



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



NOT PROTECTIVELY MARKED

MINUTES OF THE 187TH PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

10.30 A.M. ON WEDNESDAY 31 MARCH 2021

VIRTUAL MEETING BY MS TEAMS

To observe Scottish Government guidelines on social distancing and protect public health, the Board meeting is being held by MS Teams. The agenda and papers are available on our website www.scottishambulance.com

Present:

Board members: Tom Steele, Chair (Chair)
Julie Carter, Director of Finance, Logistics & Strategy
Stuart Currie, Non Executive Director
Pauline Howie, Chief Executive
Liz Humphreys, Non Executive Director (from item 04)
Cecil Meiklejohn, Non Executive Director
Irene Oldfather, Non Executive Director & Vice Chair
John Riggins, Employee Director
Carol Sinclair, Non Executive Director (from item 04)
Madeline Smith, Non Executive Director
Dr Francis Tierney, Non Executive Director
Martin Togneri, Non Executive Director
Dr Jim Ward, Medical Director

Regular attendees: Paul Bassett, Director, National Operations
Garry Fraser, Regional Director, West
Mark Hannan, Head of Corporate Affairs & Engagement
Lyndsay Lauder, Director of Workforce
Frances Dodd, Director of Care Quality & Professional Development
Lindsey Ralph, Board Secretary
David Robertson, Regional Director, East
Milne Weir, Regional Director, North
In Attendance: Sarah Stevenson, Risk Manager (Item 06)
Ann Tobin, HR Manager, Equalities (Item 07)

WELCOME AND INTRODUCTION

The Chair welcomed everyone to the 187th Scottish Ambulance Service Board meeting and no apologies were noted.

Doc: Public Board minutes 2021-03-31_approved	Page 1	Author: Board Secretary
Date: 2021-05-26	Version 1.0	Review Date: -

ITEM 01 PATIENT STORY

Board members received a link to a video of a patient story in advance of the meeting. The patient, a Community First Responder with the Service, described the treatment and care he received from Paramedic Lauren Kohler and Technician Toby Lee, after he suffered a stroke at home. Through his training, the patient quickly understood what was happening to him but experienced dysphasia and was not able to verbalise this. The stroke consultant who treated the patient at hospital highlighted the crews actions in the chain of response and through the pre-alert to hospital, ensured the patient received definitive interventions and treatments within the recommended timeframes.

Jim Ward described the Service's work in collaboration with the wider Stroke Improvement Team and thanked the patient for sharing his story, which provided valuable and insightful feedback in to the symptom evolution from the patient's perspective.

Carol Sinclair noted that the care and compassion shown by the crew had clearly been part of the patient's positive experience and asked if there was any wider learning for the Service about how crews respond to people who were aware of what was happening to them but were unable to verbalise it.

Garry Fraser advised that crews were taught as people are going in to a level of unconsciousness they can still hear and referred to the softer skills crews applied through good communication and recognition of signs and symptoms to understand what was going on. To reassure patients at these distressing times they would often use methods such as asking a patient to squeeze their hand or close their eyes in response to questions if they were able to do so.

Stuart Currie agreed this was an important issue for many people who were unable to verbalise where their pain was for a variety of reasons, and asked if the Service had considered the use of an App, where the patient would be shown a screen and could indicate where they were feeling pain. Frances Dodd advised that the Service was reviewing the option of using an App and had been in contact with the Welsh Ambulance Service who had already progressed this work.

Board members were delighted to hear about the patient's recovery and noted that Mark Hannan would pass on the thanks of the Board to the patient and stroke consultant for sharing their story.

ITEM 02 DECLARATION OF INTERESTS

The following declarations were noted: -

- Martin Togneri - Non Executive Director, NHS 24
- Irene Oldfather - Director of Scotland's Health and Social Care Alliance and Member, Flu Vaccination and COVID-19 Vaccination Programme Board (FCVC)
- Madeline Smith – Non Executive Director and Vice Chair, NHS 24 and Board member, Digital Health and Care Institute
- Carol Sinclair - Associate Director, Public Health Scotland and Trustee, Scotland's Charity Air Ambulance
- Liz Humphreys - Non Executive Director, Public Health Scotland
- Stuart Currie, Non Executive Director, State Hospital

Doc: Public Board minutes 2021-03-31_approved	Page 2	Author: Board Secretary
Date: 2021-05-26	Version 1.0	Review Date: -

ITEM 03 MINUTES OF MEETING HELD ON 27 JANUARY 2021

The minutes were approved.

ITEM 04 MATTERS ARISING

Board members approved the removal of Matters Arising 184/9/9, 186/5/5i and 186/5/5ii and the extension of the target date for item 184/7/6iii to May 2021.

ITEM 05 BOARD QUALITY INDICATORS AND PERFORMANCE REPORT

The Chair provided feedback on his annual private meeting with Non-Executive Directors on 30 March, held as part of the Service's good governance arrangements. He referred to the Service's highest risk on the public Corporate Risk Register related to demand and capacity and advised that the Board was pleased to note the establishment of a Demand and Capacity Programme Board, with Non Executive Director representation on its membership. Discussion at the private session had primarily focused on the Board's concerns related to the consequences of this risk. He welcomed the paper which provided a clear indication of the activities underway for improvement and said it would be helpful for the Board to have further clarity about which of these activities would have the greatest improvement impact in the short term. He advised the Board was keen to support the Executive Team in finding an appropriate approach to resolution of these challenges.

Pauline Howie thanked the Chair for his feedback and advised that the last few months had been the most complex and challenging time she had experienced in 30 years of working in health and social care. She described the activities progressed across all performance aims during the reporting period which included:-

- significant planning for the EU exit
- winter planning and preparedness
- responding to a rise in new COVID-19 infections post December 2020.
- an ambitious vaccination programme and recruitment for the mobile testing capability which had doubled within a short timeframe.

In that context she was pleased to report that the Service's clinical performance aims had been maintained and 40% of patients continued to be cared for in local community based settings, avoiding hospital conveyance where this was the best option for the patient. She was also pleased to advise that the National Out of Hospital Cardiac Arrest Strategy 2021- 2026 was published on 24 March, and the Service was at the centre of operationalising many of the strategy's aims to further improve OHCA survival rates for cardiac arrest to 15% over the next 5 years.

Pauline Howie referred to progress of the demand and capacity programme which would improve patient and staff experience, patient outcomes and staff wellbeing and advised that the Service was progressing its recruitment and training programme, following a brief pause in January, to ensure that it could enhance its organisational resilience as Scotland started to emerge from the pandemic.

In response to a question from the Chair, Pauline Howie informed Board members that the Service's Demand and Capacity Programme Board was established to specifically focus on increasing capacity and ensuring existing capacity best matched demand. A separate Short

Doc: Public Board minutes 2021-03-31_approved	Page 3	Author: Board Secretary
Date: 2021-05-26	Version 1.0	Review Date: -

Life Working Group on response time improvement, was part of the work plan for the Performance and Planning Steering Group to look at specific areas of improvement beyond demand and capacity.

In response to questions from Board members about the increase in hospital turnaround times, Pauline Howie reported that these continued to be extremely challenging and there were recent issues experienced in north region. She advised that hospital turnaround times was the main increase in service time which impacted response times across all categories. She referred to the diverse communities across Scotland and advised that the Pareto analysis was varied as a result of this. The Service had therefore asked ORH to identify the top 3 key variables so the Service could target any interventions that were within its control and influence any wider system interventions required.

The Chair invited Milne Weir to provide an update on hospital turnaround times at Aberdeen Royal Infirmary which had been increasing since October 2020. Milne Weir described the actions that had been agreed which included an updated and more responsive escalation plan and a commitment to work collaboratively to make improvements. He was also looking at how the Service continued to access professional to professional support and where it was able to access alternative patient care pathways within the community through the flow navigation centres as alternatives to ED attendance.

Stuart Currie referred to a whole system approach to address these challenges and with a surge in demand expected as COVID-19 restrictions in Scotland were eased, he asked how the issue of increased hospital turnaround times and impact on patient and staff experience was feeding in to the overall remobilisation plan for NHS Scotland.

Pauline Howie referred to the working group that Jim Ward was leading on in conjunction with Scottish Government related to hospital turnaround times from a patient safety perspective, the benefits from the flow navigation centres as a single point of access to community based pathways and the whole system approach to the redesign of urgent care. She reported that the next phase of this redesign work had a dedicated workstream on accessing more community pathways for ambulance clinicians to refer to. The Service was also involved in the Health and Social Care Winter Recovery Planning Group which aimed to ensure a joined up approach across the whole system.

Reflecting on the whole system approach, Irene Oldfather referred to the impact of increased hospital turnaround times on patient experience and asked if there was further opportunity to look at how this was being measured through a patient prism to ensure the whole patient journey and experience was being captured.

Pauline Howie referred to whole system patient experience and outcome measures and advised that the Service had joined up data through the Unscheduled Care Datamart and she described work in progress to develop a whole system performance framework as part of the redesign of urgent care programme of work.

Carol Sinclair reflected on the Board's discussion around hospital turnaround times and the need for regional improvement plans as there was no single Pareto analysis that would allow the Service to implement a system wide improvement plan. She asked if a QI approach could create a greater sense of shared ownership. Milne Weir, as lead of the Short Life Working Group on response time improvements described the quality improvement approach that underpinned this work to identify and drive forward improvements on a whole system basis.

Doc: Public Board minutes 2021-03-31_approved	Page 4	Author: Board Secretary
Date: 2021-05-26	Version 1.0	Review Date: -

The Chair invited Lyndsay Lauder to provide an update on the Health and Wellbeing Strategy implementation plan in the context of the increased hospital turnaround times and staff experience. Board members noted that there had been a slight decline in rest break compliance and a number of initiatives had been introduced such as providing hot food and drinks to crews when they were waiting extended time at hospital sites.

In response to a question from Francis Tierney about the demand charts and the difference between calls and incidents reported, Pauline Howie advised that the Service would often receive more than one call from members of the public related to the same incident, particularly where incidents happened in a public place.

Referring to enabling technology, Martin Togneri noted the ESN programme update and asked for further information about the potential workarounds to the issues in the software and whether these incurred additional costs.

Julie Carter and Paul Bassett confirmed that this was symptomatic of the Service moving to the first phase of ESN and a national and UK wide system across every ambulance service. Board members noted that local nuances had been picked up about how different ambulance services worked and how these could be changed around the standard system. There had been a number of different workarounds that ambulance services had done and the reference in the paper related to work that the Service had now resolved.

Francis Tierney asked for further information about the static ambulance locations and it was noted that these tend to be co-located with fire stations, spaces within local health centres or other venues that provided staff with the opportunity to refresh.

Board members **noted** the paper and acknowledged the pace and scale of the work that had been progressed by the Executive Team and thanked them for their sustained efforts during such challenges times.

ITEM 06 CORPORATE RISK REGISTER (PUBLIC)

Sarah Stevenson joined the meeting for this item and provided a summary of the main changes in the paper.

The Chair referred to the Service's feedback letter from the Sharing Intelligence for Health & Social Care Group that was published on 29 March and emailed to members. Board members agreed that the letter contributed to assurance by providing further information to triangulate.

The Chair thanked Sarah Stevenson for the improvement work she had progressed and noted that the new risk regarding resilience in ACC demonstrated that the escalation of risks through the Performance and Planning Steering Group to the Board was effective.

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

- Risk ID 4651 – this risk related to demand and capacity and the mitigating action descriptors were being reviewed at the Performance and Planning Steering Group risk workshop in April to ensure these captured the latest position with the establishment of the Demand and Capacity Programme Board and business case addendum ready for Board approval.

Doc: Public Board minutes 2021-03-31_approved	Page 5	Author: Board Secretary
Date: 2021-05-26	Version 1.0	Review Date: -

- Risk ID 3852 – the reciprocal arrangements that the Service had in place with other services was implied in the business continuity plans referenced in the current mitigating controls.
- Weekly COVID-19 winter response reporting had been stood down and the residual risks from the register had been assigned to departments or operational risk registers across the Service.

Madeline Smith referred to Risk ID 3852 and while it was focused on ACC and technology, she sought assurance that the Executive Team was confident that it had the investment in its estates capacity to support planned growth. Julie Carter provided assurance that this risk did not relate to any investment shortfall or financial estates issues. She referred to estates and the ongoing developments, collaborative opportunities and the link to demand and capacity. At this time, this was not a risk that required to be escalated to the Corporate Risk Register.

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

ITEM 07 EQUALITIES MAINSTREAMING REPORT 2021

Ann Tobin joined the meeting for this item.

Lyndsay Lauder provided a summary of the main points in the paper and Board members welcomed the report and noted it had been endorsed by the Staff Governance Committee in advance of the Board meeting.

The Chair thanked Irene Oldfather who raised further areas she considered should be included in the forward programme of work, such as a mechanism for identifying and supporting staff who were unpaid carers and people experiencing long COVID. The Director of Workforce and HR Manager, Equalities would include these areas in the future programme of work.

Following a suggestion by Lyndsay Lauder, the Chair confirmed that Equalities would be an item for discussion at the August Board Development session and this would enable further areas suggested by Board members to be explored in more detail.

Liz Humphreys noted the ambitious list of commitments which the Board would want to maintain oversight of. She advised that she was working with the Director of Workforce and the Director of Care Quality and Professional Development to develop the Service’s cultural improvement work, and the integration of this report would form part of this work.

The Chair thanked Ann Tobin for her work to develop the report and Board members **approved** the report for publication on the Service’s website by 30 April 2021.

ITEM 08 REVIEW OF REVISED CORPORATE GOVERNANCE ARRANGEMENTS COVID-19

Board members reviewed the paper and agreed to pause the weekly Board update reports given that the Board and Governance Committees were meeting as scheduled and the immediate pressures of the pandemic were subsiding. The Chair advised should the current position change, these arrangements would be reviewed and re-established.

Doc: Public Board minutes 2021-03-31_approved	Page 6	Author: Board Secretary
Date: 2021-05-26	Version 1.0	Review Date: -

Board members noted that the emergency powers related to COVID-19 would remain in place across Scotland until at least 30 June 2021.

Board members **approved** the existing revised arrangements with no revisions requested.

ITEM 09 FINANCIAL PERFORMANCE

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

- The financial position showed a deficit of £0.1 million against a trajectory deficit of £1.0 million.
- Funding for COVID-19 was announced by Scottish Government on 29th September 2020, to support the first tranche of the COVID-19 funds. The second tranche funding was also confirmed at the end of December 2020 - this included the funding for the unachieved efficiency savings.
- Efficiency savings of £10.5 million had been delivered against a target of £11.0 million for the period. This included £2.0 million of efficiency savings that could not be delivered due to COVID-19 but had been offset by additional SG Funding.
- Additional expenditure of £15.5 million had been incurred in this period as a result of the Service's COVID-19 mobilisation plan and offset against the funding confirmed.
- The full year financial forecast remained a break-even position.

The Chair thanked the Director of Finance, Logistics and Strategy for providing the Board with a clear position of the challenges throughout the year to achieve financial balance.

Board members **noted** the report.

ITEM 10 PERSON CENTRED CARE UPDATE

Frances Dodd provided a summary of the main points from the paper.

Board members noted that the Service had now completed two pilots of the Engagement guide and toolbox on falls and COPD pathways and the results of these trials would be available at the end of March.

In preparation for the Service's launch of the new whistleblowing arrangements, the Chair thanked Liz Humphreys, Non Executive Whistleblowing champion for her presentation to Non Executive Directors on 30 March. Frances Dodd referred to the range of infrastructure elements that had been put in place and provided assurance to Board members of the preparations progressed for the launch on 1 April 2021 to promote a healthy workforce and a culture built on openness, transparency and accountability. Liz Humphreys recorded her thanks to Frances Dodd and Lyndsay Lauder for their efforts to ensure the Service had comprehensive arrangements in place, despite the challenges of the pandemic.

Following points raised by Irene Oldfather and Carol Sinclair related to the SPSO cases, it was agreed that Board members required further assurance on the status of the recommendations, particularly when there was an extended time period from the date the SPSO had completed their review and the Service's actions were completed. Mark Hannan advised that some actions would have protracted timescales due to their complexity and he would ensure that future reports provided further information to provide assurance to Board members and closed items were removed from the tracker.

Doc: Public Board minutes 2021-03-31_approved	Page 7	Author: Board Secretary
Date: 2021-05-26	Version 1.0	Review Date: -

Actions:

Director of Care Quality and Professional Development –

1. to review the SPSO tracker for future reports and provide further assurance on any actions that had an extended time period from the date the SPSO had completed their review.
2. remove closed actions from the tracker.

Board members **noted** the report.

ITEM 11 PATIENT AND STAFF SAFETY - HEALTHCARE ASSOCIATED INFECTION REPORT

Frances Dodd provided a summary of the key points from the paper and highlighted the challenges with delivering the programme of work due to the ongoing pandemic.

Board members discussed the paper and noted that the Service continued to comply with National HAI standards and the National Infection Prevention and Control Manual and the actions taken to mitigate risk, including the transfer of deliverables to 2021/22 work programme. Overall compliance with the recorded use of the PVC insertion care bundle was being consistently sustained above the aim of 95%.

Cecil Meiklejohn asked how the Service would maintain the level of infection control required as the pandemic pressures eased with the potential risk that people became more complacent. Frances Dodd assured Board members that the Service had significantly enhanced the provision of PPE, infection control awareness, education and training and staff understood the risks were significantly different than pre-COVID. The Service was continuing to focus its efforts around local ownership engagement and activities.

Board members **noted** the paper.

ITEM 12 CHAIR'S VERBAL REPORT

The Chair gave a verbal update on recent meetings and activity during the report period.

The Chair advised that at a recent meeting of the national board Chairs, the Public Health Minister had recorded her thanks to the Service for the effective and critical work being carried out by the MTUs to support the pandemic response, which he had shared with the team.

ITEM 13 CHIEF EXECUTIVE'S VERBAL REPORT

Pauline Howie provided an update on meetings attended and matters not covered on the agenda. Board members noted:-

- The Service had given evidence at the Health and Sport Committee on 2 February 2021.
- The Service's Resilience Committee had met and discussed its approach to managing cyber risk and gained assurance from the latest self-assessment around standards of resilience and enhancing capability work.
- The Executive team met with the Scottish Government sponsor team to discuss the Service's draft Remobilisation plan 2021/22, draft Financial Plan 2021/22, Demand and Capacity programme and Health and Wellbeing plan.

Doc: Public Board minutes 2021-03-31_approved	Page 8	Author: Board Secretary
Date: 2021-05-26	Version 1.0	Review Date: -

- A special meeting of the Service's Senior Leadership team was held on 25 February 2021 and they undertook a deep dive of the Pulse survey results. The key actions from this were being reported through the Staff Governance Committee.
- Prince William, Earl of Strathearn had joined the NHS Chief Executive's group where the Chief Executive had provided an update on the Service's work which included remote triage, air ambulance improvements for COVID-19 patients and mental health.
- The Chief Executive had represented NHS Chief Executives at the Public Sector Leadership Summit on Race Equality in Employment.
- Co-chaired the Scottish Partnership Forum where the TUC Dying to Work charter to support people with terminal illness had been approved.

The Chair informed Board members that the Chief Executive's term as Chair of the NHS Scotland Chief Executive's group would end on 31 March 2021 and thanked her for the work she had progressed across the wider NHS Scotland health and social care on behalf of this group.

ITEM 14 STAFF GOVERNANCE COMMITTEE

Board members noted the approved minutes of 9 December 2020. Madeline Smith, Chair of the Committee provided verbal feedback from the meeting on 18 March 2021.

Board members noted the Committee:-

- Discussed a special topic on the new Whistleblowing arrangements which come in to effect on 1 April 2021
- Received a progress update on the Staff Governance Action Plan 2020/21
- Reviewed the Workforce Vector of Measures, Workforce Risk Register and Internal Audit Actions follow up
- Received progress updates on the Service's OD plan, Workforce Health and Wellbeing Road map update, Health and Safety, Demand and capacity programme, Workforce Plan 2021/24, Education and Training and staff experience
- Endorsed the Service's Equalities Mainstreaming Report 2021 for Board approval
- Approved the Service's Equal Pay statement and Gender Pay Gap Information 2021
- Received an update on Partnership from the Employee Director
- Reviewed the workforce communications and engagement update

Board members **noted** the update.

ITEM 15 CLINICAL GOVERNANCE COMMITTEE

Board members noted the approved minutes of 5 November 2020. Martin Togneri provided verbal feedback from the meeting held on 15 February 2021.

Board members noted the Committee: -

- Welcomed Robert Mason, patient representative to his first meeting
- In accordance with revised governance arrangements, noted items that were deferred to the May meeting and the need to ensure internal audit actions were being progressed
- Approved the Committee Work Plan for 2021
- Approved the Service's Involving People Strategy with final feedback to be incorporated and circulated electronically to Committee members

Doc: Public Board minutes 2021-03-31_approved	Page 9	Author: Board Secretary
Date: 2021-05-26	Version 1.0	Review Date: -

- Received an update on patient experience and learning from events and agreed that the presentation of SAER information presented to the committee would be reviewed by the Medical Director with refreshed reporting to the Committee in May
- Reviewed the Clinical Risk Register
- Reviewed the clinical governance and patient safety report
- Received an update on infection prevention and control
- Received an update on the Service's work related to the whistleblowing processes that would be effective from 1 April 2021
- Noted minutes of Medicines Management Group, Research and Development Group, National Clinical Operational Governance Group and Public Protection Assurance Group.

Board members **noted** the update.

Item 16 - BOARD DEVELOPMENT REPORT - FEBRUARY 2021

Board members **noted** the report.

ITEM 17 ANY OTHER BUSINESS

No items were raised.

ITEM 18 DATE OF NEXT MEETING

The Board will meet at 10.00 a.m. on Wednesday 26 May 2021.

Doc: Public Board minutes 2021-03-31_approved	Page 10	Author: Board Secretary
Date: 2021-05-26	Version 1.0	Review Date: -