a worse position than an external inspection. External

	inspections were undertaken by exception. Themes remained consistent and were predominantly associated with training and recruitment, with the same risks recurring which demonstrated the need to agree strategic solutions to risk mitigation. The TC emphasised the need for an action plan which prioritised training requirements. **ACTION: Action plan and trajectories to support compliance with the civil contingencies act to report to performance and finance committee.** **Lead: DoN**
PUB22/3/10	**CQC UPDATE**
10.1	The DoN presented the report and advised that following the last CQC inspection the Trust was transitioning to a continuous quality improvement plan to address the 'must' and 'should do' actions and deliverables. There were 178 actions from the 2019 inspection of which 174 actions had been completed, four actions were outstanding within the s29 notice with a clear plan and trajectory to support delivery by 31.03.2023. Within the 2022 action plan there were nine 'must' and seven 'should' do actions identified which would ensure a sustainable and embedded approach. The continuous improvement assurance framework would ensure action plans did not operate in isolation but were aligned in a single framework incorporating internal areas identified for improvement, for instance arising from complaints and serious incidents, and would also be aligned with activity within the Fit for the Future programme.
10.2	NED-JT supported the implementation of a new structure, but cautioned the Trust to ensure actions were robust, sustained and embedded once implemented. The DoN acknowledged that previous action plans had been transactional in nature, the 'must' and 'should' do actions identified from the latest inspection had been mapped to ensure sustainability.
10.3	NED-AW noted there was a target for 85% appraisal compliance by March 2023 which was showing as 'on track', she enquired how this aligned with the performance report which demonstrated that appraisals were off track. The DoSCE assured her that appraisals were being monitored on a weekly basis with a deep dive from the executive to support operational managers to complete appraisals. Based on the trajectory 85% compliance could be achieved but would require pro-active management.
PUB22/3/11	**INTEGRATED PERFORMANCE REPORT**
11.1	The DoN presented supplementary information which outlined the intentions and actions to prepare for winter. Improvement actions were focussed on automated text functions, cohorting, extended clinical triage and mental health first aid rollout. It was estimated 82,000 patient facing staff hours (PFSH) could be put out each week in the period based on a 43% abstraction rate, assuming 5,200 PAS hours and 10,500 overtime hours. A minimum of 90,000 hours was required to maximise patient care. System commitments for maximum arrival to handover targets had been agreed with a range between 30 minutes in BLMK and SNEE to 60 minutes in all other areas. System actions had also been agreed to ease pressures, including a reduction in cohorting hours by 500, reduction in arrival to handover times releasing 1,027 hours and a reduction in C2 face to face attendances by 20 per day.
11.2	The DoI advised that key in holding the system to account would be working with regulators and the regional team to release capacity to address priority areas.
11.3	The TC emphasised the importance of EEAST maximising delivery in those areas which could be controlled internally which would support system confidence in the Trust, whilst working as a system to reduce hospital handover delays. The DoI confirmed all systems had committed to a handover plan with regular assurance meetings in place with regulators, however there was no assurance on a timeline for meeting the plan.

11.4	The DoN advised that mid and south Essex improvement week had been undertaken in a transparent approach which meant there was the potential for criticism of the Trust, but this provided a valuable opportunity for the system to come together and identify how operations were undertaken and could be streamlined across the system.
11.5	NED-MS enquired whether the Trust was realistically able to recruit at a sufficient level to meet staff leavers. He noted there was an underspend in areas of significant importance such as IMT and the medical directorate and emphasised the importance of maintaining corporate support for the continued operations of the Trust. The Director of People Services, Marika Stephenson (DoPS) advised that the underspend related to challenges associated with recruitment. NED-MS enquired when the vacancy rate was likely to start reducing. The DoPS advised that a campaign was underway but it was not anticipated this would demonstrate a benefit until the end of 2022 due to notice periods, there was an expectation that the vacancy rate would start reducing in December 2022/ January 2023.
11.6	NED-AW enquired when appraisals would return to trajectory. The DoSCE advised that capacity was impacting the ability to complete appraisals, as such the appraisal process had been shortened without sacrificing the integrity of the appraisal. If the trajectory was followed it would ensure compliance by the end of the financial year, it was not anticipated the trajectory would be met in September 2022 but an increase was anticipated following this. Appraisals had increased to 44% since the report was issued, the shortened appraisal tool was being piloted in Herts and West Essex in September ahead of full organisation roll out in October 2022.
11.7	The DoF highlighted the significant financial risk, NHSE was emphasising the requirement for a balanced year-end financial position. The position was at a balanced position for the period however this was due to an underspend in corporate and support services which had mitigated an overspend in other areas. It was anticipated PTS would continue to represent a significant risk to the financial plan for the near future. Some of the corporate and support underspends related to unfilled vacancies, in particular within the digital directorate due to challenges attracting people with the right skillsets and at the right salary for these posts. To support this, recruitment and retention premiums may need to be considered however this would represent a risk to the financial plan.
PUB22/3/12	**BOARD ASSURANCE FRAMEWORK**
12.1	The TC enquired whether the executive considered the residual rating of 20 for SR1 '*failure to deliver a timely response to our patients'* and SR2 '*failure to achieve continuous improvements and high-quality care delivery'* to be correct based on the data which had been discussed earlier in the meeting. The DoN confirmed she considered the residual score of 20 accurate although noted there were additional mitigations being delivered in partnership with the wider system.
12.2	NED-NH noted the Trust had been operating at the escalated REAP level 4 in excess of a year and enquired what further escalations were available. The CEO acknowledged that operating within REAP 4 for extended periods limited the impact of surge actions. Nationally there was consideration of splitting up the REAP 4 position so actions could be staged to deliver maximum impact.
12.3	The TC enquired whether there was visibility of system risk areas. The DoI advised that there were risk registers reporting with aligned system risks to the people boards including how this impacted the workforce challenges across the system.
12.4	NED-MS acknowledged that due to the inter dependencies between risks and with systems it was likely the risks would remain at an escalated score for a considerable period.

PUB22/3/13	**INDEPENDENT INVESTIGATION**
13.1	This item was deferred until the public could be present.
PUB22/3/14	**PEOPLE COMMITTEE ASSURANCE REPORT**
14.1	NED-WT presented the report and confirmed that the committee had heard from a student on her personal experiences learning with the Trust. Due to the pandemic the student had missed half of their practice hours but was pleased to have the opportunity to undertake work within ECAT admin which provided the chance to understand the different teams. They had also commended the support provided by their mentor and the debriefs provided following incidents. In terms of improving ways of working, the student reflected that they did not always feel respected during handovers at hospitals and more could have been done to debrief the student on opportunities to work within the Trust following graduation. The committee had received key metrics which demonstrated a positive improvement in employee relations case management and the people partnering approach. It was confirmed actions associated with the EHRC were on track for delivery. Some concerns were highlighted associated with the job evaluation backlog although additional support had been put in place for panels. Health, safety and security was being audited with initial outcomes expected in October 2022. The committee had received the WDES annual report and WRES and WDES action plans and recommended them to Trust Board for approval. Work was underway with the diversity groups to support a more ambitious action plan. A reasonable assurance opinion had been provided from internal audit in relation to equality and diversity. Concerns were associated with the ability to deliver all appraisals within required timeframes, and the ability for all staff to complete mandated values and behaviours training.
14.2	The Trust Board resolved to approve the WRES and WDES action plan. The Trust Board resolved to approve the WRES annual report.
PUB22/3/15	**QUALITY GOVERNANCE COMMITTEE ASSURANCE REPORT**
15.1	NED-NH presented the report and confirmed the committee was assured there were mitigations in place however further activity was needed to respond to the pressures and support delivery of national standards.
15.2	The DoPS enquired whether the system was managing system incidents collaboratively. NED-NH advised each system should review incidents within their area, which was not currently in place.
15.3	NED-CD highlighted that despite the increasing delays, complaints were decreasing and enquired whether the process for making a complaint was simple enough. The CEO advised that although wait times had increased these had plateaued at a high level. A review was underway to assess whether it was sufficiently simple for individuals to make a complaint, and whether the responses provided were sufficient to meet individuals needs and expectations.
PUB22/3/16	**EXTERNAL AUDIT MANAGEMENT LETTER**
16.1	The DoF presented the external audit management letter which confirmed the Trust was reporting a cumulative deficit for the period 2021/22 which was in breach of its break-even duty. External audit concluded that the Trust had the arrangements expected in 2021/22 to enable it to plan and manage its resources to ensure that it could continue to deliver its services, despite the outturn deficit in 2021/22, planned deficit in 2022/23 and the requirement to issue a section 30 referral letter to the Secretary of State for Health and Social Care outlining the prospective breach in the Trust's cumulative breakeven duty over a rolling three year period.
PUB22/3/17	**PERFORMANCE AND FINANCE COMMITTEE ASSURANCE REPORT**

17.1	NED-JT highlighted the challenges noted within the meeting including the ability to deliver against the QCIP. Concerns had been raised about the quality of reporting within the meeting.
PUB22/3/18	**AUDIT COMMITTEE ASSURANCE REPORT**
18.1	NED-MS highlighted the cultural challenges which had been discussed specifically in relation to compliance with the process for tenders and waivers. There was a tension between the governance processes and the ability to operate flexibly to meet needs. This had given rise to an occasional lack of professional behaviours when communicating with the procurement team in relation to tenders and waivers. Embedding of compliance was underway although there were signs of improvement which could be strengthened within the Board risk workshop planned for later in the year. It was vital the risk workshop focussed on assuring the strategic solutions were accurate to deliver an improvement in the key risks. The security management annual report had been well received with strong discussion on areas in which staff were at higher risk and a focus on protecting staff from violence and aggression.
PUB22/3/19	**REFLECTION ON MEETING**
19.1	The DoF provided the reflection on the meeting and highlighted that he did not consider the current format enabled sufficient discussion in relation to the key challenges. It was recognised that greater support could be provided to pre-empt challenges and queries for inclusion in reporting, which would reduce the duration of discussions in the meeting.
PUB22/3/20	**ANY OTHER BUSINESS**
20.1	There was no other business and the meeting closed at 12:15.