

CONFIRMED (Disclosable)

**MEETING OF THE BOARD OF DIRECTORS, EAST OF ENGLAND AMBULANCE NHS TRUST,
HELD IN PUBLIC ON WEDNESDAY 18 JANUARY 2023 BETWEEN 09.00 AND 12.15 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
	Mrunal Sisodia	Non-Executive Director	NED-MS
	Neville Hounsome	Non-Executive Director	NED-NH
	Tom Abell	Chief Executive Officer	CEO
	Wendy Thomas	Non-Executive Director	NED-WT
In attendance			
	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
	Janice Scott	Freedom to Speak Up Guardian (PUB22/3/70 only)	FTSUG
	Kate Vaughton	Director of Integration and Deputy CEO	DoI
	Kevin Smith	Director of Finance	DoF
	Liz Cunnell	Chief of Staff	CoS
Observers	Ann Utley	NHSP	

PUBLIC SESSION (Disclosable)	
PUB22/3/59	WELCOME
59.1	<i>The meeting commenced at 09:00.</i>
59.2	Nicola Scrivings, Trust Chair (TC) welcomed those present to the Public Board meeting.
PUB22/3/60	APOLOGIES FOR ABSENCE
60.1	Apologies were received from Simon Walsh, Medical Director (MD).
PUB22/3/61	DECLARATIONS OF INTEREST



61.1	There were no new declarations received or declared related to business on the agenda.
PUB22/3/62	PATIENT STORY
62.1	The Public Board heard the story of Mr O, who experienced a delay in ambulance response exceeding seven hours due to system pressures, before he was conveyed to the emergency department and found to be having a heart attack. Mr O was very complimentary of the care he received and did not raise a complaint, however the case was declared as a serious incident due to the potential for harm from the delay.
62.2	The Director of Nursing, Melissa Dowdeswell (DoN) highlighted the challenges for the ambulance service during period of extreme system pressures which exacerbated response times. Patients were categorised based on their symptoms into differing levels of response, in this case Mr O was categorised as a C2 call. Often during periods of high demand patients were asked to make their own way to hospital where possible as they may then receive care more swiftly than waiting for an ambulance. Patients were also contacted whilst waiting for an ambulance to ensure they received clinical advice and there was not a deterioration in their condition. In terms of improvement actions, it was recognised an increase in clinicians in the control room would help to ensure patients could receive a clinical overview, alternative care where appropriate and clinical advice when contacting the organisation during periods of delay. There was an improvement plan in place alongside wider systems to ensure patients were receiving the best possible care and response. Receiving units had been implemented at both James Paget and Southend which enabled the cohorting of patients at hospitals so ambulances could return to the road. Although in this case the patients had received effective treatment and had a positive outcome, the case demonstrated that even where there was not a complaint, all incidents were reviewed to identify any areas for potential improvement.
62.3	Tom Abell, Chief Executive Officer (CEO) expressed his apologies to all patients who were affected by response times. He recognised the Trust could improve the information provided to patients on when an ambulance may be available to respond. Providing patients with accurate information on response times would enable them to make informed decisions on whether to wait for an ambulance response or seek treatment elsewhere. EEAST was working to optimise and improve the actions which could be taken internally to enhance the response to patients, this included establishment of an operational improvement plan.
62.4	Mrunal Sisodia, Non-Executive Director (NED-MS) noted that the causes for delays were not solely the responsibility of the ambulance service. He recognised there would also be wider system improvement requirements to drive a sustained improvement in handover delays. He enquired whether this case had been acknowledged and addressed by the relevant Integrated Care Board (ICB). The DoN informed him that all ICBs received a quality report on a monthly basis, with an overarching quality report delivered to the lead ICB for EEAST. These reports provided information on specific patient incidents, the number of incidents declared and causes. There was also an internal improvement plan and a system improvement plan looking at flow through the front door. Although December had high levels of handover delays, from January there was a demonstrable reduction.
62.5	Non-Executive Director, Wendy Thomas (NED-WT) noted that the patient reported a deteriorating condition between 17:50 and 18:48 and enquired how this was managed by the emergency call centre. The DoN advised that the patient had spoken with the clinical co-ordinator to reassess their symptoms. Although a number of ambulances had been dispatched to the patient whilst they waited, they had subsequently been diverted to C1 calls. During any patient response there were a number of variables which meant ambulances were moved to respond to the highest priority call. The case had provided valuable learning on the number of patient contacts required to assess their condition from a welfare perspective. Throughout these contacts the individual was conscious and able to hold



	a conversation and describe their symptoms which enabled the clinical co-ordinators to assess next steps.
62.6	The TC was heartened to hear about the compassionate care the patient had received from ambulance staff. She was also pleased to note the incident was pro-actively identified as a serious incident and duty of candour undertaken. There was a need to consider how improved information could be provided to patients on ambulance response times as part of the operational improvement plan.
62.7	The Public Board resolved to: Extend their thanks to Mr O for sharing his case Action: Refer an action to the Performance and Finance Committee to consider how improved information could be provided to patients on ambulance response times as part of the operational improvement plan.
PUB22/3/63	TRUST CHAIR REPORT
63.1	The TC reflected on what had been an extremely challenging period over winter, which was clearly demonstrated in operational performance indicators. The Trust had been focussed on increasing capacity and improving ways of working to support the patient response during winter. NHS England had also released operating guidelines for improving the flow of patients in hospitals. Despite this, there remained a significant impact on patients, staff and communities, with patients spending time in inappropriate care settings and delays in receiving an ambulance response. This was also having an adverse impact on staff morale and wellbeing, the processes for supporting staff during these challenging circumstances continued to be reviewed. The TC extended her thanks to all those engaged in ensuring the best and safest possible care was provided to patients despite the challenges experienced.
63.2	The Public Board resolved to: Note the update provided
PUB22/3/64	CHIEF EXECUTIVE OFFICER REPORT
64.1	The CEO informed the Public Board that significant work had been undertaken to plan and prepare for the winter period, this included increasing resource availability by 20% which enabled the release of up to 40 more ambulances per day. However due to an increase in patient acuity, handover delays and demand, which had increased from 3000 calls per day to 5000, this had proven a very challenging period across the NHS. Handover delays tripled to over 28,000 more hours per month with a peak of over 161 ambulances delayed across the system. As a result of these pressures the Trust increased its surge level to four to ensure the best possible action could be taken to care for patients and communities. He extended his thanks to all staff who had worked throughout these increasing pressures to respond to patients effectively and compassionately. There had been a reduction in response times in January 2023 across all ambulance services which was encouraging and had driven a reduction in surge action requirements. There had recently been a vote amongst the unions for ambulance service industrial action. Although the threshold had not been met for industrial action with EEAST, the remainder of the ambulance sector had voted to strike alongside the Royal College of Nursing which had resulted in further pressures. EEAST was working alongside the wider healthcare sector to ensure preparedness for strike dates and to ensure patient safety was maintained and service flow was working effectively. There were no areas for escalation, but the CEO assured the Public Board EEAST was responding to the risk and mitigating wherever possible. Unions were re-balloting in January 2023 on the potential for industrial action from EEAST. Given the significant progress made to tackle sexual harassment within the organisation the Trust was no longer under the legally enforceable action plan which had been agreed with the Equality and Human Rights Commission (EHRC) in April 2021. EEAST was also applying to the CQC for the lifting of conditions. The organisation continued to receive the support provided in SOF4. Health Education



	England (HEE) provided feedback on the October submission of the Trust's response to its improvement plan and confirmed that 15 of the 19 actions were closed off and incorporated as business as usual. Three of the remaining four actions were recommended for closure on 23.12.2022 and the final action, which related to clinical supervision, would be closed once the pilot concluded. HEE in turn had reviewed the Trust risk rating and reduced this from the original 25 to 12.
64.2	Non-Executive Director, Alison Wigg (NED-AW) noted that the volume of calls received had reduced on strike days. She enquired whether this meant calls were being managed by an alternative service or whether there was further work required to direct patients to alternative services where an ambulance response was not necessary. The CEO informed the Public Board that in the lead up to the industrial action there had been extensive communications across the NHS which had affected call volume nationally. Both the industrial action and news stories were helping to drive a reduction in patient contacts. Further work was required to ensure patients were sign posted to the best services to respond to their needs. In addition, access to the stack was enabling community urgent response teams to respond to lower acuity patients more quickly than an ambulance could be dispatched. Although patients would always call 999, it was vital to ensure there were the right pathways in place so these patients could be treated by the best service to meet their needs.
64.3	The Public Board resolved to: Note the update provided.
PUB22/3/65	MINUTES OF PREVIOUS MEETING
65.1	It was agreed the reflection on the meeting would be amended ahead of the approval of the minutes.
65.2	The Public Board resolved to: Approve the minutes of the meeting on 09.11.2022 subject to agreed amendments to the reflection on the meeting.
PUB22/3/66	MATTERS ARISING AND ACTION TRACKER
66.1	09.11.22/42.7: Kate Vaughton, Director of Integration (DoI) recommended the action remained open. She confirmed performance metrics for systems would go live in January 2023 and recommended the action close once the pack had been approved. Non-Executive Director, Neville Hounsome (NED-NH) agreed with the recommendation. He informed the Public Board that at the last Norfolk and Waveney chairs system meeting they had received a patient story which helped to focus the discussions. He recommended all systems receive this.
66.2	The Public Board resolved to: Agree action 09.11.22/42.7 remain open.
PUB22/3/67	INTEGRATED PERFORMANCE REPORT
67.1	The Director of Corporate Affairs and Performance, Emma de Carteret (DoCAP) presented the integrated performance report (IPR). The IPR had been updated from the previous meeting following feedback requesting a progression of data from individual metrics to integrated focus on the critical issues and challenges to help drive a positive shift. The first issue for consideration was the ability to increase the workforce size at pace to support operational delivery.
67.2	Marika Stephenson, Director of People Services (DoPS) confirmed there were a number of actions underway to ensure the organisation workforce had the right capacity and skill mix to respond to demand. This included agreement and implementation of the clinical workforce plan for 2023/24.



	<p>This was the first time such detailed planning, which was aligned with the clinical model, had been in place for the organisation. The recruitment team would be expanded to support implementation and delivery of this model alongside a wellbeing strategy to support staff retention.</p>
67.3	<p>The TC asked the Board to consider, as part of the IPR discussion how the Public Board received its assurance that actions were delivering the right outcomes to mitigate the risks.</p>
67.4	<p>Hein Scheffer, Director of Strategy, Culture and Education (DoSCE) confirmed five new leadership development managers had been appointed to support the implementation of the time to lead programme. This programme was being piloted in Mid and South Essex and would help to understand the challenges for staff and leaders, as well as helping to provide insight on the leadership development requirements for leaders. The inclusivity plan would be presented to the Public Board on 08.03.2023. There had been positive progress to support an increase in appraisal compliance, with most areas reporting in excess of 80% compliance.</p>
67.5	<p>The DoF presented on the ability to drive efficiency improvements. He informed the Public Board that since the IPR was finalised, data had been finalised for December 2022 which demonstrated no significant deviation from the trends and themes reported. The financial plan was on track to be achieved and there was reasonable confidence this would be delivered subject to some potential risks. Initial guidance had been released by NHSE for the 2023/24 period but this had not been completed and there was limited guidance associated with resource availability. NHSE had indicated a clear requirement to recover pre-Covid productivity levels. There were particular efficiency challenges associated with the frontline response and patient transport service (PTS). The Performance and Finance Committee (PAF) had received a benchmarking report for support services conducted by NHSE which confirmed EEAST operated within the range of other ambulance services in terms of the level of investment in support services. The efficiency requirement was predominantly focussed on frontline services, which would be challenging given the operational pressures and operating environment. The position for 2023/24 would be finalised and report back to PAF.</p>
67.6	<p>The DoN confirmed this was interlinked with operational delivery and the safety provision for patients. If the right recruitment processes could be supported this would facilitate improved operational delivery. Winter had been a challenging period, combined with the union strikes this had made the delivery of improvement challenging whilst the focus was maintained on ensuring safety. The higher the level of patients in the stack awaiting response, the more challenging it was for an ambulance service to manage these delays. A clinical model and strategy had been developed and was supported by a clinical workforce plan and operational improvement plan which would provide clear trajectories and actions to deliver improvements.</p>
67.7	<p>NED-AW enquired the level of operational improvements which were within EEASTs ability to address, and those which were situated with the wider system. She suggested in a given period – December – if the organisation had access to the right capacity and resources needed would it have met performance targets. The DoN informed her that on comparing December 2021 vs December 2022 there were significantly more patient facing staff hours (PFSH) released and a reduced conveyance rate, but handover delays in December 2022 were significantly worse. These handover delays had a considerable impact on operational performance. If handover delays could be reduced to a target level of 15 minutes per patient there were a number of efficiencies which could be made as an organisation. Whilst these delays had an adverse impact on the organisations ability to perform, it also had an adverse impact on staff morale, which made it more challenging to motivate staff to deliver the efficiencies within the organisations control. The patient stack was currently at its lowest level for a considerable period which provided an opportunity to assess the position and actions required to deliver a sustainable improvement.</p>
67.8	<p>NED-MS noted that cultural impacts were embedded throughout the reporting. He requested the IPR be updated to more clearly reflect the cultural challenges.</p>



67.9	The Dol informed the Public Board that extensive work had been undertaken alongside the system and region to support access to the stack and the integration of local pathways to provide patients with access to the most appropriate service at the right time. This had progressed significantly, with a call before conveyance pilot commencing in June 2022. This had rapidly reduced the time on scene whilst providing wrap around care to patients. Access to the stack alongside call before conveyance would enable systems to assess the services within the existing footprint to establish alternative pathways for crews to direct patients. This included establishment of community hubs and external stacks within each system which would provide opportunities for paramedics to develop in their roles through rotational posts with systems.
67.10	NED-NH noted that Norfolk and Waveney as a system was particularly challenged, in particular the Norfolk and Norwich hospital. He enquired whether there was clarity on the reasons this was such a high-pressure area and the specific actions being taken to resolve these pressures. The Dol assured him the Trust worked alongside systems on a daily basis to respond to the challenges. Actions were in place, underway and monitored to deliver system improvements. There was a broader challenge associated with system flow – a meeting was in place for system Chief Executives to consider how enhanced discharges could be supported. The DoN confirmed a system escalation plan was in place to discuss with partner organisations specific challenges. There had been a wealth of activity with Norfolk and Waveney which followed the agreed system escalation process.
67.11	NED-JT recommended and it was agreed IPR reporting could be enhanced through the alignment of key objectives with the revised strategic risks. The DoCAP agreed that utilising the IPR to triangulate and gain assurance on whether the key risks were being effectively addressed and mitigating areas of concern would be vital.
67.12	The TC noted recurrent themes associated with claims, coroners cases and patient safety cases which indicated corporate resourcing challenges and enquired whether the risks were sufficiently understood and mitigated.
67.13	<p>The Public Board resolved to:</p> <p>Note the risks associated with capacity, operational deliver and staff wellbeing and development</p> <p>Note the activity underway with system partners to respond to system pressures</p> <p>Action: Request the IPR be updated to more explicitly reflect cultural challenges</p> <p>Action: Request the IPR be updated to ensure alignment between the objectives and risks</p>
PUB22/3/68	BOARD ASSURANCE FRAMEWORK
68.1	The DoCAP presented the Board Assurance Framework. She confirmed that delivery of the recruitment, retention and workforce plan would be a key driver in mitigating SR1 ' <i>failure to deliver a timely service to our patients in line with commissioned national standards, to ensure a safe level of service</i> '. The activity underway to support staff leadership and wellbeing would enable the mitigation of SR3 ' <i>failure to embed a culture focused on staff safety and wellbeing</i> '. Principles for continued efficiencies and the capability and capacity to drive change had been embedded. She was comfortable in the position from an oversight and assurance perspective. The risks would be re-profiled and realigned as pandemic pressures eased. The revised strategic risks would be presented to the meeting on 08.03.2023.
68.2	NED-JT noted that as part of the mitigating actions for SR5 ' <i>ability to embed EEAST's place within the changing system to support delivery of the NHS Long Term Plan</i> ' rotational paramedic posts were being developed and trialled. The Dol confirmed there was one rotational post live in North East Essex hospice and a similar model was being developed for West Suffolk and Arthur Rank hospice. In North Norfolk work was underway with primary care networks to consider urgent care



	treatment centres. It was not considered rotational posts would deliver the scale of change required, but she recognised there were further opportunities which could be maximised alongside system partners to enhance the offering for staff and the system. The DoN highlighted the dual benefit rotational posts provided in offering newly qualified staff exposure to situations which they may not have experienced during the pandemic, enhancing their own skillsets.
68.3	The TC was concerned there was not visibility of the contract management for key strategic contracts, which was concerning given the variable contractual performance. The DoCAP confirmed that following the CQC notice in 2020 enhanced contract management had been put in place for PAS monitoring and oversight. This was reported to the PAF. It was agreed that key strategic contracts would be identified and performance monitored through the relevant Committee, similarly as achieved for the PAS contract.
68.4	The Public Board resolved to: Note the revised strategic risks would report to the Public Board on 08.03.2023. Action: Key strategic contracts to be identified and KPIs monitored at committee level
PUB22/3/71	PEOPLE COMMITTEE ASSURANCE REPORT
71.1	The Public Board resolved to consider this item next.
71.2	NED-WT provided a verbal update on the assurance from the People Committee following the meeting on 11.01.2023. She informed the Public Board that the committee had received an update from the BAME network chair, who provided a brief presentation and considered the outputs from the recent BAME survey. He had challenged whether the organisation could provide appropriate and acceptable care to BAME patients if there was not a conscientious effort to support a diverse workforce within the organisation. The committee also received an update report on health and safety, which had been an area of concern. The Trust was fully compliant in two of eight areas of its statutory duties and was partially compliant in the remaining six areas. Low assurance for health and safety had been escalated to the Trust Board, the People Committee would continue to receive regular updates to assure on progress. The gender pay gap report was noted and indicated a pay gap of 11.9% between male and female employees which was in line with other NHS organisations. The People Committee approved the publication of the gender pay gap report. High assurance was received in relation to the integrated people service report, with positive progress to reduce the level of outstanding employee relations cases. The committee had considered the revised strategic risks within its remit, these would be further discussed in the Private Board meeting.
71.3	The TC enquired how the board would receive assurance and oversight of health and safety. The DoCAP confirmed the new strategic risks were clearly linked to staff safety, wellbeing and health and safety. A fortnightly meeting was in place to review the data, this was further assured through independent audits to assess the risks and critical issues. The progression of the IPR would help to ensure oversight of critical issues and actions to progress. She recommended a report to People Committee on progress and actions, the committee could then escalate to board any areas of concern.
71.4	The Public Board resolved to: Note the update provided Note the escalation to Trust Board concerns associated with health and safety Action: Refer to People Committee to consider progress and actions to increase the assurance level for Health and Safety
PUB22/3/69	BI-ANNUAL WORKFORCE REVIEW
69.1	The DoPS presented the bi-annual workforce review. She recognised there remained increased timescales associated with employee relations cases, these timescales increased as historic cases



were closed. Until all historic cases had been closed timescales were likely to remain variable. She was confident 80% of cases could be closed within agreed timescales. The HR Business Partnering (HRBP) Team had been established and was supporting leaders across the Trust. Regular line by line reviews were in place to support and manage sickness processes effectively, which was beginning to impact sickness percentages across the Trust. The job evaluation process had been reviewed and transformed, outstanding job evaluation requests had reduced from 350 in August 2022 to 124 in December 2022. An increase in the number of Mediators coupled with education and coaching for leaders, has resulted in 50 potential ER cases being resolved informally between July 2022 and November 2022. This level of progress, alongside the success of the Redeployment Advisor role and coordinated Standard Operating Procedure (SOP), meant that the Trust's HRBP structure was being used as a template for other NHS trusts. The next challenge would be to expand into specialist recruitment roles to enable delivery of the clinical workforce plan. Wellbeing had been an area of focus, a clear plan had been agreed to support wellbeing alongside the appointment of trim and advanced practitioners.

69.2 NED-NH commended the level of progress made and requested this was passed back to the team. Given the improvements to date he challenged whether the bi-annual review remained relevant. The DoCAP acknowledged the challenge. She informed the Public Board that the review had originally been requested following a lack of assurance at Workforce Committee which was subsequently escalated to Trust Board for oversight on a bi-annual basis. There was now assurance on the governance, processes and progression which enabled the de-escalation of monitoring to People Committee.

69.3 NED-AW enquired whether there were any lessons learnt from the improving position. The DoPS confirmed the report presented had been reviewed by the directorate who were proud of the improvement delivered to date. Key learning was focussed on the establishment of clear performance indicators and a trajectory, as well as understanding the impacts on wider areas of the Trust.

69.4 **The Public Board resolved to:**
Commend the activity of the people directorate to support a sustained improvement in key areas of focus
Agree the bi-annual workforce review be de-escalated from monitoring at Public Board.
Escalations from the People Committee would continue to be monitored

PUB22/3/70 FREEDOM TO SPEAK UP (FTSU) REPORT

70.1 *Janice Scott, Freedom to Speak Up Guardian (FTSUG) joined the meeting.*

70.2 The FTSUG confirmed FTSU referrals remained consistent with the pace of cultural change, with the exception of Q4 which was impacted by staff sickness and annual leave. There had been a shift in the predominant themes, the application of systems and processes remained the leading cause of concerns followed by bullying and harassment and senior/ middle management concerns. Details of concerns continued to be associated with a variation in how policies and processes were applied, fairness and transparency and communications. One FTSU advisor had left their post, the support of an FTSU consultant was maintained whilst recruitment was underway for two deputy FTSUG, one deputy had since commenced in post and the second withdrew due to personal circumstances. The focus was on finalising the recruitment, training and induction of a team of 30 ambassadors situated across all directorates including corporate and support services. The number of staff reporting they were in fear of or suffering detriment from speaking up was proportionate to the number of concerns being raised but appeared excessively high in comparison with other trusts. Common causes for concern were a lack of support for staff to speak up, fear of reporting managers due to repercussions and friendships which may be destabilised if support was provided to another member of staff reporting a concern. When discussed with other ambulance trusts they had acknowledged that there

	was a variation of reporting and not all cases were recorded, work was underway to ensure consistency in reporting. Support had been provided by the CEO, ELT and FTSU NED lead to address concerns. There was a general feeling from staff that there was a positive shift, and recognition of the actions being taken to address concerns.
70.3	The CEO noted issues associated with a lack of support from managers, fear of speaking up and friendship factors which may be affected when an individual made a decision to raise a concern. These concerns triangulated with a wider hypothesis identified by the raising concerns forum on the need for targeted interventions within certain teams and areas. At the last raising concerns forum it had been agreed additional analysis would be undertaken across data sources including appraisals and staff survey data to build a granular understanding of focus areas to direct targeted interventions. He proposed a board development session be scheduled to explore these issues more fully.
70.4	The DoCAP confirmed work was underway to identify focus areas and localised issues, and to understand how these concerns had shifted. Data from the staff survey was being assessed and should enable triangulated analysis to drive delivery of a holistic action plan.
70.5	NED-NH welcomed the approach and review underway. He recommended the review also consider patient feedback, compliments and complaints. The DoCAP confirmed the thematic analysis included patient complaints, compliments and staff raising adverse incidents.
70.6	The TC noted a board development session would be scheduled, but enquired whether there was anything the Public Board could do in the interim to support the service. The FTSUG informed the Public Board that the appointment of a full-time permanent resource had helped and would be further bolstered by the appointment to an additional post. She informed the Public Board that a calendar was being developed for visits to local areas and supported the attendance of board members at these visits.
70.7	The DoCAP highlighted that there remained a high proportion of staff working from home during the pandemic and enquired whether there were any plans to target these staff. The FTSUG confirmed an all-staff leaflet was being developed alongside a poster on the role of the FTSUG. Staff were beginning to migrate back to offices and would be targeted in visits.
70.8	<p>The Public Board resolved to:</p> <p>Note the concerns highlighted.</p> <p>Action: Schedule a board development session to consider FTSU concerns</p>
PUB22/3/72	REMUNERATION COMMITTEE ASSURANCE REPORT
72.1	<p>The Public Board received the assurance report from the Remuneration Committee. There were no areas for escalation. The Public Board noted the following levels of assurance:</p> <ul style="list-style-type: none"> • NHSP remuneration survey and benchmarking – high • Executive team performance review – high • ET cases update – high • Cost of living pay award – high • Chief Executive pay – high
72.2	<p>The Public Board resolved to:</p> <p>Note there were no areas for escalation</p> <p>Accept a high level of assurance for all areas reporting</p>
PUB22/3/73	QUALITY GOVERNANCE COMMITTEE ASSURANCE REPORT



73.1	<p>NED-NH presented the assurance report from the Quality Governance Committee (QGC). He confirmed positive assurance was received on the management of serious incidents. The committee received an update on the application to lift some of the CQC notices. The QGC approved the Safeguarding Annual Report and Director of Infection and Prevention and Control report which were presented to the Public Board for noting. The committee highlighted the following levels of assurance:</p> <ul style="list-style-type: none"> • Board Assurance Framework – moderate • Quality Metrics – moderate • Serious incidents – moderate • System response to Sis – good • Advanced practice – good • CQC update – moderate • Ockendon and Kirkup reports – moderate • Safeguarding annual report – good • Director of Infection Prevention and control annual report – good
73.2	<p>The Public Board resolved to: Note a moderate or good level of assurance for all areas reporting to the QGC Note the Safeguarding Annual Report and director of Infection and Prevention and Control Annual Report which were approved by the QGC</p>
PUB22/3/74	<p>PERFORMANCE AND FINANCE COMMITTEE ASSURANCE REPORT</p>
74.1	<p>NED-JT provided a verbal update on the PAF meeting which was held on 11.01.2023. She confirmed this had been a positive session. The committee had considered the quality cost improvement programme (QCIP) for 2023/24 and delivery to date in 2022/23 which received low assurance. The reforecast position was for delivery of ~£5m in QCIPs which was significantly below the original plan for 2022/23. A review was underway to determine why this had shifted off plan and learning for future programmes. The programme for 2023/24 was a concern, there was an emphasis on operational productivity efficiency which was compounded by the organisational pressures. The committee also escalated a low level of assurance in relation to the Patient Transport Service (PTS). The committee had agreed further reporting on the strategic direction for PTS. Given the review underway the committee had recommended and agreed a one-year extension to all PTS contracts until March 2024 whilst consideration was given to the longer term strategic direction. However, the Suffolk and North East Essex contract had progressed to tendering ahead of this timescale. The committee had been asked to agree an expression of interest for this contract, on the basis this could be withdrawn at a later date dependent on the strategic direction for PTS, this was agreed. The operational improvement plan would report to the PAF on 22.02.2023.</p>
74.2	<p>The Public Board resolved to: Note the escalation associated with the QCIP which would report back to PAF on 22.02.2023 Note the escalation for PTS, long term strategic consideration would report to PAF on 26.04.2023</p>
PUB22/3/75	<p>AUDIT COMMITTEE ASSURANCE REPORT</p>
75.1	<p>NED-MS presented the assurance report from the Audit Committee. He informed the Public Board that the committee had considered its current effectiveness. The committee considered the revised strategic risks following the risk management workshop in December. There had been extensive discussion on the overall governance of the organisation including the sub-group reporting approach. There had been some instances in which sub groups were not meeting with the frequency required, or were not escalating assurance as appropriate. Internal controls had been developed to assure on this sub-group reporting process which would be reviewed at each of the committees.</p>



	The Audit Committee received the final internal audit reports on absence management and collaboration/ system working which both received a low level of assurance. The committee was keen to ensure internal audit reports were reported at the relevant committee in a more timely approach, and noted a gap in the escalation of these reports.
75.2	The TC enquired whether there were any actions required to prevent concerns associated with the reporting process for internal audit reports from recurring. NED-MS confirmed this was a glitch, the committee were concerned from a cultural perspective that this could indicate concerns were not pro-actively escalated. He suggested regardless of the timelines for committees, a low assurance report should be pro-actively brought to the NEDs attention in advance of the committee. The DoCAP confirmed there had been healthy challenge and holding to account in this regard. There was an awareness of the accountability which was being developed. She assured the Public Board that these reports had now been received by the relevant committees, although recognised the need to ensure escalations were undertaken in a timelier manner.
75.3	The Audit Committee provided the following levels of assurance: <ul style="list-style-type: none"> • Audit Committee review and next steps – high • Sub-group governance – moderate • Internal controls – moderate • Internal audit report – low • KPMG governance review – high • Information governance and data security protection toolkit –moderate • External audit update – high • Counter fraud progress report – high • Board assurance framework – moderate • Data quality compliance review – high • Service providers assurance – high
75.4	The Public Board resolved to: Note the levels of assurance for all areas within the committee remit
PUB22/3/76	TRANSFORMATION COMMITTEE ASSURANCE REPORT
76.1	NED-AW presented the escalation report from the Transformation Committee. The Transformation Committee sought to gain assurance on the actions, impacts and timelines for key transformation programmes. This was being developed and should report on 01.03.2023. Concerns associated with digital risks were escalated for oversight, the committee recommended a supportive external review be undertaken to provide further assurance which was being considered. There would also be further consideration of capacity requirements for digital. A review of EPCR was received which had identified a wealth of positive learning.
76.2	The committee highlighted the following levels of assurance for programmes within its remit: <ul style="list-style-type: none"> • Forward plan and prioritisation – moderate • Fit for the future – moderate • AOC outline business case – moderate • Digital report – low • PMO dashboard – high • EPCR post implementation review – high • Board assurance framework – moderate • Group assurance report – moderate • System improvement schemes and engagement – moderate
76.3	The Public Board resolved to: Note a high or moderate level of assurance for all areas within the committee remit

PUB22/3/77	QUESTIONS FROM THE PUBLIC
77.1	<p>Q: Please could we have an update on recruitment and activation of Community First Responders to support Category 2 calls in these challenging times and the steps taken to ensure CFRs aren't left with such patients for many hours before crews arrive?</p> <p>A: The DoI confirmed significant progress had been made including resetting the governance model and implementation of the improvement plan. There had been engagement with CFRs to understand key themes and issues. The improvement plan for CFRs would be overseen by the QGC, this would focus on recruitment methods, training and the workforce pipeline. On average 65 CFRs were recruited each month but there was potential to further maximise this. Additional work was underway to maximise this activity, working with call centres to direct resource. CFRs had been involved in this activity to ensure it was targeted. She extended her thanks to volunteers for the incredible work undertaken with local communities every day.</p>
77.2	<p>Q: Given the present situation, what please is your message to the local communities in places like South Woodham Ferrers about the levels of services they can expect today and how they can help you to make those services work as well as possible? In particular as examples, what can they expect and should do if people seem likely to be having a cardiac arrest, a heart attack, a stroke, be involved in a serious accident where there seems to be a major trauma patient, and a serious accident where someone seems to have an open fracture or broken pelvis?</p> <p>A: The DoN confirmed the Trust continued to offer an emergency response for those in life and limb threatening situations. She recommended individuals in an emergency continue to contact 999 as soon as possible where they would be clinically triaged and a response dispatched based on the circumstances. A response may also be provided to patients in collaboration with partner organisations.</p>
PUB22/3/73	REFLECTION ON MEETING
73.1	The CEO provided the reflection on the Public Board meeting. He highlighted positive progress to ensure reports were concise and provided clarity on the request. There had been an improvement in IPR reporting. He recommended further consideration be given to how patient stories could be used to support risk management. There had been constructive challenge provided to the executive team and improved clarification on the triangulation in reporting. He recommended committee discussions be more clearly reflected in the IPR. A key theme throughout the meeting was tackling the themes of behavioural change and accountability which was evident in the IPR, QCIP and FTSU report.
73.2	NED-AW was keen to consider the IPR as a whole, rather than each separate issue which would enable improved triangulation.
73.3	NED-JT commended the improvements which had been delivered in the IPR, and suggested if this was updated to better align with risks and committees it would be in a positive position. There was a recurrent theme in the meeting on turnover and retention which could be better reflected and considered in transformation activity. Although there had been lots of activity to increase recruitment, if retention remained high this would offset progress made.
PUB22/3/74	ANY OTHER BUSINESS
74.1	There was no other business and the meeting closed at 12:15