



**Scottish  
Ambulance  
Service**  
*Taking Care to the Patient*



## **NOT PROTECTIVELY MARKED**

# **MINUTES OF THE 177<sup>TH</sup> PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD**

**10.00 A.M. ON WEDNESDAY 27 NOVEMBER 2019  
ROOM G2:12, 1 SOUTH GYLE CRESCENT, EDINBURGH, EH12 9EB**

### **Present:**

Board members: Tom Steele, Chair (Chair)  
Julie Carter, Director of Finance, Logistics & Strategy  
Stuart Currie, Non Executive Director  
Pauline Howie, Chief Executive  
Cecil Meiklejohn, Non Executive Director  
Irene Oldfather, Non Executive Director & Vice Chair  
Carol Sinclair, Non Executive Director  
Madeline Smith, Non Executive Director  
Dr Francis Tierney, Non Executive Director  
Martin Togneri, Non Executive Director  
Dr Jim Ward, Medical Director

Regular attendees: Lewis Campbell, Regional Director, East  
Linda Douglas, Director of Human Resources and Organisational Development  
Garry Fraser, Regional Director, West  
Lindsey Ralph, Board Secretary (minutes)  
Milne Weir, Regional Director, North (from Item 05)

In Attendance: John Burnham, Associate Director of Care Quality & Professional Development  
Mark Hannan, Head of Corporate Affairs and Engagement  
John Perritt, Risk Manager (Item 07)  
Susan Wilson, Head of Infection Prevention and Control (Item 13)

## **WELCOME AND INTRODUCTION**

The Chair welcomed everyone to the 177<sup>th</sup> Scottish Ambulance Service Board meeting. Apologies were noted from John Riggins, Employee Director, Claire Pearce, Director of Care Quality and Professional Development and Paul Bassett, Director, National Operations.

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## **ITEM 01 PATIENT STORY**

Board members were shown a film by a patient with brittle bones who had an assistance dog to help support her with every day activities. The patient had taken a fall when her wheelchair hit a pothole. The attending crew had transferred the patient to the ambulance and allowed her dog to travel with her which helped her to feel calm. The crew had reassured the patient all the time and she commended them for their approach by asking her permission before they had engaged with her dog. She highlighted that in her experience it was rare for health professionals to do this.

In response to questions from Board members, it was noted that although there was no formal training in place for dealing with patients with assistance dogs, there were a number of positive initiatives in place across the Service such as therapy dogs visiting students and staff at the Ambulance Control Centre and Academy.

Board members agreed that this patient experience story was a good example of how the Service could use feedback from patients and the public for staff awareness and training purposes. John Burnham advised he would discuss how this feedback could be used in the training curriculum with the Head of Education and Training.

The Chair recorded that the Board's thanks would be conveyed to the patient for sharing her story.

## **ITEM 02 MINUTES OF MEETING HELD ON 25 SEPTEMBER 2019**

Board members approved the minutes.

## **ITEM 03 MATTERS ARISING**

Board members noted that items 173/6/8 and 173/9/14 had been completed and it was agreed that these would be removed. It was agreed the target date for item 176/5/5(ii) would be extended to January 2020.

Julie Carter provided an update on item 176/5/5(ii) and advised that the recent Digital Health Board meeting had focused on innovation and the ICT work plan would be presented to the meeting in February 2020. Martin Togneri, Chair of Clinical Governance was satisfied that with the assurance received from the Director that it remained on the agenda the target date could be extended to March 2020.

## **ITEM 04 DECLARATION OF INTERESTS**

The following standing declarations were noted: -

Non Executive Directors standing declarations-

- Martin Togneri - Non Executive Director NHS 24
- Irene Oldfather - Director of Scotland's Health and Social Care Alliance
- Madeline Smith – Non Executive Director and Vice Chair, NHS 24 and Non Executive Director, Digital Health and Care Institute
- Carol Sinclair - Associate Director, NHS National Services Scotland (on secondment to Scottish Government Scottish National Investment Bank from November 2019 to July 2020)

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Milne Weir joined the meeting.

## **ITEM 05 TOWARDS 2020: TAKING CARE TO THE PATIENT AND QUALITY IMPROVEMENT**

Pauline Howie provided a summary from the paper of the Service's progress to transform the way it delivered services and shift the balance of care in to more community and primary settings.

Board members were pleased to note that despite significant demand challenges across the wider health system, the Service continued to save more lives.

Board members noted that in October 2019, over 36% of patients were managed safely at home or an alternative to the Emergency Department.

Jim Ward provided an update on progress with improvements from the clinical services transformation work stream. Board members were pleased to note that Card 45, which aimed to improve the accuracy of triage against the Service's response model for all non 999 activity received from health care professionals, had gone live across Scotland on 22 November.

Pauline Howie responded to Board members concerns about the ESN programme delayed timescales. Board members noted that following the Service's discussions at the Reform and Collaboration Group meeting on 21 November 2019 with Police Scotland and Scottish Fire and Rescue Service, it was agreed that the three services would write to Scottish Government to raise their concerns. Board members will be kept informed of developments.

Board members received assurance that the Service was on track for the delivery of recruitment and training targets for 2019-21 and noted progress with the Service's delivery of its first level leadership and management programme which would be rolled out to the wider team from the end of January 2020.

Francis Tierney asked for further information about the introduction of a Paramedic role focused on end of life care. Jim Ward explained that the Service was working closely with Macmillan Cancer and this role had been introduced aimed at identifying issues and agreeing education packages to improve the Service's response to patients on palliative pathways.

Francis Tierney asked for further information about Specialist Paramedics working in primary care. He understood that in some practices, GPs vetted calls to patients before the Specialist Paramedic attended, which he considered was an extra step which could delay the response. Jim Ward confirmed that there was an overarching Memo of Understanding in relation to clinical support and shared governance. He added that while there was no policy in place for calls to be vetted by a GP, there would be variance in local governance arrangements which professionals working in a GP practice would be aligned to.

Stuart Currie asked if the Service had a strategy to achieve the same level of consistency in GP practices for how Specialist Paramedics were deployed, coached and mentored. Jim Ward confirmed that GP practices in primary care held independent contractor status and it would therefore be challenging for the Service to impose or request a level of consistency. The Service was however aiming to improve consistency through the commissioning framework, with a clear scope of the Specialist Paramedic role within primary care.

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Madeline Smith referred to the increase in hear and treat performance. While she was fully supportive of this work, she asked if the Service did any follow up to check if calls that were passed to NHS 24 were fully resolved through the hear and treat process. Jim Ward reported that between 210-225 calls a day were passed to NHS 24 with around 8-12% of these being returned to the Service. He advised that the Ambulance Control Centre reviewed calls that were returned to assess the most appropriate response and the impact and outcome for patients.

The Chair sought assurance about the governance arrangements in relation to hear and treat. Jim Ward confirmed that the triage processes for both the Service and NHS 24 were robust and underpinned by guidance and he described the planned activities in development. Board members noted the main priority was to progress work on the data interface which would provide further opportunities to enhance clinical outcomes and patient experience for people with low acuity conditions.

To provide further assurance to Board members, it was agreed that Madeline Smith and Martin Togneri, in their respective roles as Chair of the Clinical Governance Committee in NHS 24 and the Service, would arrange a review of the governance arrangements in relation to hear and treat.

Irene Oldfather asked for a completion date for the Service's Clinical Data Set Development work in relation to the electronic patient report completion quality framework. Jim Ward reported that full implementation was expected by 1 April 2020.

Pauline Howie reminded Board members that there was an open invitation to visit the Ambulance Control Centre Clinical Hub, or to observe a shift with a Specialist Paramedic, to directly experience progress with the developments and improvement work that the Service was undertaking to shift the balance of care.

**Action:**

1. **Madeline Smith and Martin Togneri** - in their respective roles as Chair of the Clinical Governance Committee in NHS 24 and the Service, would arrange a review of the governance arrangements in relation to hear and treat.

**ITEM 06 BOARD QUALITY INDICATORS PERFORMANCE REPORT**

Pauline Howie provided a summary of the report and highlighted that emergency demand continued at levels the Service had not experienced before with the numbers of incidents the Service was responding to increasing year on year.

Board members noted:

- The Service's work to save more lives from cardiac arrest continued to deliver improved results in October 2019, with 57.1% of patients in VF/VT arrest arrived at hospital with a pulse, against an aim of 45%.
- The Service continued to reliably implement the pre-hospital stroke bundle with 98.1% compliance in October 2019.
- Monthly compliance with the recorded use of the PVC insertion care bundle had been sustained above the quality improvement aim of 95% for the past 20 months.

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- The introduction of Card 45 would more closely align the triage of calls from healthcare professionals with 999 demand, to respond and also reduce the risk to both groups of calls.
- A further 56 Ambulance Care Assistant training places had been offered to new recruits in November and December to fill vacancies and provide additional capacity over the winter period. The aim was to improve service delivery for patients and provide capacity to handle low acuity level, same day unscheduled care patients, easing the pressure on A&E resources.
- Sickness absence levels remained a concern and work continued with Executive Team oversight to enhance support initiatives and ensure effective management of absence across the Service.

Board members were pleased to note that the Service was maintaining its clinical performance despite the pressures being experienced across the whole system. The Service was working in partnership with Health Boards across Scotland to help manage patient flow across the system and to try and reduce hospital turnaround times to free up ambulance resources to attend patients.

Pauline Howie reported that the Service was working with the wider health system to better understand the cause for the increased unscheduled care attendances and how people were accessing services.

Board members noted that the Service's contingency plans had been invoked more regularly than was normal for this time of year and Pauline Howie thanked staff for their continued efforts to maintain patient care. It was agreed that the Service's Resource Escalatory Action Plan (REAP) plan would be shared with Board members.

The Chair invited Jim Ward to describe the current position in relation to purple and red incidents response which were above the standard. Board members noted that despite the increased pressures in the system, the Service continued to identify and dispatch resources to purple calls, the highest priority calls, as quickly as possible. While performance against the purple median standard of 6 minutes had slightly increased and was being closely monitored, the Service remained within target for the 90<sup>th</sup> percentile standard. Performance for red incidents response remained outwith the median and 90<sup>th</sup> percentile standard due to an increase of 22.3% in red incidents when compared to the same period last year. The Service was reviewing these calls to identify the cause of the increase.

Martin Togneri asked if the Service could provide any further statistical analysis to help inform Board members how much the deterioration in performance was contributed to by the increase in demand and absence levels. Jim Ward referred to the demand and capacity modelling work that had been undertaken and Julie Carter advised that work was progressing through the best value group to forecast shift coverage to end March 2020 based on abstractions and this would help inform workforce planning and assumptions.

Irene Oldfather asked for an update on the reported absence rate to end August 2019 and whether this continued to increase. Regional Directors confirmed that they had seen an improved position in recent weeks. Lewis Campbell advised that staff health and wellbeing remained a priority for the Service and one of the aims of the Demand and Capacity review was to ensure the right resources were in the right place at the right time which would in turn reduce the number of shift overruns and improve meal break compliance.

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Cecil Meiklejohn advised that it was important that there was a collaborative approach across NHS Scotland that looked at the wider health care system to understand what the triggers were to start the winter challenges at such an early stage and where the interventions needed to focus. Pauline Howie confirmed that the National Unscheduled Care Advisory Group were working to link data across the whole system to understand why people accessed the services the way that they did.

Board members agreed that given the Service was moving in to the winter period where it was anticipated pressures would continue, it would be helpful to receive an interim update from the Executive Team on performance in advance of the formal report to the Board in January 2020.

**Action:**

2. **Board Secretary** - to circulate the Service's Resource Escalatory Action Plan (REAP) plan to Board members.

John Perritt joined the meeting.

**ITEM 07 CORPORATE RISK REGISTER (PUBLIC) 2019-20**

Julie Carter and John Perritt provided a summary of the main points from the paper.

The Chair queried the Demand and Capacity Review risk level and it was agreed that the wording and scoring of this risk would be reviewed.

Following discussion, Board members: -

- Approved the updated Corporate Risk Register and agreed: -
  - that the Demand and Capacity Review risk level would be reviewed
  - timescales for the mitigation actions would be agreed and added to provide assurance to Board members that actions were being progressed
- Confirmed the corporate risk profile and risk appetite status
- Agreed the revised reporting format
- Agreed the appropriate assurance committees for each risk and the work required from each assurance group or committee to routinely report on actions and risk rating, with the addition of the Staff Governance Committee for Risk 4641.
- Noted that Board workshop would be held in February or March 2020 to review the Service's risk appetite and update the scoring methodology.
- Requested that page 5 of the paper was amended to reflect the correct date of the Audit Committee as 22 January 2020

Board members agreed the next step to incorporate this work in to the Service's updated Risk Management Policy due to be presented to the Board in January 2020 for approval.

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**Actions:**

3. **Director of Finance, Logistics & Strategy and Risk Manager** - to review the Corporate Risk Register to include timescales for the mitigating actions.
4. **Director of Finance, Logistics & Strategy and Risk Manager** - to add the Staff Governance Committee to the list of Assurance Committee/Groups for Risk 4641.
5. **Director of Finance Logistics & Strategy and Risk Manager** - to amend page 5 of the report to reflect the correct date of the Audit Committee as 22 January 2020.

John Perritt left the meeting.

**ITEM 08 SCHEDULE OF BOARD AND COMMITTEE MEETINGS 2020**

Board members approved the schedule of meetings.

**ITEM 09 STANDING FINANCIAL INSTRUCTIONS**

Julie Carter presented the revised Standing Financial Instructions which were reviewed by the Audit Committee at its meeting on 2 October 2019 and recommended to the Board for approval.

The Board approved the revised Standing Financial Instructions for publication.

**ITEM 10 FINANCIAL PERFORMANCE**

Julie Carter provided a summary of the main points from the paper. Board members noted: -

- the financial position to end October 2019 showed a deficit of £1.9 million against a trajectory of £1.4 million.
- Efficiency savings of £5.1 million had been delivered against a target of £6.5 million for the period
- The financial forecast remained breakeven.

Madeline Smith referred to the superannuation employer contribution increase and asked why this had not been fully funded by Scottish Government. Julie Carter confirmed that this was the same across all Boards and the Service's full year funding shortfall was estimated at £0.6 million.

Board members noted the most significant risk related to the delivery of the efficiency plans and the assurance given that the Service remained on track to achieve financial balance at year end.

**ITEM 11 NHS IN SCOTLAND, AUDITOR GENERAL'S REPORT**

Julie Carter highlighted that the report was circulated to Board members at the time of publication and the paper provided detail of the Service's work in progress to address the recommendations. Board members noted:-

- the key messages and recommendations from the report
- the Service's key considerations and actions in progress
- Updates would be provided through separate work streams reporting back through the appropriate governance committees.

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Julie Carter confirmed that Audit Scotland would be invited to attend the Audit Committee meeting in April and all Board members would be invited to this session.

## **ITEM 12 PERSON CENTRED CARE UPDATE**

Mark Hannan provided a summary of the paper. Board members noted the update on trends, themes and mitigating actions from patient and carer feedback, performance against the complaints handling standard and the update on cases being considered by the Scottish Public Service Ombudsman.

The Chair referred to the Clinical Governance Committee meeting on 7 November and asked Martin Togneri, Chair of the Committee, if there were any points he wanted to draw to the Board's attention. Martin Togneri reported that there had been a particular focus on Stage 2 complaints compliance and the actions being taken to improve this. He confirmed that the outputs from the Working Group, commissioned by the Director of Care Quality and Professional Development, would be reported back to the Committee.

Board members discussed the increase in the number of complaints in relation to delayed responses which were likely to further increase over the winter period as the Service prioritised calls to the sickest patients. Mark Hannan reported that the Service was progressing work to provide a quicker and more standardised response to complaints when it was known the delay was caused by increased demand pressures.

Madeline Smith referred to the Service's mental health strategy engagement work and received assurance that the Service would feed the outputs from this work in to the wider collaborative work with NHS 24 and Police Scotland.

Carol Sinclair suggested it would be useful for Board members to receive more narrative in future reports about how the Service responded to the feedback it received through its social media channels, for example, people being reunited with crews.

### **Action:**

- 6. Director of Care Quality and Professional Development** - to include more narrative in future papers about how the Service responded to the feedback it received through its social media channels.

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

Susan Wilson joined the meeting and highlighted the main points from the paper. Board members noted that the Service's overall compliance remained strong and hand hygiene compliance remained above target in all regions in September and October.

Carol Sinclair highlighted that the numbers should be removed from the data points in the charts to ensure consistency in the way the Service reported its data.

### **Action:**

- 7. Director of Care Quality and Professional Development** - to remove the numbers from the data points in the charts for future reports to ensure consistency in the way the Service reported its data.

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Susan Wilson left the meeting.

#### **ITEM 14 GOOD GOVERNANCE SELF ASSESSMENT ACTION PLAN UPDATE**

Board members reviewed the report and agreed that the Service had embedded many of the actions in to business as usual. The Chair advised that he would meet with the Board Secretary and Chairs of the Governance Committees to review progress on the specific actions related to the Committee business and provide an update to the Board in January 2020.

##### **Action:**

8. **Board Secretary** - to arrange a meeting with Chair and Chairs of the Governance Committees to review progress on the specific actions related to Committee business.

#### **ITEM 15 CHAIR'S VERBAL REPORT**

The Chair reported that a meeting with the Cabinet Secretary had taken place as a follow up to previous discussion about the Service's clinical response model and to report back on the engagement work over the summer. A further meeting would be arranged in January 2020 to discuss proposals for a revised performance measurement framework for the Service.

The Chair reported on recent visits he had undertaken including the opening of the Scottish Fire and Ambulance Community Station in Shetland with the Chief Executive, a visit to staff in Mull and Scotland's Charity Air Ambulance.

The Chair referred to the Staff Recognition and Awards event held on 21 November 2019 and thanked the Executive Team and everyone involved for their efforts in organising such a successful event.

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

Board members were provided with an update of matters not covered on the agenda and recent meetings attended by the Chief Executive. Board members noted:-

- The Service's 2030 Strategy Development discussion paper was being reviewed following feedback from Board members in October and would form the basis for discussions with various stakeholders.
- The Service's Mid Year Review with Scottish Government would be held on 19 December.
- The Service had appointed Lyndsay Lauder as Director of Workforce with effect from 1 January 2020.
- The Service's recruitment process for the Director of Care Quality and Professional Development was complete and Frances Dodds, currently the Associate Nurse Director at NHS Lanarkshire, had been appointed to the role on a 12 month secondment.

In response to a question from Martin Togneri, Pauline Howie confirmed that Julie Carter was the Executive team lead for strategy development.

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## **ITEM 17 AUDIT COMMITTEE MINUTES AND VERBAL REPORT**

Board members noted the minutes of 13 June 2019. Carol Sinclair, Chair of Committee, provided a verbal update of the meeting held on 2 October 2019 and Board members noted the Committee:-

- Reviewed internal reports related to Corporate Performance Reporting and Overtime and Rostering Controls.
- Received the Internal Audit Follow Up report and Audit Status update.
- Received a comprehensive report on Best Value providing assurance to the Committee that actions were being progressed and delivered.
- Discussed standing item reports on Information Governance, Fraud and Risk Management. Counter Fraud Services had been invited to attend the Audit Committee meeting in January 2020.
- Received assurance that appropriate action was being taken to progress the National Board Collaboration Finance Target Operating Plan.
- Reviewed the Corporate Risk Register and risk arrangements and had a detailed discussion about the assurance mapping work that was being developed.
- Reviewed the revised Standing Financial Instructions and Capital Policy and recommended these for approval by the Board at its meeting in November 2019.

## **ITEM 18 CLINICAL GOVERNANCE COMMITTEE MINUTES AND VERBAL REPORT**

Board members noted the approved minutes 5 September 2019. Martin Togneri, Chair of Committee, provided a verbal update of the meeting held on 7 November 2019 and Board members noted the Committee: -

- Received the refreshed Clinical Governance Framework for 2019-21 which was approved by the Committee and would be reviewed on a 2 year cycle.
- Agreed a list of future 'hot topics' for discussion by the Committee and agreed these would be added to the work plan for 2020/21.
- Received a presentation on patient experience with a specific focus on learning from adverse events.
- Discussed the complaints compliance performance and improvements and noted the outputs from the working group would be reported back to the Committee.
- Discussed Scottish Public Services Ombudsman (SPSO) cases and the Service's process for progressing any learning from its own recommendations prior to receiving the outcome SPSO.
- Noted the change in reporting arrangements for Significant Adverse Event Reviews to Healthcare Improvement Scotland from 1 January 2020.
- Approved the Terms of Reference for the Public Advisory Group, which would be a sub Committee of the Clinical Governance Committee.
- Received update reports from Clinical Services Transformation Programme, Education and Infection Prevention and Control and noted the current position in relation to the Personal Protection Equipment.

## **ITEM 19 BOARD DEVELOPMENT REPORT - OCTOBER 2019**

The Board noted the report.

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## **ITEM 20 ANY OTHER BUSINESS**

### **Director of Human Resources and Organisational Development**

The Chair confirmed that this was Linda Douglas' last Board meeting. On behalf of the Board he thanked Linda for her contribution on the development of the Service's ambitious workforce plan, leadership development programme and effective partnership working over the past 3 years.

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

The next meeting will be held at 10.00 a.m. on 29 January 2020.

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