



**NOT PROTECTIVELY MARKED**

**MINUTES OF THE 165<sup>TH</sup> MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD**

**10.30 A.M. ON WEDNESDAY 30 MAY 2018**

**MEETING ROOM 19, 1 SOUTH GYLE CRESCENT, EDINBURGH, EH12 9EB**

**Present:**

Board members: David Garbutt, Chairman (Chair)  
Neelam Bakshi, Non Executive Director  
Eddie Frizzell, Non Executive Director/Vice Chair  
Pauline Howie, Chief Executive  
Cecil Meiklejohn, Non Executive Director  
Irene Oldfather, Non Executive Director  
Esther Robertson, Non Executive Director  
Dr Francis Tierney, Non Executive Director  
Martin Togneri, Non Executive Director  
Dr Jim Ward, Medical Director

Regular attendees: Paul Bassett, National Operations Director  
Julie Carter, Interim Director of Finance and Logistics  
Linda Douglas, Director of HR and Organisational Development  
Mark Hannan, Head of Corporate Affairs and Engagement  
Pat O'Connor, Director of Care Quality and Strategic Development  
Lindsey Ralph, Board Secretary (minutes)

In Attendance: Sarah Stevenson, Risk Manager (Item 6)  
Melanie Barnes, Head of Costing and Capital Planning (Item 8)  
Maria McFeat, Assistant Director of Finance (Item 11)  
Stephen Massetti, Head of Risk and Resilience (Item 9)  
Susan Wilson, Head of Infection Prevention and Control (Item 13)  
Jim Goodfellow, Member of the Public  
M Milne, Member of public

**WELCOME AND INTRODUCTION**

The Chair welcomed everyone to the 165<sup>th</sup> Scottish Ambulance Service Board meeting and welcomed Irene Oldfather, Non Executive Director to her first public meeting of the Board.

Apologies were noted from John Riggins, Employee Director and regular attendees; Lewis Campbell, Regional Director, East, Garry Fraser, Regional Director, West and Milne Weir, Regional Director, North.

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## **ITEM 1 PATIENT STORY**

Board members were shown a film in which a patient had fallen on steps outside his home. He called for help from his daughter who found him on the floor, bleeding from his head. She made a dressing, applying pressure to the wound and called 999. The call taker relayed instructions and advised the daughter not to move her father. The crew arrived and conducted a full assessment of the patient, ensuring that he had not broken any bones due to his history of Osteoporosis. Both the patient and his daughter described the crew as thorough and informative, with a sense of humour that helped keep them relaxed in what was a stressful situation. The crew successfully managed to stop the bleeding and gave the patient stitches.

The crew advised the patient to attend his GP the following week to have his stitches removed and get his blood pressure checked, which was high when they treated him. They also gave him advice about any symptoms he may experience in the next 48 hours.

The patient and his daughter were impressed that the crew were able to carry out the necessary treatment at home, meaning the patient did not need to go to a hospital Accident and Emergency Department and they were able to treat him at home. They were confident in the crew's clinical decision making and were full of praise for the staff members.

Board members were pleased to hear that the treatment from the crew had avoided the need for the patient to go to hospital and he was recovering at home. Board members discussed the clinical response model which was divided into 5 levels of response acuity; purple (Cardiac arrest rate >10%), red (Cardiac arrest rate >1%), amber (acute pathway need), yellow (high acuity yellow response) and green (additional phone triage). They noted that patients coded within the yellow response tier had a range of acuity symptoms, such as abdominal pains, neck injury, back pain and bleeding after falling. The Service continued to develop and implement additional triage for this cohort of patients to identify and transport those with the greatest need, to hospital, as soon as possible.

On behalf of the Board, the Chair thanked the patient for sharing his experience with the Board and passed on his best wishes for a speedy recovery.

## **ITEM 2 MINUTES OF MEETING HELD ON 29 MARCH 2018**

The following amendments were requested by Board members:-

- Page 4, Item 5, 3<sup>rd</sup> last paragraph – the word efficiently to be changed to sufficiently.
- Page 6, Item 8, 8<sup>th</sup> bullet point – change £6.4 million to £6.7 million.

**The Board approved the minutes subject to the above amendments.**

## **ITEM 3 APPROVAL OF MATTERS ARISING**

Board members approved the removal of items 164/5/6, 164/5/7, 164/7/8 and 164/8/12 and agreed an extension to the target date of item 163/5/7.

It was agreed an update for item 164/8/11 will be provided under item 10 on the agenda.

## **ITEM 4 DECLARATION OF INTERESTS**

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There were standing declarations of interest noted from:-

- David Garbutt, SAS Chair in his capacity as Chair of National Education Scotland (from 1 April 2018)
- Esther Roberton, in her capacity as Chair of NHS 24;
- Martin Togneri, as Trustee, Scotland's Charity Air Ambulance and Non Executive Director of NHS 24 (from 1 April 2018)

There were standing declarations of interest noted from regular attendees:-

- Pat O'Connor in her capacity as ISQua Expert, International Society for Quality in Healthcare
- Paul Bassett, Trustee, Scotland's Charity Air Ambulance
- Julie Carter, in her capacity as Director of Finance, Golden Jubilee Foundation.

## **ITEM 5 TOWARDS 2020: TAKING CARE TO THE PATIENT AND QUALITY IMPROVEMENT**

The Board received a paper which reflected recent progress on performance towards the 2020 Strategy and noted the main points highlighted by the Chief Executive:-

- **Saving lives** - VF/VT Return of Spontaneous Circulation (ROSC) had continued to improve. For the last two months, performance was above the Service's 2018-19 aim of 42% and this meant more people reached hospital alive following a cardiac arrest.
- With the significant activity around Out of Hospital Cardiac Arrest, data was now available on 30 day post hospital survival rates and over the course of 2 years this showed a 30% improvement in lives saved.
- **Patient experience** – For incidents with a referral or discharge outcome, activity continued to improve and the Service had achieved its stretch aim of 32% in 2017-18. For 2018-19, this aim was further increased to 35%.
- **Staff experience** - The iMatter staff experience survey had moved to a single cohort and the outcome of the EEI engagement score was expected mid-June, when action plans will be developed to continue to make improvements for staff experience.
- Increased absence levels experienced during winter had started to reduce.

The Chair congratulated staff for their work in relation to Return of Spontaneous Circulation which was 42% at end April 2018. He highlighted that when the Board see cardiac arrest figures from other parts of the world, invariably these related to cities rather than a country. He said to achieve these levels of return on circulation was a fantastic result in Scotland, with many more lives now being saved.

### **Clinical Services Transformation**

Jim Ward highlighted that since the introduction of key phrases on 9 April, the new clinical response model had performed as expected by identifying critically ill patients earlier in the call cycle. This step enabled patients to receive life saving intervention as early as possible. Board members noted that the Service had identified over 80% of purple calls at the pre entry question stage.

In response to questions from Board members, it was noted that the volume of immediately life threatening incidents chart (3.3.2) demonstrated a stable system that had variation.

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Neelam Bakshi said that it was important that staff were kept informed about the changes the Service had made to the way it measured performance. Board members noted the Board Development session in August will include an item on quality improvement data and measurement.

Francis Tierney informed Board members that he had recently visited Edinburgh City station, the Lothian flow centre and East Ambulance Control Centre and had been extremely impressed by the dedication of the staff he met and the Service's response to patients.

## **Enabling Technology**

Julie Carter provided a summary of the main points detailed in the paper and after discussion Board members noted:-

- progress with the work stream and roll out of the SAS app.
- The Emergency Service Network Programme timescales were still unclear due to significant timescale slippage in the GB-wide Emergency Service Mobile Communications Programme. The UK Government Full Business Case (FBC) was being refreshed with HM Treasury approval planned for autumn 2018. Scottish Government will be seeking Full Business Case assurance from the Service and the other Scottish emergency services over the summer period.
- Scottish Government had agreed to fund the capital costs associated with the provision of an ESN compatible Integrated Communications Control System. The revenue costs, while aiming to be minimal, will be subject to a risk share approach with Scottish Government depending on the final level. The business case will be presented to the Board for consideration in September 2018.

Board members were pleased to hear that the Outline Business Case for the Defibrillator Replacement Programme had been approved by Scottish Government on 22 May 2018.

Eddie Frizzell referred to the fleet replacement programme and the supplier going in to administration. Julie Carter confirmed that this was a third party arrangement and there was no associated risk to the Service.

## **Workforce Developments**

Linda Douglas provided the highlights from the report and Board members noted progress with the Service's interim resourcing plan for 2018/19 and the training prospectus for 2018/19. Board members noted that the iMatter single cohort launch had commenced as planned in April 2018.

Irene Oldfather asked about retention rates within the training programme and for qualified staff. Linda Douglas confirmed that the Service had a high retention rate and there was not a high dropout rate from the training programmes.

Francis Tierney queried if the one third of the total number of the Service's Specialist Paramedics, who were working in a primary care setting, remained employees of the Service. Linda Douglas confirmed that they were and the Service was working towards an aspirational model of Specialist Paramedics working in a rotational model of 999, primary care setting and the Ambulance Control Centre.

Irene Oldfather asked if the Service had completed any modelling work on the implications of the UK leaving the European Union. Pauline Howie advised that the Service had provided a report to

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the Board and had an action plan in place. A further report will be brought back to the Board as developments emerge.

**Board members noted performance, progress to date and the verbal updates provided at the meeting.**

#### **ITEM 6 APPROVAL OF CORPORATE RISK REGISTER 2018-19**

Sarah Stevenson joined the meeting for this item and the risk register for 2018-19 was presented to the Board for approval. It was recommended that the 6 medium level risks were removed from the Corporate Risk Register and managed at an operational level.

**Board members approved the Corporate Risk Register and the recommendation.**

#### **Action:**

1. **Risk Manager** to remove the six medium level risks from the Corporate Risk Register to be managed at an operational level.

#### **ITEM 7 AMENDED STANDING FINANCIAL INSTRUCTIONS**

Julie Carter highlighted the changes which related to call off contracts, authorisation levels for contract awards, OJEU thresholds and an additional PECOS system control for all non contract purchases. These were shown in tracked changes in the paper. The paper was endorsed by the Audit Committee at its meeting on 16 April 2018.

**Board members approved the amended Standing Financial Instructions for publication.**

#### **ITEM 8 PROPERTY AND ASSET MANAGEMENT STRATEGY – INTERIM REPORT**

Melanie Barnes joined the meeting for this item. Board members considered an interim progress report on the management of existing assets and updates on new and existing projects, noting that these continued to be developed, aligned to strategic objectives and to deliver best value.

Board members were given assurance that the performance of current assets over the past two years showed improvement in all categories with the performance of Information Management and Technology assets improving once the new ALS monitors/defibrillator units are procured.

**Board members approved the interim report for submission to Health Facilities Scotland and noted the outcomes of the assessment will be presented to the Board later in the year.**

#### **ITEM 9 MAJOR INCIDENT PLAN v4.14**

Stephen Massetti joined the meeting for this item and provided the main points from the paper which provided a revised plan, following service-wide engagement.

Board members noted:-

- The updated format was designed to be more user friendly.
- The inclusion of a new patient distribution process.
- A description of the fallback dispatch for Ambulance Control Centres was included.
- Better defined roles and responsibilities at a major incident site were included.
- The plan reintroduced the four levels of command.
- The plan incorporated Airwing and ScotSTAR.

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- The plan can be delivered within resources but not without training and exercising.

In response to questions from Board members, the following points were noted:-

- It was the responsibility of the Incident Commander, in conjunction with the Police and Fire Services, to carry out a dynamic risk assessment in the zones that were used to identify areas of hazard and the personnel that could operate within these.
- The new information in the plan reflected developing approaches with the Police and Fire Services and the Service had also engaged widely with health boards and Scottish Government.

Board members received assurance that there had been wide consultation throughout the Service in the formulation of the plan, it covered the range of issues required and the Service can put the plan in to practice.

**The Board endorsed the Major Incident Plan.**

## **ITEM 10 SCOTTISH EMERGENCY SERVICES NATIONAL COLLABORATION STRATEGY**

Board members received a paper which sought endorsement of the Scottish Emergency Services National Collaboration Strategy.

Board members noted:-

- the chairing of the National Collaboration Group had now rotated to the Service;
- the Operational sub group, chaired by the Director of Care Quality and Strategic Development, would focus on the impact and outcome by developing a dedicated two year work plan, by June 2018, to support delivery of the Strategy.

Neelam Bakshi expressed her reservations about one of the operating principles related to the financial benefits and asked how the Service would ensure that this was not an imbalanced investment. Assurance was given that before any investment, or assumptions regarding savings were made, these would be brought back to the Board, along with information about how any associated risk would be managed.

In response to concerns expressed by Board members about how the Service would ensure that there was a commitment from all services to progress the Strategy, Pauline Howie confirmed that the conditions and infrastructure now allowed for better collaboration than it had previously when both the Police and Fire Services were initially formed.

In response to a question from Martin Togneri about geographical data sharing, Pat O'Connor provided a summary of ways that assurance could be given to the Board and how data sharing would be approached collectively through the Service's work with the Justice Collaboration Group.

Due to an administrative error, some members had not received the paper in advance of the meeting.

**The Board agreed to endorse the strategy, subject to any further comments from Board members being sent to the Director of Care Quality and Strategic Development by 8 June 2018.**

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**Action:**

- 2. Board members** to provide the Director of Care Quality and Strategic Development with any further comments on the Strategy by 8 June 2018.

**ITEM 11 FINANCIAL PERFORMANCE**

Maria McFeat joined the meeting. Julie Carter provided a summary of the main points from the paper.

Board members discussed the draft financial outturn position as at 31 March 2018 and were pleased that the Service had met its financial targets and had delivered the full quantum of savings of £8.6m for the financial year, subject to external audit. As part of the financial planning process for 2018/19, Board members requested a breakdown of the efficiency savings, including any that were part of the deferred expenditure from 2017/18.

The Chair referred to the winter pressure challenges experienced year on year and the need for associated funding to be available for the Service to plan this investment early in the year. Julie Carter reported that confirmation of funding had not been received.

Cecil Meiklejohn referred to the challenges the Service continued to face to identify and manage ways to deliver recurrent cost savings. While the Service continued to transform and develop different ways of working and contribute to the wider health and care economy, it was important that it was clearly defined with Scottish Government what its core service was and what can be delivered within the Service's financial budget.

**The Board discussed and noted the 2017-18 year-end report and thanked staff for all their efforts in achieving a break even position.**

**Action:**

- 3. Interim Director of Finance and Logistics** to provide a breakdown of the efficiency savings, including any that were part of the deferred expenditure from 2017-18.

**ITEM 12 PERSON CENTRED CARE UPDATE**

Board members noted the update of patient experience activity between 11 February and 13 May 2018. There were 30 posts on the Care Opinion website during the reporting period and these had been viewed 14,777 times. 292 compliments were received in the reporting period.

Board members were pleased to hear that the Patient Focus Public Involvement meeting on 24 May 2018 was well attended with many new representatives from community groups within the third sector.

Esther Robertson referred to the action in the Matters Arising paper about refining the current contact process for Care Opinion so an individual was not asked to make separate contact with different people in the Service after sharing their story. It was noted that the Patient Experience Manager was reviewing the current process and an update will be provided to the Board on completion of this work.

Board members noted the actions in place to improve complaints compliance which had dipped during the winter months when the Service had faced unprecedented levels of demand on its frontline services.

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## **ITEM 13 PATIENT AND STAFF SAFETY – HEALTHCARE ASSOCIATED INFECTION REPORT**

Susan Wilson joined the meeting for this item. Board members were pleased to note performance against the HAI standards and the Service's overall compliance with Standard Infection Control Precautions continued to be sustained at a high level. Excellent improvement continued to be made with the recording application of the PVC insertion bundle with the target reviewed and now increased to above 90%.

Board members noted the Infection Prevention and Control Programme for 2018-19. The programme was approved by the Clinical Governance Committee at its meeting in May.

Martin Togneri referred to the estates compliance charts and asked for further information about the variation in the South East chart. Susan Wilson reported that this had been affected by refurbishment work being undertaken in one station in the reporting period.

**The Board noted the paper.**

## **ITEM 14 GENERAL DATA PROTECTION REGULATION (GDPR)**

Pat O'Connor provided a summary of the paper and Board members noted the organisational responsibilities which related to the introduction of the General Data Protection Regulation.

Board members received assurance that the regulation would be embedded as part of the Service's Information Governance policies.

## **ITEM 15 VERBAL UPDATE FROM CHAIR**

The Chair reported on meetings attended and recent developments across NHS Scotland and Board members noted :-

- The Chair started his appointment as Chair of National Education Scotland from 1 April 2018 and was undertaking both roles until his end of appointment with the Service on 30 May 2018.
- A review of governance was presented to the NHS Chairs and Chief Executives, together with details of an escalation process for Boards.
- A Board Governance review project was being set up and it was expected that this work would conclude with a model of governance for Boards to adopt.
- A further QI Masterclass for Board members would take place in September.
- A Board Development unit for Non Executive Directors and Chairs was being set up and would be lead by National Education Scotland.

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## **ITEM 16 CHIEF EXECUTIVE'S VERBAL REPORT**

Pauline Howie provided Board members with an overview of matters not covered elsewhere on the agenda and recent meetings attended. Board members noted:-

- The Health and Justice Collaboration work around mental health support for the Crown Office and Procurator Fiscal staff to support early intervention, and ultimately prevention, of people getting in to the criminal justice system. A test of change in Edinburgh was planned, using the learning from the work in Forth Valley. The work with NHS 24 and Police Scotland was about to be tested in Fife.
- The National Board collaboration was waiting feedback on its plan and this was expected in June. Through the National boards, a process had been agreed for an operational model around more corporate shared services. The test with HR shared services was being extended procurement, finance and estates.
- A joint SAS and NHS 24 Executive Team meeting in May agreed four priority areas and work had already started. The teams would meet again in 90 days to discuss progress.
- The Service has been doing more proactive media work with broadcast on SORT, trauma, cardiac arrest and Specialist Paramedics.
- At the NHS Scotland event in June, in celebration of the 70<sup>th</sup> anniversary of the NHS, the Service would show how it had changed over the years.
- The Chief Executive had chaired the quarterly Military and NHS Scotland Partnership Group. An event was being held in Glasgow in June where it was hoped to attract people from both the NHS and military services to develop that relationship further.
- The recruitment process for the Director of Care Quality and Strategic Development had started and interviews would take place on 21 June 2018.

## **ITEM 17 CLINICAL GOVERNANCE COMMITTEE – MINUTES OF 15 FEBRUARY 2018 AND VERBAL REPORT OF 17 MAY 2018.**

Board members noted the minutes of 15 February 2018 and Martin Togneri provided an update of the meeting held on 17 May 2018. The main points were the Committee:-

- Approved the Annual Infection Prevention and Control Plan for 2018/19, which had been circulated in advance to the Committee.
- Received a presentation on Specialist Paramedics and Advanced practice.
- Received assurance on the actions being taken to improve Stage 1 and 2 complaints compliance.
- Received an update on educational developments.
- Examined the latest data and performance against the LDP standards and clinical effectiveness measurements.
- Considered the positive impacts that resulted from the introduction of the key phrases element of the new clinical response model and the positive effect on median response times for patients.
- Considered the internal audit risks and actions and were provided with assurance that the timescales for completion of these would be tightened up.
- Received assurance from the Medical Director that the Controlled Drugs Annual Report would be on the agenda for the next meeting.

**The Board noted the paper and verbal update.**

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## ITEM 18 STAFF GOVERNANCE COMMITTEE – MINUTES OF 7 DECEMBER 2017 AND VERBAL REPORT OF 18 APRIL 2018

Board members noted the minutes of 7 December 2017 and Neelam Bakshi summarised the matters discussed at the meeting held on 18 April 2018. The main points were the Committee:-

Approved:-

- Staff Governance Action Plan 2017-18 closing report and a first draft of the Plan for 2018-19.
- Organisational Development Plan 2017-18 closing report and the direction of travel for the draft plan 2018-19.
- Wellbeing Implementation Plan 2017-18 closing report and Draft Plan for 2018-19.
- Staff Governance Standard Annual Monitoring return.
- HR Policies – Personal Development Planning and Review; Secondary work activity; facilities arrangements for Trade and Professional Organisations; Information Governance and Mobile Security.
- Health and Safety Policies – H&S Responsibilities and arrangements policy; risk assessment and auditing; violence and aggression; control of vibration and lifting equipment.

The Committee received updates on the workforce communication and engagement plan, the implementation of the appraisal reporting system Turas, the workforce planning cycle for 2018-19, the National Partnership Forum, Promoting Attendance and the Internal Audit actions.

Neelam Bakshi highlighted that the Committee requested a paper was brought to the Board, setting out a streamlined process for equality and diversity reporting. Pauline Howie informed Board members that Scottish Government had written to Chair and Chief Executives of NHS Boards about what boards can effectively do in terms of actions to reduce health inequalities. The Service would ensure this was built in to its policy and practice and had invited the Health Service lead to attend its Senior Leadership Team meeting to discuss this in more detail.

It was agreed the Staff Governance Action Plan 2017-18 closing report would be circulated to Board members for information.

### Action:

4. **Director of Human Resources and Organisational Development** to circulate the Staff Governance Action Plan 2017-18 closing report to Board members.

## ITEM 19 BOARD DEVELOPMENT REPORT – MARCH 2018

Board members noted the report.

## ITEM 20 ANY OTHER BUSINESS

### David Garbutt, Chair

On behalf of the Board, Eddie Frizzell thanked the Chair, who had reached the end of his appointment with the Service. Speaking on behalf of Board members, past and present, he acknowledged the Chair's skills of leading the Board by example, and getting through significant items of business, in an open and inclusive manner. His commitment to the Service had always been obvious and this was recognised by all members through his leadership of the Board. On a personal note, he thanked the Chair for always being approachable, pragmatic and good humoured.

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Tom Steele's appointment was effective from 1 June 2018 and Board members looked forward to welcoming him to the Service.

#### **ITEM 21 DATE OF NEXT MEETING**

The next meeting is on Wednesday 27 June 2018. This is a special meeting to approve the Annual Accounts.

The Chair thanked Board members for their contribution and closed the meeting.

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