

CONFIRMED (Disclosable)

**MEETING OF THE BOARD OF DIRECTORS, EAST OF ENGLAND AMBULANCE NHS TRUST, HELD IN PUBLIC ON WEDNESDAY 15 MARCH 2023 BETWEEN 09.00 AND 11.45 PM
MELBOURN HQ, WHITING WAY, SG8 6EN (SAT NAV SG8 6NA)**

MELBOURN

Present:			
Members			
	Nicola Scrivings	Trust Chair	TC
	Alison Wigg	Non-Executive Director	NED-AW
	Julie Thallon	Non-Executive Director	NED-JT
	Marika Stephenson	Director of People Services	DoPS
	Melissa Dowdeswell	Director of Nursing	DoN
	Neville Hounsome	Non-Executive Director	NED-NH
	Tom Abell	Chief Executive Officer	CEO
	Wendy Thomas	Non-Executive Director	NED-WT
In attendance	Alisdair Smithies	Deputy Director of Education and Professional Development	DD-EPD
	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
	Kevin Smith	Director of Finance	DoF
	Lauren Singleton	Deputy Director of Culture and Leadership Development	DD-CLD
	Linda Gove	Head of Corporate Governance	HoCG
	Simon Chase	Chief Allied Health Professional	C-AHP

PUBLIC SESSION (Disclosable)	
PUB22/3/82	WELCOME
82.1	<i>The meeting commenced at 09:00.</i>
82.2	Nicola Scrivings, Trust Chair (TC) welcomed those present to the Public Board meeting.

PUB22/3/83	APOLOGIES FOR ABSENCE
83.1	Apologies were received from Simon Walsh, Medical Director (MD) and Mrunal Sisodia, Non-Executive Director (NED-MS).
PUB22/3/84	DECLARATIONS OF INTEREST
84.1	There were no new declarations received or declared related to business on the agenda.
PUB22/3/85	PATIENT STORY
85.1	The Director of Nursing, Melissa Dowdeswell (DoN) introduced the patient story from Mrs Porter, who shared her experience accessing emergency support as a member of the deaf community, her story informed how patients with different communications needs were supported. It was vital to consider how individuals who could not communicate in the same way were enabled to access the service with confidence that the people they were talking to understood what they were saying. This was a powerful story which had directly led to the installation of the British Sign Language app on all ipads to enable crews to communicate more effectively with patients. The Trust was also pursuing training across the organisation on British Sign Language and the implementation of video technology to support patient calls. EEAST would be reviewing best practice for easy read communications and working closely with HealthWatch locally to implement other potential improvement such as hearing loops linked to ambulances.
85.2	Mrs Porter raised concerns specifically associated with initial contact with the 999 service via text relay, how she was kept updated on waiting times, how crews were able to access the property without causing unnecessary distress if she did not hear them arrive and how crews communicated with her given her concerns there may be a lack of understanding in communications.
85.3	The TC recognised the broader communication needs of patients in the community. She suggested in addition to the proposed actions consideration could be given to staff training on how to communicate with dementia patients. The DoN confirmed there was a focus on wider communications needs for all patients with different communications requirements including dementia patients.
85.4	Non-Executive Director, Wendy Thomas (NED-WT) suggested EEAST could benefit from the expertise of other organisations which specialised in effectively communicating with patients with different needs, these communication methods were informed and supported by those patients with different communication requirements. She agreed to discuss these opportunities for collaboration with the DoN following the meeting.
85.5	The Trust Board extended its thanks to Mrs Porter for sharing her experience with the Trust which had helped to inform a range of developments.
85.6	The Trust Board resolved to: Note the activity to support enhanced communications with those in the community who may have different communications needs.

	Action: NED-WT to work with the DoN to share local organisations which could support developments for those with different communication needs
PUB22/3/86	TRUST CHAIR REPORT
86.1	The TC presented the Trust Chair report which outlined activity since the last Public Board meeting, including work with Integrated Care Board (ICB) system chairs to consider priorities and opportunities for joint working and non-executive system visits. She particularly highlighted the joint event which had taken place between the NHS, fire and rescue service and police service in Essex to celebrate International Women's Day and recognised the role of the All Women EEAST Network in informing key Trust developments.
86.2	The Public Board resolved to: Note the update provided
PUB22/3/87	CHIEF EXECUTIVE REPORT
87.1	<p>The Chief Executive Officer, Tom Abell (CEO) informed the Public Board that the industrial strike action planned for 06.03.2023 and 08.03.2023 did not go ahead as negotiations had commenced with the government. The proposed strike on 20.03.2023 was currently still expected to go ahead as planned. Further updates would be provided following the outcomes from discussions between the government and unions. The CEO further highlighted the unplanned visit from Prince William who had visited Ipswich station to meet with crews which had been pleased to receive this support. The report highlighted:</p> <ul style="list-style-type: none"> • Winter pressures- increased frontline resourcing was being maintained to mitigate these pressures • Sustainability update – there had been good progress in emissions reductions, electric vehicle charging points and other sustainability initiatives associated with the transfer to electronic payslips and tree planting • Regulatory update – two CQC conditions had been lifted. Peter Cutler had been appointed as the new Improvement Director to provide ongoing support • Trust Chair recruitment was progressing well
87.2	The Public Board resolved to: Note the update provided
PUB22/3/88	MINUTES OF PREVIOUS MEETING
88.1	Subject to amendments to minute 67.9 to clarify that work was being undertaken across the whole system and region, not just with regulators the minutes from the meeting on 18.01.2023 were approved.
88.2	The Public Board resolved to: Approve the minutes from the meeting on 18.01.2023 subject to the above amendment

PUB22/3/89	ACTION TRACKER
89.1	09.11.2022/42.7: It was confirmed the first updates on system activity would be circulated from 03.04.2023. The Public Board resolved to close the action.
89.2	The Public Board resolved to confirm closure of the following actions: 09.11.2022/42.7 18.01.2023/67.13 18.01.2023/67.13 18.01.2023/70.8 09.11.2022/45.16 CFC26.10.2022/6
PUB22/3/90	INTEGRATED PERFORMANCE REPORT
90.1	The Director of Corporate Affairs and Performance, Emma de Carteret (DoCAP) presented the integrated performance report which provided an overview of the key performance and risk measures up to January 2023. The report had been updated to align performance measures with the key risks. Over the next two months a review would be undertaken of the process control limits to ensure they were accurately reflecting the direction, aspirations and areas of concern. As this position was re-assessed it may change some of the RAG ratings despite the position for these measures remaining unchanged.
90.2	The Director of People Services, Marika Stephenson (DoPS) provided an update on measures associated with goal one – be an excellent place to work, volunteer and learn. She informed the Public Board that the number of employee relations cases had shown a consistent reduction over the preceding months, this correlated with a reduction in the number of individuals suspended and the average length of suspensions. Sickness had also decreased in January 2023 following the seasonal highs reported in November 2022 and December 2022. A key area of concern remained staff turnover, task and finish groups had been established which were supported by HR business partners to develop interventions with leaders. Delivery of the workforce plan would be a major priority over the coming period.
90.3	Hein Scheffer, Director of Strategy, Culture and Education (DoSCE) confirmed mandatory training compliance was above target at 89% compliance. Appraisal compliance had increased to 70% with corporate services reporting at 83%. Diversity figures were improving for both BME staff and those reporting a disability.
90.4	Non-Executive Director, Neville Hounsome (NED-NH) enquired how assurance would be gained on the progression of paramedic rotations. Kate Vaughton, Director of Integration (DoI) confirmed assurance was through the Transformation Committee. There was a rotational post in place, but consideration was also being given to different models for paramedics working in systems to support internal functions. As such it was recommended responsibility transition to the People Committee.
90.5	Non-Executive Director, Alison Wigg (NED-AW) noted that of the seven high priority items referenced in the executive summary, four were within the remit of the People

	<p>Committee – she sought assurance there was sufficient capacity to maintain the focus on all of these elements. Additionally, she enquired what the trajectory was for appraisals. The DoSCE confirmed the executive was supporting clinical staff to undertake their appraisals with a view to achieve compliance by 31.03.2023. There was variation in compliance levels between sectors, Mid and South Essex, Herts and West Essex and Watford were all achieving high levels of completed appraisals. Discussions were being held with the Heads of Operations and teams to drive an increase in compliance. The DoCAP recognised the level of activity within the People Committee remit which highlighted the criticality of the workstreams. Culture was a priority area which was considered at every committee meeting. Since the mandatory training target had been achieved, discussions had transitioned to ring fencing dedicated time in the rota to enable this on an ongoing basis. Training was the highest risk area and a key enabler across the organisation but there was good assurance on the mechanisms, systems and processes in place to deliver compliance on an ongoing basis.</p>
90.6	<p>The Dol provided an update on goal three – be an excellent place to work, volunteer and learn. She noted the operational performance improvement plan (OPIP) helped to direct internal activity and drive performance improvements, but defining a system level plan would be vital to the Trust’s ongoing activity. A regional meeting was in place with system leaders to agree next steps.</p>
90.7	<p>NED-AW enquired whether the benefits for patients were being realised as a result of system initiatives such as access to the stack. The Dol informed the Public Board that a review was underway alongside Bedford system to assess the outcomes of patients who were treated via access to the stack, and the reasons calls were rejected. Members of the Emergency Operations Centre (EOC) and clinical coordinators had supported this review. A dashboard had been developed and the number of patients treated through access to the stack remained low. NED-AW queried whether the numbers of patients treated via access to the stack was driving a reduction in patients waiting on the stack. The Dol informed her that on 14.03.2023 60 patients were transferred to community providers who would ordinarily have received an ambulance response. An assessment was underway to consider how this affected the timeliness of the ambulance response to higher acuity patients.</p>
90.8	<p>NED-NH suggested the Integrated Performance Report could be developed to demonstrate the potential outcomes based on each level of investment, for instance if the number of call handlers was increased would there be a reduction in call pick up times, and if so by how much. The DoCAP confirmed the next phase would focus on demonstrating the outcomes from actions.</p>
90.9	<p>NED-JT noted that an internal audit report on data quality had provided a limited assurance opinion however she was concerned there was not a risk associated with this. She was concerned the re-assessment of process control limits may be challenging if there was a lack of confidence in the data quality. The DoCAP confirmed since the audit was undertaken there had been significant activity to assure on the data sources for the IPR. She was confident there was strong assurance on the data feeding the IPR. It was agreed that in the next iteration of the IPR a kite mark system would be established to rate the confidence of data. Timescales for this implementation would be mapped in the next report.</p>

90.10	<p>The Director of Finance, Kevin Smith (DoF) presented on goal four – be an environmentally and financially sustainable organisation. At year end it was forecast the financial plan would be achieved at a break-even position. The increased interest rate meant future liabilities may have a lower present value which provided a short term benefit. Whilst the position for 2022/23 would be achieved this was supported by non-recurrent temporary underspends and the underlying deficit remained. Additional funding expected from the ambulance improvement fund would support OPIP activity. There had been positive engagement from the national team, with support from system partners and regional partners it was believed a good level of investment could be achieved to support this plan.</p>
90.11	<p>The TC noted that the Performance and Finance Committee was due to approve the annual budget and business plan for 2023-24 on 22.03.2023 under Board delegated authority and noted concerns previously discussed around the ability to achieve the quality cost improvement plan. The DoF informed the Public Board that the business plan would likely remain in draft at this stage until further guidance was received.</p>
90.12	<p>The DoN provided an update on goal two - provide outstanding care and performance to our patients. Work was being undertaken to drive a reduction in the timescales for the completion of complaints as part of the OPIP. There had been a significant increase in the ratio of compliments to complaints, including a reduction in Patient Transport Services (PTS) related complaints and an increase in PTS related compliments. Incident levels remained high and were predominantly related to delays. Safeguarding training compliance exceeded 90% and care bundles were performing well against the national average. Call handling metrics were increasingly sustainable and improving. There had been an improvement in the timeliness of C1-C4 responses but this was not considered sustainable and aligned with system activity to improve handover delays. Hear and treat was off target but had been affected by access to the stack which helped divert patients to more appropriate responses.</p>
90.13	<p>The Public Board resolved to: Note the ongoing activity to develop the IPR to reflect action impacts, confidence in data quality Note the performance position Action: Request a timeline for the next phase of IPR developments</p>
PUB22/3/95	OPERATIONAL PERFORMANCE IMPROVEMENT PLAN
95.1	<p>The Public Board resolved to consider this item next.</p>
95.2	<p>The DoN confirmed the OPIP had been developed on a sector-by-sector basis to inform developments. The improvement plan was focussed on driving an improvement in the topline performance measurements – namely C1 and C2 performance. This further considered supply and demand measures and delivery/ productivity measures. However critical to delivery of the plan would be establishing a culture which supported staff in their posts and increased staff retention which was critical to the delivery of improvement. If the ambulance improvement funding was agreed this would significantly support the pace of changes able to be made, target dates would be revised to reflect this new pace if the funding was granted.</p>



95.3	<p>The CEO recognised the focus on developing and strengthening local accountability for the delivery of improvements. There would be regular assurance reporting via the Operational Delivery Group and into the Performance and Finance Committee, this weekly oversight would enable a more timely response to risks, concerns or actions to address areas off track. Scenario modelling was undertaken of response times based on a number of models including aspirations for recruitment to enhance patient facing staff hours and maximising efficiency and productivity improvements alongside the anticipated growth in activity demand. Three scenarios were outlined for handover delays, scenario one was based on activity over the preceding year with anticipated handover delays of between 3400 and 4600 hours per week which would not enable delivery of the 30-minute standards. Scenario two was based on the handover delays experienced the preceding year which would continue to be a challenge to deliver. Scenario three assessed the last period in which 30 minute C2 performance standards had been met to assess what handover delays were at this point which was approximately 1500 hours per week. Based on scenario three and the expected increase in demand alongside additional resource it was expected the 30-minute response standard could be achieved. As a result of the internal action which could be taken to support, an approx. 15% improvement was expected in C2 mean standards.</p>
95.4	<p>The DoPS highlighted the positive progress towards delivery of the workforce plan, with a number of offers made to new starters and starter courses booked. Remodelling of the recruitment team had been agreed to provide a greater focus on talent acquisition. This would support increased capability and skill mix internally to attract the right individuals to the organisation. Incentivisation had been agreed to attract the right individuals and roles. Benchmarking had been undertaken to ensure a plan which supported both the attraction of new staff and retention of staff.</p>
95.5	<p>NED-NH welcomed the analysis undertaken of the performance position. He enquired how the plan linked with performance management on an individual level. He noted abstraction rates were exceptionally high which was further compounded by annual leave, he enquired how this would affect delivery of the plan.</p>
95.6	<p>NED-WT noted that seven key areas for improvement had been identified focussed on professional practice and behaviours. Holding leaders to account for delivery of the service they were responsible for was key to increasing the effectiveness of local leadership. The focus was on improving performance and quality for patients but also ensuring the right actions were taken to support staff.</p>
95.7	<p>NED-JT sought to clarify how the OPIP aligned with overarching strategies. She noted some of the metrics for response times were dependent on delivery of the ambulance improvement funding and highlighted the need to maximise that which could be delivered internally. As such she enquired what could be achieved if this funding was not received and the trajectory for this.</p>
95.8	<p>The DoCAP confirmed there was a link in the performance framework to support all elements of delivery against the OPIP and enabling strategies. Accountability would be through the local weekly meetings and the operational sprint cell to ensure regular pace and grip. As there was increased confidence in the local ownership a standardised</p>

	<p>performance framework could be supported. There were clear roles and responsibilities for operational and sector leadership and the corporate task and finish group. This had been in place for six to eight weeks previously and was demonstrating the traction required. An experienced programme lead was due to commence on 20.03.2023 who would work with sectors and the PMO to ensure packages of support to enable leaders to deliver improvement requirements. Additional training and development would also be provided to enable managers and ensure they had the confidence for delivery.</p>
95.9	<p>The DoI highlighted how the OPIP had been delivered in collaboration with Heads of Operations who took ownership for the plan and delivery. There had been lots of activity to incorporate elements associated with access to the stack, creating community hubs and introducing call before you convey which was a significant shift in how the model enabled wrap around support of patients.</p>
95.10	<p>The DoN noted the query regarding how sectors would buy in to the plan and emphasised that the development of the plan had been fully owned by the sectors. This was a new way of working for most areas, and it was expected the plan would further develop as individuals became more ambitious. Staff from all areas of operations had been invited to review the plan and ensure awareness.</p>
95.11	<p>The TC enquired when a proposal on the investment requirements would be reported back to the Trust Board. The CEO confirmed each action had an associated time release which would be mapped. All actions and plans would support the 30-minute response standard. Alongside the agreement of handover trajectories, additional investment and wider system activity mapping would be undertaken of the trajectory.</p>
95.12	<p>The DoN highlighted that an average did not provide an indicator of the extreme positions, as such the bell curve was being considered. For instance, for on scene times there were some extreme lengths which indicated a system failure. The other element was individual performance management in instances in which certain crews were consistently on scene longer than others. If this could be reduced the position would be significantly improved.</p>
95.13	<p>The Public Board resolved to: Express support for the OPIP Note that sector accountability would be a key element to delivery of the plan</p>
PUB22/3/91	<p>BME SURVEY OUTCOMES</p>
91.1	<p>The TC noted that the Public Board was asked to reflect on the data and accept the recommendations. She emphasised that racist and discriminatory behaviours were unacceptable and would be eradicated. She expressed her sincere apologies on behalf of the Trust Board to those who had experienced discrimination whilst undertaking their roles with EEAST. Given the intention to eradicate poor behaviours she enquired whether the Trust was ambitious enough in its goals, targets and recommendations. She also challenged whether leaders were doing enough to demonstrate that these behaviours did not have a place within EEAST.</p>



91.2	<p>The DoSCE informed the Public Board that following a series of engagement events it had become clear that the experiences of BME staff was unacceptable and inappropriate. As a result the Trust commissioned McKenzie LLP to conduct anonymous surveys of BME staff, these were further supported by 26 more in depth anonymous interviews. The survey had enabled an improved understanding of the experiences of ethnic minority staff and established the baseline to drive improvements. Although the outcomes from the survey were uncomfortable, it was a genuine reflection of the experiences of BME staff which the Trust must accept. The Trust had expanded on the BME survey by commissioning an LGBT+ and a disability and neurodiversity survey which would report to the meeting in May. An action plan had been developed in response to the survey outcomes in collaboration with stakeholders, this set the standard for nurturing a safe environment for all staff and driving forward cultural improvement. The survey demonstrated that ethnic minority staff had little confidence in the effectiveness of equality and diversity training. Further work was required to educate staff and ensure these behaviours were not dismissed as banter. There was a clear lack of Trust that the executive and senior team would drive forward the changes required to create opportunities for career development and eradicate racial abuse.</p>
91.3	<p>The TC raised a question submitted ahead of the meeting by NED-MS who had expressed disappointment in the outcomes from Q11 '<i>I believe that the EEAST senior management team demonstrates visible commitment to promoting equality of opportunity and embracing the diversity of its colleagues</i>'. He enquired how the Board would change this and ensure Trust staff were confident issues would be effectively addressed when raised.</p>
91.4	<p>NED-WT enquired how staff would be engaged on the survey outcomes, what was being done in the corporate inductions to prevent these issues and what the manager response was to the findings. The DoSCE confirmed the corporate induction had been refreshed to address these concerns and ensure staff were acting in a way which did not cause offense or discomfort to any other member of staff. Outcomes from the survey were shared with the BME network and other equality networks alongside the Heads of Operations to provide insight. There was a responsibility to educate the wider workforce on the impact of the survey which would be considered .</p>
91.5	<p>Simon Chase, Chief Allied Health Professional (C-AHP) enquired how an increased response rate would be obtained in future surveys.</p>
91.6	<p>NED-AW suggested the action plan would be supported by further insight into the action requirements when an incident occurred to ensure this was managed appropriately. The survey responses indicated that diversity and inclusion training was not effective, she enquired whether there had been a reflection on why this was not driving the required impacts. The DoSCE recognised the BME survey indicated that the current training provision was not adequate, appropriate or effective in addressing the challenges, this was a theme also reflected in the disability and neurodiversity and LGBT+ surveys..</p>
91.7	<p>NED-JT expressed her shock and disappointment in the behaviours being experienced by staff. She noted that there were repeated reports of offensive behaviours being considered as banter; although enhanced training, development and engagement may contribute to addressing this there was not sufficient assurance on the actions which</p>

	would be taken where these racist opinions were entrenched within individuals. There should be greater reflection on the consequences for individuals who exhibited these behaviours. The DoSCE reflected that individuals were not born racist and emphasised that with the right training these behaviours could be addressed if the individual was willing to change. If there was a failure to change, there was a zero-tolerance approach to racist behaviours and immediate action would be taken against those committing these behaviours.
91.8	The DoSCE confirmed specific training and engagement was being scheduled on culture and leadership development. It was recommended the surveys be run over a three-year period which would enable tracking of progress. He informed the Public Board that he had discussions with members of the BME network who were pleased to see action being taken to address concerns, which may not have been the case previously.
91.9	The DoPS confirmed that Employee Relations case management processes had developed significantly over the preceding 18 months which enabled the more effective management of cases. There were some legacy elements which the organisation was learning from. The current training package was predominantly online, investments would be made in face-to-face targeted training for leaders. She recognised that the sharing of this data was positive and demonstrated an openness which would support accountability and ensure staff felt able to raise these concerns.
91.10	The CEO acknowledged that developing competence and learning around these cases was essential. Publication of the report was a positive first step in challenging assumptions and ensuring collective accountability for the delivery of actions.
91.11	The Public Board resolved to: Note the activity to address concerns within the BME survey Acknowledge outcomes from the disability and LGBT+ survey would report to the Public Board meeting on 10.05.2023
PUB22/3/92	INCLUSIVITY PLAN
92.1	The DoSCE presented the inclusivity plan and confirmed this would be updated to reflect actions arising from the disability and neurodiversity survey and LGBT+ survey. The disability survey had received a 71% response rate from 233 staff members, the LGBT+ survey received a 65% response rate from 204 staff.
92.2	The CEO confirmed actions from the surveys and inclusivity plan would also be embedded in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) action plan to maintain this triangulation. Previously there had been challenges around a disconnect between the WRES and WDES action plans and other surveys.
92.3	The TC highlighted comments received from NED-MS in advance of the meeting, which had noted that the plan did not reflect actions associated with a multi faith approach. The DoSCE confirmed discussions had commenced with the new wellbeing lead on the multi faith network, chaplaincy and how different faiths could be better supported. This would be incorporated in the inclusivity plan.

92.4	<p>The TC challenged the action in relation to a leadership development support programme for ethnic minority staff and enquired why this was not in place for all under-represented groups. The DoSCE confirmed that a pipeline for ethnic minority staff was being developed specifically as the data demonstrated that there were a higher level of BME staff at a lower banding and with a lack of career progression. The TC challenged that women and other equality characteristics were also underrepresented in leadership positions. She requested consideration be given to the leadership pipeline for all under-represented staff groups.</p>
92.5	<p>The Public Board resolved to: Note the inclusivity plan would be updated to reflect actions arising from the LGBT+ and disability surveys Action: Request consideration be given to the leadership pipeline for all minority staffing groups.</p>
PUB22/3/93	STAFF SURVEY RESULTS
93.1	<p>The DoSCE presented the staff survey results which had received a 60% response rate from EEAST staff which was considered a positive position. There were indications of improvements however EEAST still benchmarked poorly compared to other ambulance services. The survey outcomes demonstrated that incidents of bullying and harassment remained a challenge at EEAST. Although most scores demonstrated an improvement this was from a very low baseline position. EEAST was the ambulance service reporting the most improvement in individual scores.</p>
93.2	<p>Lauren Singleton, Deputy Director of Culture and Leadership Development (DD-CLD) confirmed a task and finish group would be established to progress actions from the survey. Free text comments would also be considered to inform the actions. The other element for progression was leadership briefings to ensure leaders were aware of the key messages from the survey. Work would be undertaken alongside HR business partners to support leadership teams in each sector to create a targeted action plan to address concerns in their area. This would report to Executive Leadership Team (ELT) to agree the oversight arrangements.</p>
93.3	<p>The DoSCE informed the Public Board that following a triangulation of the data, hotspot areas for concerns had been identified which would enable targeted intervention.</p>
93.4	<p>NED-AW suggested EEAST could learn from other ambulance services in relation to recognition and reward associated with good activity.</p>
93.5	<p>The TC enquired how the targets and ambitions would be assured and inform the executive objectives. The DoSCE confirmed the task and finish groups would identify the actions, routes for accountability and measurements of success, this assurance would report to ELT and People Committee.</p>
93.6	<p>NED-NH reflected on the criticality of the fit for the future activity, it would be impossible to change the culture of the organisation if the right leaders were not in the right posts at the right time. He challenged how long it would be until EEAST could progress to a</p>

	<p>position in which it was not bottom ranked amongst ambulance services. The CEO informed the Public Board that EEAST was the only ambulance service showing any improvement in score. He expected outcomes for 2023/24 would demonstrate EEAST was no longer the worst performing ambulance service. An assessment of the measures within the pulse survey would also be undertaken to monitor the position and ambitions. The DoSCE confirmed the Time to Lead workstream was essential to ensuring leaders were able to engage and support staff within a reasonable span of control. NED-NH challenged that spans of control had been a recurrent conversation but there was no evidence of positive improvement over this period, this was a key impediment to delivering a step change. It was vital to ensure this was progressed at pace.</p>
93.7	<p>The Public Board resolved to: Note the outcomes from the most recent staff survey, and progress to establish an action plan to address concerns and drive an improvement.</p>
PUB22/3/94	<p>PEOPLE COMMITTEE ASSURANCE REPORT</p>
94.1	<p>NED-WT presented the report from the most recent People Committee meeting on 22.02.2023.</p> <ul style="list-style-type: none"> The committee had received an update from the All Women EEAST network chair which raised some of the unacceptable behaviours experienced by women and those who identified as women. The network chair had highlighted the lack of support available for women returning from maternity leave, alongside the need for flexible working for those returning from maternity leave. Low assurance was received in relation to health and safety with a lack of confidence in the timeline to ensure the Trust was compliant with its statutory responsibilities. Spans of control would reduce from approx. 1:40 to 1:12, the pilot would be included in the business case for reporting at Trust Board
94.2	<p>The TC enquired when Time to Lead would report to the Trust Board with the next steps, and when assurance would be received in relation to health and safety. The DoPS informed the Public Board that ELT had not approved the next phase of Time to lead as financial confirmation was awaited on the additional funding awarded. Once this assurance was received this would report to the Trust Board, aimed for 12.04.2023.</p>
94.3	<p>The DoCAP confirmed a fortnightly group had been established for health and safety focussed on progressing risk assessments, there would be an assurance from the group and into the relevant executive for each area. In discussions with the health and safety representatives for unions, work was being undertaken to address the challenges for staff and identify an action plan for improvement. It was expected the next People Committee would receive assurance on the progression of risk assessments and timelines to achieve compliance. It was confirmed concerns were reflected in the risk associated with regulatory compliance.</p>
94.4	<p>The Public Board resolved to: Note the next phase of Time to Lead would report to the Private Board meeting on 12.04.2023</p>

	Note the People Committee would receive assurance at its next meeting on the timeline to support regulatory compliance with Health and Safety
PUB22/3/96	QUALITY GOVERNANCE COMMITTEE ASSURANCE REPORT
96.1	<p>NED-NH presented the report from the Quality Governance Committee.</p> <ul style="list-style-type: none"> • He confirmed the committee had challenged whether there were the right resources in place to manage the steadily increasing level of incidents, claims and coroners cases – a resourcing plan would report to the meeting on 29.03.2023. • The ratio of serious incidents was steady at one per day, which was an increase from the historic average of one per week. Work was being undertaken with system partners to ensure actions arising from incidents were effectively enacted and learning embedded. • The committee had received the research and development report and commended the content and quality, it was recommended Board members review this report.
96.2	The Public Board resolved to: Note the update provided
PUB22/3/97	PERFORMANCE AND FINANCE COMMITTEE REPORT TO BOARD
97.1	<p>NED-JT provided the update from the Performance and Finance Committee</p> <ul style="list-style-type: none"> • The Performance and Finance Committee had reviewed the OPIP and was assured on the progress to establish a robust plan to drive forward the improvement requirements. • There had been productive discussion related to the Quality Cost Improvement Plan, more detailed plans were received in February 2023 with targets allocated to each area and an accountability framework for the delivery of savings. • The Performance and Finance Committee requested the delegated authority to meet as an extraordinary meeting to approve on behalf of the Trust Board the Business Plan for 2023/24 in preparation for the submission in March 2023. • There was one escalation in relation to the identification of the key internal controls. The DoCAP confirmed there had been healthy discussion associated with the key internal controls and there was a clear understanding of the requirements. The internal controls would report to the committee meeting on 26.04.2023.
97.2	The Public Board resolved to: Note the update provided Confirm delegated authority for the Performance and Finance Committee to approve the business plan for 2023/24
PUB22/3/98	AUDIT COMMITTEE ASSURANCE REPORT
98.1	NED-WT presented the assurance report from the Audit Committee.

	<ul style="list-style-type: none"> Internal controls from each of the committees were scheduled to report to the next meeting of the Audit Committee alongside the annual review of the board and committees. The internal audit plan for 2023/24 had been received and it was referred to the respective committee chairs to assure that all key risks had been identified in the plan for 2023/24. The external audit plan and counter fraud plan for 2023/24 was reviewed and approved. The committee escalated the integrated performance report data quality audit to Trust Board for oversight.
98.2	<p>The Public Board resolved to:</p> <p>Note the update provided</p> <p>Note the internal audit report into data quality</p>
PUB22/3/99	TRANSFORMATION COMMITTEE ASSURANCE REPORT
99.1	<p>NED-AW presented the report.</p> <ul style="list-style-type: none"> She confirmed positive progress to establish Gantt charts to assure on the progress of transformation programmes. These would be further refined to ensure they met requirements. The committee was seeking assurance on each of the key transformation programmes and had requested an overview of the programmes and how they would drive forward positive impacts and delivery of the key strategies. There was good progress noted in some of the key programmes including the Estates Transformation Programme. The Transformation Committee had discussed the future role of the committee particularly in light of the links to other key committee forums resulting in duplication. It was agreed a plan for management would be considered outside of the meeting.
99.2	<p>The TC enquired when the plan for the Transformation Committee would conclude. The DoCAP confirmed a meeting was scheduled for key representatives to consider the future of the committee, this would then be circulated to relevant parties. Sign off would be via Audit Committee in May as part of the annual effectiveness review of the board and committees.</p>
99.3	<p>The Public Board resolved to:</p> <p>Note the updates provided</p>
PUB22/3/100	REFLECTION ON MEETING
100.1	<p>The DoSCE provided the reflection on the Public Board meeting. He recognised the value from the patient story which had provided a powerful reminder of the impact of actions on patients. The developing IPR provided a clearer vision of how progress was measured and mapped to risks. There had been a focus on the impact of activity. Within the OPIP the focus had shifted to how there was accountability for delivery particularly in how actions would deliver the 30-minute response standard. There had been robust discussion and challenge in relation to the BME survey results, inclusivity plan and staff</p>

	<p>survey results. There had been a good level of challenge which was delivered in line with the organisations values.</p>
PUB22/3/10 1	QUESTIONS FROM THE PUBLIC
101.1	<p>Q: When will meetings be held in public?</p> <p>A: The DoCAP confirmed Covid transmission rates were monitored regularly with a view to return to public facing meetings as soon as safe, these meetings would be held rotationally to provide different accessibility for both communities and staff across the EEAST footprint.</p>
101.2	<p>Q: Many staff report that they are not valued or heard, or their careers are limited. Staff also report that the investigation procedure is flawed and individuals are not believed. Do you look at good practice in other Trusts?</p> <p>A: The DoSCE confirmed feedback from the national staff survey and equality surveys would help to inform the leadership development offering. Significant activity had been undertaken to streamline career pathway processes to enable individuals to transition through these, this was informed by best practice. The Trust had developed good relationships with other ambulance services, learning from these services was informing the leadership development framework. To improve the overall feel of the organisation it was vital to resolve the minor elements which were ongoing causes of frustration for staff which would enable the development of a better working environment.</p>
101.3	<p>Q: There is a clear and obvious culture at operational leadership level around attempting to bury or cover up racist events in the hope it goes away. What are we actually doing to train senior leaders in this area?</p> <p>A: The DoSCE confirmed a group of basic principles of management was being established which included core modules for leadership as part of the time to lead programme. This programme would ensure leaders were supported and equipped to lead their staff with a focus on the transparency which needed to be established. There remained a reluctance from staff to raise issues, work was being undertaken to emphasise the channels for reporting concerns and how they were managed to ensure individuals felt confident their concerns would be addressed appropriately.</p>
101.4	<p>Q: Was there any disciplinary on the back of the HART Hate Crime Investigation, and is the individual/s with this ideology still working at HART?</p> <p>A: The CEO informed the Public Board that individual outcomes were protected by data protection laws. This related to a case in 2019 which had been investigated and identified that there were multiple failures in the system and processes at multiple levels of leadership and management. Those involved had been met and were progressing learning and reflection on the case. It was anticipated if a similar incident occurred today a significantly different outcome would occur. Actions and learning from the incident would be embedded in employee relations processes in future.</p>

PUB22/3/10 2	ANY OTHER BUSINESS
102.1	There was no other business and the meeting closed at 11:45.