



NOT PROTECTIVELY MARKED

MINUTES OF THE 198TH PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

1000 HOURS ON WEDNESDAY 28 SEPTEMBER 2022

MS TEAMS

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 Whistleblowing
- John McGuigan, Non Executive Director
- Irene Oldfather, Non Executive Director & Vice Chair
- John Riggins, Employee Director
- Carol Sinclair, Non Executive Director
- Madeline Smith, Non Executive Director
- Dr Francis Tierney, Non Executive Director
- Dr Jim Ward, Medical Director

Regular attendees:

- Paul Bassett, Chief Operating Officer/Deputy Chief Executive
- Kenny Freeburn, Regional Director, East
- Mark Hannan, Head of Corporate Affairs & Engagement
- Avril Keen, Director of Workforce
- Stephen Massetti, Director, National Operations
- Lindsey Ralph, Board Secretary
- David Robertson, Regional Director, West
- Milne Weir, Regional Director, North

In Attendance:

- Rebecca Board, Risk Manager (Item 06)
- Lorraine McAffer, Head of Estates (Item 07)
- John Baker, General Manager, ICT (Item 08)
- Roslyn Scott, Head of ICT Development and Training (Item 08)
- Katy Barclay, Head of Business Intelligence (Item 08)
- Paul Gowen, Associate Director, Research & Innovation (Item 09)
- Adam Lloyd, National Research & Innovation Manager (Item 09)
- Jennifer Brown, Research & Innovation Coordinator (Item 09)
- Liam Coughlan, Head of Programmes (Item 10)
- Sarah Freeman, Head of Infection Prevention and Control (Item 14)

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WELCOME AND INTRODUCTION

The Chair welcomed everyone to the 198th Scottish Ambulance Service Board meeting. Apologies were noted from Cecil Meiklejohn, Non Executive Director.

ITEM 01 PATIENT STORY

Board members viewed the patient story in advance of the meeting where Tiree resident, Ann MacDonald, Director of Scottish Islands Federation, shared her experience of the air ambulance service and described the fantastic care her son had received after he had anaphylactic shock while visiting a friend's house. She spoke about the multidisciplinary approach of clinical care her son received before he was transferred from Tiree to Glasgow by the paediatric team, where he had made a swift recovery as a result of the treatment he received. She said that the community relied heavily on the air ambulance service and it was a lifeline to island living.

Pauline Howie referred to the Service's work to establish ScotSTAR in 2014 to bring together the Scottish Neonatal Transport Service, the Emergency Medical Retrieval Service (Adults) and the Scottish Paediatric Retrieval Service into one specialist service. She said the Service was now developing rotational roles for Advanced Practitioners in ScotSTAR and this was a model the Service was keen to explore further in terms of future workforce supply given the international-wide shortage of paediatric skills.

In response to points raised by Stuart Currie about the challenges of access to emergency medical services associated with remote island living, Pauline Howie described the innovative ideas and feedback that emerged from people living or working in remote island communities to look at different ways to design health services for the future, using available resources to best effect. She reported that feedback from staff and residents on her recent staff engagement visits to Benbecula and Barra was that air ambulance service provided a level of assurance to the vulnerability residents could feel from living on a remote island.

Pauline Howie informed Board members that the Associate Medical Director of ScotSTAR, Drew Inglis, was retiring from the Service in October 2022 and she acknowledged the significant contribution he had made during his appointment in developing the ScotSTAR service.

The Chair thanked the family for sharing their experience with the Board which highlighted the vital lifeline the air ambulance service provided for remote and rural communities across Scotland.

ITEM 02 DECLARATION OF INTERESTS

The following standing declarations were noted: -

- Irene Oldfather - Director of Scotland's Health and Social Care Alliance and Member, Flu Vaccination and Covid-19 Vaccination Programme Board (FCVC)
- Madeline Smith – Board member, Digital Health and Care Innovation Centre
- Carol Sinclair – Trustee, Scotland's Charity Air Ambulance
- Liz Humphreys - Non Executive Director, Public Health Scotland and member of the Audit and Accountability Committee of the Police Investigations and Review Commission

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- Stuart Currie, Non Executive Director, State Hospital

Regular attendee

- Paul Bassett, Trustee, Scotland's Charity Air Ambulance

New standing declarations were noted:-

- Stuart Currie in his role as Vice-Chair of the Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland
- Carol Sinclair, in her role as Strategic Data Adviser, Digital Health and Care, Scottish Government.

ITEM 03 MINUTES OF MEETING HELD ON 27 JULY 2022

Board members approved the minutes.

ITEM 04 MATTERS ARISING

Board members noted matters arising item 197/5/06 which remained on track for completion by November 2022.

ITEM 05 BOARD QUALITY INDICATORS AND PERFORMANCE REPORT

The Chair reported that the health and care system remained under immense pressure and he thanked the Executive Team for the detailed report that provided assurance to the Board of the Service's sustained focus to identify and progress improvement work and the actions to mitigate its highest level of risks. He invited the Chief Executive and Directors to provide updates focused on the areas that would make the greatest impact to patient care and staff wellbeing improvements.

Pauline Howie highlighted that the report included revised performance measures that were discussed at the Board Development session in August 2022. She provided a summary of performance during the reporting period and informed Board members that while unscheduled care demand was in line with the Service's trajectories, patient acuity continued to remain higher than what the Service had experienced pre-pandemic.

Board members discussed the Service's performance and were pleased to note that more lives continued to be saved despite the ongoing pressures in the system, with survival rates of the most time critically unwell patients continuing to improve. Improvement had also been seen in the purple category response times and in reducing delays for less seriously unwell patients. The Service continued to help more patients receive the right care, in the right place at the right time through its hear, see and treat programme, with performance remaining above the combined aim of 40%.

Pauline Howie described the actions being taken by the Service in preparation for the winter period. This included building on experience in recent months around the Service's clinical triage arrangements in the Ambulance Control Centres. Jim Ward described the Service's work to enhance its integrated Clinical Hub model, to support patients presenting via 999 calls with urgent care needs to ensure they were directed to the most appropriate place for care. He reported that approximately 20-30% of these calls did not require an ambulance response and could be signposted to alternative pathways of care such as the community falls team. He

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explained that the hub consisted of a range of clinicians including Clinical Advisors, Advanced Practitioners and GPs and he described the wider work ongoing with Health Boards to develop the Flow Navigation Centres and access to local care pathways.

Pauline Howie reported that scheduled care demand was in line with the Service's expectations, however there were fewer journeys than pre covid given the restrictions in prevention of infection control arrangements that were still in place and new ways of working such as Near Me appointments. The Service was progressing work to ensure it was maximising this capacity to best effect for people most in need of this service, such as renal and oncology patients.

Board members noted that response times were close to the Service's improvement trajectories and while the Service did not have a direct comparison, Pauline Howie reported that the mean average response time to Category 1 calls in ambulance services in England was slightly above 9 minutes, compared to the Service's median performance for purple incidents which was slightly above 7 minutes.

Pauline Howie reported that the most significant challenge being experienced by all UK ambulance services remained extended hospital turnaround times. She informed Board members that a presentation given at the recent Ambulance Leadership Forum event had highlighted the patient harm risks associated with ambulances queueing at hospitals through lived experience of families sharing their personal stories. There were 4 key factors identified that could make the greatest difference; culture and leadership, alternatives to emergency departments, rapid assessment and treatment function for patients arriving and good patient flow, which were all priority areas of focus for the Service and NHS Boards.

Board members discussed the Service's preparations for winter which were considered extremely challenging in the context of extended hospital turnaround times, increased delayed discharges, backlog in elective care, deteriorating unscheduled care performance and the tight financial position. They noted the Service was working on managing its demand, mitigating its risks and trying to ensure it had enough capacity by continuing to progress its demand and capacity programme.

Given the Board's concerns about the ongoing risk related to extended hospital turnaround times, members sought assurance that there was a joint appreciation across Health Boards in NHS Scotland of the impact this had on patient experience and staff wellbeing. Pauline Howie confirmed the Service was working closely with Health Boards, sharing its data and patient and staff experience stories, to ensure there was a joint understanding of the extent of the clinical risks to patients who were in the communities waiting on an ambulance response or queued outside emergency departments. She requested the support of Non Executive Directors to ensure consistent messaging related to this key risk when engaging with their networks and it was agreed that a briefing note of the key points would be shared with Board members.

John McGuigan referred to the pace the Service was working in terms of spreading innovation and new ways of working and the positive impact this had. He asked if there was anything the Service required to scale up ahead of the winter pressures. Jim Ward referred to spread and innovation and said that the areas that were currently experiencing the most pressures were likely to remain under pressure over the winter period and the Service was focused on where it anticipated there would be the most benefit from improvements. He referred to the work related to flow navigation centres which was evolving beyond what had been envisaged through the Redesign of Urgent Care programme to support the whole system flow.

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Francis Tierney asked for further information about the Integrated Communications Control System and whether the proposed workaround referred to in the paper was acceptable. Paul Bassett advised that due to the requirement for live testing, it was unlikely that progress would be made until Spring 2023. This was being reported back to the Ambulance Radio Programme and Board members would be kept updated on developments.

Following points raised by John McGuigan and Francis Tierney regarding the collaborative work between the Service and NHS 24, it was noted that a joint Board workshop would be held with NHS 24 in November 2022 to discuss the areas of collaborative work that would have the highest impact and benefit for patient care and staff wellbeing.

The Chair thanked the Executive Team for the update which provided further assurance to the Board that the Service was reacting as best it could to the ongoing pressures.

Action:

1. **Chief Executive** – To provide a Board briefing note on the key messages related to Hospital Turnaround Times to Board members for engagement with their networks.

ITEM 06 CORPORATE RISK REGISTER (PUBLIC)

Rebecca Board joined the meeting for this item. Julie Carter provided a summary of the main points from the paper and Board members noted that risk owners had been asked to consider the impact of the mitigating actions described in the register on the risk tolerance and this would be reported to the Board from November 2022.

Carol Sinclair highlighted the important role of the Board Assurance Framework to provide the Board with the appropriate levels of assurance given the challenges and pressures that existed within the system. Each Board Standing Committee had risks assigned and the oversight to ensure that the mitigating actions were moving the risk to within tolerance levels. She advised that Committee Chairs required to be vigilant and focused to ensure that this was being reported to the Board through the minutes and assurance updates.

Liz Humphreys referred to Risk ID 4638 which related to the wider system pressures and requested that this risk more clearly described the potential impact on patient harm, particularly in relation to extended hospital turnaround times.

In response to questions from Board members related to the risk tolerance levels, it was noted that a Board workshop would be held in October 2022 to review the Board's risk appetite and tolerance levels.

The Chair noted that this was Rebecca Board's last meeting in her seconded role. He thanked her for her contribution over the last year and welcomed the improvements in the presentation of risk and the assurance provided at Board level that risks were being mitigated to best effect.

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

Action:

2. **Director of Finance, Logistics & Strategy** – Risk Manager to review Risk ID 4638 to ensure it more clearly described the potential impact on patient harm, particularly in relation to extended hospital turnaround times.

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ITEM 07 DRAFT SUSTAINABILITY STRATEGY

Lorraine McAffer joined the meeting for this item. Julie Carter provided a summary of the main points from the paper and highlighted that the Strategy reflected the recently released NHS Scotland Climate Change and Sustainability Strategy published in August 2022 and feedback from Irene Oldfather, Non Executive Director Climate Change and Sustainability Champion.

Following a request made by Irene Oldfather that the Board and Committee cover sheets included a link to the Sustainability Strategy, Julie Carter confirmed that this would be progressed by herself and the Board Secretary as part of the Service's Board Assurance Framework action plan.

Following points raised by Carol Sinclair and Madeline Smith, it was agreed that the Strategy would be amended to include:-

- references to the source of the information related to the percentage of the health service's carbon footprint directly apportioned to clinical choices and the circular economy processes.
- information about the link between the Board Climate Emergency and Sustainability Champion role and the governance reporting structure to be included.

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

Action:

3. **Director of Finance, Logistics & Strategy** – to amend the final version of the strategy to include references to the source of information related to percentage of the health service's carbon footprint directly apportioned to clinical choices and the circular economy processes and include information about the link between the Board Climate Emergency and Sustainability Champion role and the governance reporting structure.

ITEM 08 DRAFT DIGITAL AND DATA STRATEGY

John Baker, Roslyn Scott and Katy Barclay joined the meeting for this item. Julie Carter referred to the presentation at the Board Development session in August and confirmed that Board members' feedback had been reflected in the draft Strategy. The Strategy had been approved by the Digital Board prior to its submission to the Board.

Board members discussed the Strategy and the following amendments were agreed:-

- Page 17 - Vaccine passport apps would be amended to read vaccination status app
- Page 7 – workforce strategy to be amended to read people strategy
- Page 23, 2nd paragraph - table should read tablet

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

The Chair thanked the team for their work and looked forward to the significant role that digital and data would contribute to the Service's 2030 strategy. He paid a particular thanks to Roslyn Scott who was leaving the Service for the contribution she had made to progress work to this stage.

Action:

4. **Director of Finance, Logistics and Strategy** – to amend the final version of the strategy

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- Page 17 - Vaccine passport apps would be amended to vaccination status app
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- Page 23, 2nd paragraph – table should read tablet

ITEM 09 RESEARCH, DEVELOPMENT AND INNOVATION STRATEGY 2022-2030

Paul Gowens, Adam Lloyd and Jennifer Brown joined the meeting. Paul Gowens provided a summary of the main points from the draft Strategy which reflected feedback provided by Board members following discussion at the August Board Development session and stakeholders.

In response to a question from the Chair, Julie Carter provided clarification that, at this stage, the Board was not being asked to approve any specific funding related to this Strategy. She confirmed that any related funding requests for approval would be presented at the appropriate stage of the delivery of this Strategy.

The Chair referred to earlier discussions about the innovative work the Service was progressing to address challenges both within the Service and across the wider system. He referred to the potential positive impact this work would have on the Service's 2030 strategy ambitions to collaborate with partners to build the infrastructure, data and research necessary to deliver benefits to patients and staff.

The Chair thanked Paul Gowens and his team for their work to progress the Strategy to this stage.

The Board **approved** the Strategy.

ITEM 10 2030 STRATEGY AND GOVERNANCE REPORTING

Liam Coughlan joined the meeting for this item. Julie Carter referred to the Service's 2030 Strategy which was approved by the Board in July 2022 and was presented to this meeting for noting, in its final design format. The 2030 Strategy was being launched with stakeholders and the delivery and governance framework described the Service's portfolio approach.

The Chair welcomed the Board having early sight of the governance framework and noted that this would continue to evolve as the delivery of the strategy developed. He also welcomed the assurance that the work detailed in the portfolio boards had been aligned to the 2030 Board Assurance Framework to ensure clear linkages to the governance reporting mechanisms.

Madeline Smith referred to the 2030 Governance Structure diagram and said it would be helpful to show how the Service's Programme Boards that Non Executive Director representatives had oversight roles on were aligned to this structure.

In response to a further question from Madeline Smith, Liam Coughlan confirmed that the highlight reports that would be presented to the Board would detail how each portfolio workstream was delivering against the Service's 2030 strategic ambitions.

Carol Sinclair stated that it was important, in addition to the evaluation of individual strategies, that the Service undertook a collective cross review and evaluation of all strategies supporting the 2030 Strategy to provide a deeper level of assurance to the Board. The Chair agreed and considered it would be helpful for an external academic evaluation to be undertaken at the appropriate stage. Julie Carter confirmed that this would be built in to the 2030 Strategy Steering Group's work plan.

In response to points raised by Stuart Currie and John McGuigan, Pauline Howie described how the Service would ensure that its staff, key partners and stakeholders were kept updated

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about progress of the delivery of the strategic intents to ensure these were having the intended impact. She described the Board assurance mechanisms in place which included the Service's Annual Delivery Plan, that was approved by the Board and was pending feedback from Scottish Government, which detailed the specifics about what the Service expected to be different for patients and staff during the first year. The Service's Communications Plan provided a breakdown in to the specifics about what this would mean for different groups of stakeholders and how the key messages would be delivered.

The Chair thanked Julie Carter and Liam Coughlan for their updates and Board members

- **Noted** the final agreed strategy document after designer formatting
- **Approved** the 2030 governance and reporting structure
- **Noted** the template for the highlight reporting to the Board
- **Agreed** the principles for reporting and governance
- **Note** the meeting cadence.

Action:

5. **Director of Finance, Logistics & Strategy** - to show in the Governance Structure diagram how the Programme Boards that Non Executive Director representatives had oversight roles on were aligned to this structure.

ITEM 11 PATIENT EXPERIENCE ANNUAL REPORT 2020/21

Board members noted the report that was approved by the Clinical Governance Committee at its meeting on 15 August 2022.

Board members **approved** the Annual Report for publication.

ITEM 12 FINANCIAL PERFORMANCE TO 31 AUGUST 2022

Julie Carter provided a summary of the main points from the paper and Board members noted the financial position to end August 2022.

The Chair referred to the Service's ambitious Best Value programme and invited Julie Carter to provide assurance to the Board about its deliverability given the current context the Service was operating in. Julie Carter confirmed that the Service's financial trajectory anticipated that these savings would be achieved and a measurement framework was being finalised to present to the Best Value meeting in September 2022.

Stuart Currie referred to the current financial position across NHS Scotland and Board members agreed it was becoming more difficult for the Service to identify areas of efficiencies that did not impact on frontline services. Julie Carter reminded Board members that the Service's efficiency plans were driven by areas the Service had agreed to invest in to support patient care and staff wellbeing and were focused on the priorities that would make the greatest difference through new ways of working and continuous improvements.

Board members **noted** the financial position.

ITEM 13 PERSON CENTRED CARE UPDATE

Mark Hannan provided a summary of the main points from the paper and Board members noted patient experience activity, trends, themes and mitigating actions from patient feedback

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and performance against the complaints handling standard and cases being considered by the SPSO. Board members welcomed the continued improvement in compliance for Stage 1 and Stage 2 complaints.

In response to a question from the Chair, Mark Hannan confirmed that the Learning from Events Group deep dive of the top 3 complaints themes included further analysis related to the triage/referral to NHS 24 theme. The outcome of this work would be reported to the Clinical Governance Committee.

Irene Oldfather welcomed the Service's work to create a Lived Experience Forum with patients and service users to give insight and guidance to support the delivery of the Service's Mental Health Strategy. She advised that she would share the Health and Social Care Alliance Scotland report on 'Effecting Change – Evidencing Culture Change on Person Centred Care' when it was published in November which would provide helpful background to the Service.

Board members **noted** the update.

ITEM 14 PATIENT AND STAFF SAFETY HAI UPDATE

Sarah Freeman joined the meeting for this item.

Board members noted progress in the IPC Programme for 2022/23 and that performance against the HAI standard and overall compliance with Standard Infection Control Precautions continued to be sustained at a high level.

Board members noted the IPC team's monitoring of the Standard Infection Control Precautions at emergency departments was on track for completion by December 2022.

Board members **noted** the report.

ITEM 15 HEALTH AND WELLBEING UPDATE

Avril Keen provided a summary of the main points from the paper and confirmed that the quarter two milestones remained on track for completion by 30 September.

Board members noted that the outstanding milestone from quarter 1 had been completed following issue of the Board paper to members. Board members welcomed the news that the Service had received confirmation on 22 September 2022 that its leadership programme had been accredited by the Faculty of Medical and Leadership Management.

Irene Oldfather welcomed the format of the report and referred specifically to Action HE1. On her recent staff engagement visits, feedback from staff had highlighted issues around estates and given the financial challenges she asked if further consideration could be given for ways that the Service could find more creative ways to support this ambition. Julie Carter confirmed that this was being considered further. She reported that the Service was implementing its estates plan and had also submitted a bid to Scottish Government related to estates backlog maintenance for 13 stations and had received £360,000 in 2022/23 for this to be progressed.

Referring to the healthy culture workstream, Irene Oldfather was pleased to see progress with the Intelligent Kindness sessions which she considered was a great example of the Service's partnership working with the third sector.

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Liz Humphreys referred to the Healthy Culture workstream aim which included people feeling listened to and treated with dignity and respect and requested that detail was included in the actions to ensure this specific part of the aim was being tracked through with the actions.

Liz Humphreys advised that she had received assurance from the Director of Care Quality and Professional Development prior to her departure from the Service regarding the activities that would be progressed in support of the national 'Speak Up' week initiative and there would be communications to people in advance of this to raise awareness.

The Chair welcomed the report and requested that future updates focused on highlighting the areas of activity that had been progressed in the reporting period.

Actions

6. Director of Workforce to ensure

- Future reports highlighted the areas of activities that had been progressed in the reporting period.
- The Healthy Culture workstream aim included detail on the specific action related to people feeling listened to and treated with dignity and respect.

ITEM 16 CHAIR'S VERBAL REPORT

On behalf of the Board, the Chair recorded his thanks to all staff who worked on Operation Unicorn and to everyone who continued business as usual care for patients during this time.

Board members noted following the death of Her Majesty Queen Elizabeth II, the Chair had been privileged to represent the Service at the Motion of Condolences at Scottish Parliament and a reception thereafter where he met the King and Queen Consort, who spoke warmly about the ambulance service. The Chair and Chief Operating Officer had attended the Queen's funeral held at Westminster and both expressed their pride at representing the Service at such a historical event.

The Chair provided a verbal update on recent meetings attended and highlighted the National work he was involved in related to NHS Scotland's innovation programme and the National Volunteers Group. In the reporting period, this included

- Co-chairing the new Innovation Design Authority group meetings with the Chief Scientist, reporting to the Care and Wellbeing Board
- Member of the Ministerial Industry Life Sciences Group
- Meeting with Cabinet Secretary for Health and Social Care and co Chair of the Industry Life Sciences group
- Chairing the National Volunteers Group meeting and being keynote speaker at the Volunteers Conference.

Other activity included staff engagement visits in Edinburgh and being a key note speaker at the BASICs conference held on 2 and 3 September.

The Chair informed Board members that an extraordinary meeting of the Board would be scheduled before end December 2022 focused on the Service's preparations for the full implementation of the Health and Care (Staffing) (Scotland) in April 2024.

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ITEM 17 CHIEF EXECUTIVE'S UPDATE

Pauline Howie expressed her thanks to all staff for their efforts to ensure the successful delivery of Operation Unicorn, which had included detailed planning over some time by members of staff who had now retired from the Service. She advised that the Service would be undertaking an internal lessons learned debrief and be part of the wider multi-agency debrief.

Pauline Howie provided an update on the Service's engagement with ACAS related to rest break compliance, and highlighted the improvement work that was being progressed with staff partners, with a Programme Board now established which would report on progress through the Service's Staff Governance Committee.

Board members noted other areas of the Chief Executive's recent activity which included staff engagement visits, her participation in the Ambulance Leadership Forum Women in Leadership session, the Service's preparations for the Covid Public Inquiries and a meeting of National Boards to agree areas of collaboration related to digital data, mental health and workforce.

Board members noted that Emma Stirling had been appointed as Director of Care Quality and Professional Development and would start with the Service on 17 November 2022 and Andrew Cademy had recently been appointed as Associate Medical Director, ScotSTAR.

Board members were pleased to note that Rebecca Davidge, A&E Team Leader from Ayr Station had won an award at the recent Ambulance Leadership Forum for her work on innovation around care pathways.

ITEM 18 CLINICAL GOVERNANCE COMMITTEE

Board members noted the minutes of 16 May 2022 approved by the Committee on 15 August 2022 and an update from the meeting held on 1 September 2022 which included, the Committee:-

- Approved the Patient Experience Annual Report subject to minor amendments.
- Approved the Controlled Drugs Annual Report
- Received a hot topic presentation on the Service's High Intensity Users Project, and noted the aims of the project and the innovative and flexible approach in the delivery of person centred care.
- Discussed the Patient Experience and Learning from Events report and were assured by the improvements in complaints compliance as a result of the work undertaken by the Regions and ACC.
- Discussed Significant Adverse Events and noted that work was being undertaken to review the action tracker which would be presented to future Committee meetings to enable clear monitoring and tracking of actions.
- Noted that an updated Clinical Risk Register would be circulated to members post meeting.
- Discussed the Sharing Intelligence for Health and Care Group feedback letter and noted that no concerns were highlighted in relation to the Service which required additional action. Members also welcomed the key points that were highlighted in relation to the quality and management of finances and governance by the Service.
- Received an update on the Clinical Services Transformation Programme and welcomed the proposed reporting structure which would include the use of highlight reports to articulate the aims of the various clinical workstreams and their alignment to the 2030 strategy and also provide assurance across the range of work underway to deliver the Service's Annual Delivery Plan 2022/23.

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- Received updates on Infection Prevention and Control, Education, Internal Audit Risks and Actions, Clinical Governance Committee work plan 2022/23.
- Noted minutes of Clinical Assurance Group, Medicines Management, National Clinical Operational Governance Group and Public Protection Assurance Group.

ITEM 19 STAFF GOVERNANCE COMMITTEE

Board members noted the minutes of 20 June 2022 approved by the Committee on 1 September 2022 and an update from the meeting held on 1 September 2022 which included, the Committee:-

- Approved the updated Workforce Risk Register and agreed there were no risks that required escalation to the Corporate Risk Register.
- Approved the Workforce Equality Monitoring Report for 2021/22 for publication.
- Received a presentation on Workforce Risk Management as the special topic which highlighted the changes in the presentation of risk, and received assurance of the processes in place regarding the work of the Risk Management team to ensure risks were part of business as usual and a review of the risk registers in place across the Service.
- Noted the work being progressed to develop the Annual Staff Governance Monitoring return which would be circulated virtually for feedback and approval prior to submission to Scottish Government by 18 November.
- Reviewed the Workforce report and requested that TURAS and Learning in Practice were included within the report. The Director of Workforce to review the national and local data related to Team Leader Protected Time to ensure a consistent approach and provide supporting narrative to provide assurance to members on the plan to progress this work and resolve the variation in data reporting.
- Noted quarterly updates on the Health and Wellbeing Roadmap 2022/23, Health and Safety, Demand and Capacity Programme, OD Plan, Workforce Education and Training, Learning from Events Group, Partnership update and Recruitment Shared Services.

ITEM 20 BOARD DEVELOPMENT REPORT – 31 AUGUST 2022

Board members noted the report.

ITEM 21 DATE OF NEXT MEETING

10 am on Wednesday 30 November 2022 on MS teams.