

**UNCONFIRMED (Disclosable)**

**MINUTES OF THE ANNUAL PUBLIC MEETING  
OF THE EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST  
HELD ON WEDNESDAY 26 JULY 2017 AT 14:00  
AT GROUND FLOOR MEETING ROOM, TRUST HQ, WHITING WAY, OFF BACK LANE  
MELBOURN, CAMBRIDGESHIRE SG8 6NA**

<b>Present:</b>	Mrs Sarah Boulton	Non-Executive Director (Chair of Trust)
	Mr Mike Burrows	Associate Non-Executive Director
	Mrs Sheila Childerhouse	Non-Executive Director
	Mr Andrew Egerton-Smith	Associate Non-Executive Director
	Mr Peter Kara	Non-Executive Director
	Mr Tony McLean	Non-Executive Director
	Ms Valerie Morton	Non-Executive Director
	Mr Wayne Bartlett-Syree	Director of Strategy and Sustainability
	Mr Sandy Brown	Director of Nursing and Clinical Quality
	Mr Kevin Brown	Director of Service Delivery
	Mr Robert Morton	Chief Executive Officer
	Dr Mark Patten	Medical Director
	Mr Kevin Smith	Director of Finance and Commissioning
	Ms Lindsey Stafford-Scott	Director of People and Culture
<b>In Attendance:</b>	Mrs Laila Abraham	Trust Secretary
	Miss Sarah Barley	Assistant Trust Secretary
	Members of Staff	
	Members of the Public	

**PUBLIC SESSION (Disclosable)**

**P001/17 WELCOME, INCLUDING MINUTES OF THE LAST MEETING AND MATTERS ARISING**

The Director of Communications opened the meeting, handing over to the Chair, who welcomed everyone.

A minute's silence was held for Ely paramedic Lance Cox, whose funeral was being held that day.

The Chair handed over to the Chief Executive.

**P002/17 2016-17 ACHIEVEMENTS AND FUTURE PLANS**

The Chief Executive gave an overview of the progress made by the Trust, its achievements over the past year and future plans.

- The Trust saw its busiest day on 1 January 2017, known as 'Black Sunday'. A 999 call was received every 19.9 second and 810 hours were spent by ambulances queuing to hand over patients at local hospitals. Pleasingly, the Trust exceeded the national target for 'See and Treat' national.
- Demand levels remained significantly high over a 19-week peak, which is line-with the 'flu season.
- The number of occasions where hospital arrival to handover delays has exceeded 1 hour has increased by 58.09% since 2015. Handover delays remain a key challenge for the Trust, with the Trust's footprint including 5 of the worst performing hospitals in terms of these delays.

- Dramatic improvements in performance have been made, particularly in relation to R1 and R2, and this improvement has been sustained.
- Over the last 12 months, in terms of performance, the Trust has been consistently in the top 3 nationally and in quarter 4 of 2016-17 was consistently in the top 2.
- Despite the decrease in red tail breaches, an increase has been seen in green tail breaches. However, this is being partially, and safely managed by the introduction of the Trust's Emergency Clinical Advice and Triage Centre (ECAT).
- The Trust needs to address the issue of the number of non-urgent 111 calls it has to deal with.
- In relation to Quality, improvement in performance of the PPCI <150 minutes and Stroke HASU < 50 minutes ACQIs is required.
- The CQC inspection rated the Trust in the upper band of 'requires improvement'. The Trust is hoping to move to a rating of 'good', with feedback from CQC is that the Trust is improving.
- Stakeholder feedback indicates that patient satisfaction is consistently 95% and above.
- Future aspirations for the Trust include a focus on 'Our People', with the pressure that staff are under was acknowledged, and the establishment of volunteers in Milton Keynes, Cambridge and Peterborough with the aid of £50k q volunteering funding.
- Improvements to the Trust's infrastructure will be addressed by the estate transformation plan, and the fleet review will assist with the Trust's need to become more efficient and sustainable as part of the Ambulance Improvement Plan (AIP).
- The Trust is already achieving the Carter efficiency target for 2020 by ensuring that its corporate and administration functions do not exceed 6% of its income.
- A 2-year A&E Contract was not agreed. Instead, the 2017-18 contract was agreed on the basis that an Independent Service Review was commissioned by the Regulators, and it is hoped that this will conclude that there is a significant capacity gap to support demand.
- The Trust's 5 key strategic objectives align with the AIP work streams.
- The Trust has agreed to work to the statutory obligation of breaking-even.

The Chief Executive emphasised that contrary to rumours, the Trust is not going into special measures and concluded by publically acknowledged the contribution of workforce, volunteers and partners to the success of the Trust over the past year.

## **P003/17 2016-17 ANNUAL ACCOUNTS**

The Director of Finance and Commissioning gave a presentation.

- The Trust ended the financial year 2016-17 with a deficit, mainly due to the increase in front-line expenditure.
- No additional government funding was received during the year.
- Patient safety is the Trust's main priority above financial performance.
- The increase in funding for 2017-18 gives an indication that there is an awareness that the Trust requires more funding.
- Headlines for income, expenditure and capital expenditure were set out and the contribution made by PTS was recognised.
- Approximately £7m was spent on one-off investments, including vehicles, buildings and ICT.
- £4.7m of savings were achieved last year from the Cost Improvement Programme. This is close to the national target, and the majority of savings were made in relation to support front-line staff.
- Although breakeven duty was not achieved, the Trust did achieved a number of statutory financial targets.

Reference was made to the Trust's Annual Accounts for 2016-17, which have been published as part of the Annual Report. It was highlighted that despite the deficit, an unqualified opinion

was issued by the External Auditors on both the financial statements and value for money.

In response to a question, no fines from CCGs were incurred during the 2016-17 financial year, compared to £4m in the previous financial year.

The agenda moved to item 5.

## **P005/17 PRESENTATIONS**

### **Our People**

The Director of People and Culture gave an introduction prior to the presentations, and the order in which these were given was amended.

#### **ii) My Wellbeing Journey**

The Health and Wellbeing Manager highlighted some key points.

- The vision of setting up a culture of personal responsibility and signing up to the Blue-light pledge has resulted in the creation of the Staff Wellbeing Hub, which was launched in May this year.
- A Health and Wellbeing Strategy has been developed and the Trust's wellbeing model has taken a holistic, person-centred wellbeing approach.
- A Wellbeing team, 160 TRiM practitioners, a wellbeing bus and 'quiet rooms' have been established to support staff. The range of services provided were set out.

The Health and Wellbeing Manager handed over to two staff member, a student paramedic, and her manager, a Duty and Locality Officer. The student paramedic gave an emotive story of mental health issues she experienced as a result of her job and the support she received. The Duty Locality Officer explained how useful the Wellbeing service has been to enable her to support her team, highlighting that specialist counsellors from 'Red Poppy' (an organisation that helps employees deal with the effects of work related stress, personal stress and trauma) have helped staff.

#### **i) Leadership Development**

The Organisation Development Manager highlighted the Trust's achievements over the last year.

- The Trust's Leadership and Management programme has received ILM programme status.
- 3 staff have been supported through the programme.
- The Trust also utilises National leadership programmes.

A staff member delegate from Cohort 3 of ILM Leadership Programme gave her experience of the leadership course, which she had considered to have positively helped her develop and to lead her team.

#### **iii) Freedom to Speak Up**

The Trust's Freedom to Speak Up Guardians gave a presentation on the Freedom to Speak Up initiative, the current position of the Trust, and the national picture.

- FTSU guardians were created as a result of the Sir Robert Francis report.
- There are currently 6 open cases at the Trust to date. This was put into context, with other organisations having up to 50.
- Themes emerging from the Trust are from 3 categories; patient safety, behavioural/relationship, and bullying and harassment.
- This information is shared nationally and submitted to the National Guardian's Office (NGO).

The Director of People and Culture emphasised the importance of role of the FTSU Guardians.

#### **iv) Staff Engagement**

The Director of People and Culture gave a presentation on the staff engagement activities that are underway within the Trust.

- An Employee Engagement Strategy has been developed.
- A new network group for women, 'AWE' (All Women in EEAST), has been set up within the organisation to tackle equality issues, and lack of representation in various groups.
- The next steps for AWE will be hosting a joint event on International Women's Day on 8 March 2018.

A HART Paramedic gave a presentation on the ambulance pull charity challenge that she organised and participated in, the aim of which aside of raising money was to challenge gender stereotypes, and promote health and wellbeing.

#### **P006/17 Community Collaboration**

The Community Collaboration Manager gave a presentation on the work of the Community Collaboration team.

- Community First Responders (CFR's) have made a significant contribution to the Trust, with deployment to over 30,000 assignments in 2016-17.
- CFRs are participating in trials for Airwave handsets and staffing a CFR desk at Norwich EOC.
- Engagement with CFRs is undertaken in a number of ways, and the feasibility of SMS updates is being looked into.

#### **i) Restart a Heart Day**

National Restart a Heart Day, an initiative being led by the British Heart Foundation, is being held on 16 October 2017. The Trust is linking with secondary schools to teach lifesaving skills to students.

#### **P004/17 2016-17 QUALITY ACCOUNT AND 2017-18 PRIORITIES**

The Director of Nursing and Clinical Quality gave a presentation on the achievements over the past year and future priorities.

- 2016-17 was a positive year.
- Above the national average for all indicators with the exception of stroke patients being conveyed to a Hyper-Acute Stroke Unit (HASU) within 60 minutes.
- Partnership working is underway with Papworth Hospital in relation to PPCI, and a review of stroke performance in Norfolk and Bedford has been undertaken, with the view to improving performance.
- A significant decrease in incidents causing harm to patients has been seen.
- Near-misses and SIs are assisting with learning.
- The Trust is looking to improve its CQC rating from 'requires improvement' to 'good'.
- With reference to local priorities duty of candour has been fully embedded.
- Further partnership work was undertaken as part of the development of the Trust's End of Life Strategy and Dementia Strategy.
- Other successes include the introduction of the Clinical Manual app, and the Mental Health Street triage.
- Future priorities include IPC, continuing to increase the recognition of sepsis, and implementation of year 2 objectives within the Dementia Strategy.

#### **P006/17 QUESTIONS FROM THE PUBLIC / OPEN FORUM**

The Chair advised that this concluded the formal presentations and asked for questions.

In response to a comment that new paramedics do not receive clinical feedback in relation to performance, the Director of Nursing and Clinical Quality highlighted the difficulties that the Trust has in accessing information on patient outcome. The current system does not allow this, but how to improve this is being looked into. The Chief Executive advising that it is hoped to utilise EPCR in the longer-term, with improvements to the current EPCR being the first step. The Director of Nursing and Clinical Quality acknowledged that the pathway between Acutes and the Trust needs to improve in terms of sharing of information.

In response to a question as to the challenges of sharing good practice with other ambulance trusts that are not performing as well, the Chief Executive advised that collaboration with other ambulance services, especially EMAS and WMAS is improving. He considers the Trust to be influential in sharing operational performance via groups it is involved with.

In response to a question as to whether it was necessary to insure defibrillators in public places, the Chief Executive did not expect this to be the case in terms of usage. However, was unsure if it was necessary in terms of theft, and this could be looked into.

In response to a comment that it was pleasing that there were new paramedics in Cambridge, the Chief Executive advised that the Trust, which had the 2<sup>nd</sup> highest attrition rate of all 10 ambulance trusts when he joined EEAST, now has the 2<sup>nd</sup> lowest, which is positive.

In response to a comment that Lister's A&E's was performing well, the Chief Executive stated new chief operating officer has had a positive impact and was working with the Trust. He added that it would be helpful if this improvement could be seen at other hospitals.

In response to an issue with delayed access on-scene due to one way system, the suggestion of cycle paramedics was made. The Chief Executive advised that suggestions that make a contribution are looked at.

In response to a query, the Chief Executive advised that there were no specific plans, other than via Restart a Heart to promote the service in schools.

The Chair referred to the annual report and advised that the minutes of the previous meeting were also available to take away. She closed the meeting by thanking the organisers, contributors, presenters and attendees.

## **P007/17 CLOSING COMMENTS**

The meeting closed at 16:15.