



NOT PROTECTIVELY MARKED

MINUTES OF THE 199TH PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

1000 HOURS ON WEDNESDAY 30 NOVEMBER 2022

MS TEAMS

Present:

Board members: Irene Oldfather, Non Executive Director & Vice Chair (Chair)
 Julie Carter, Director of Finance, Logistics & Strategy
 Stuart Currie, Non Executive Director
 Pauline Howie, Chief Executive
 Liz Humphreys, Non Executive Director Whistleblowing
 Cecil Meiklejohn, Non Executive Director
 John McGuigan, Non Executive 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
 Lindsey Ralph, Board Secretary
 David Robertson, Regional Director, West
 Emma Stirling, Director of Care Quality & Professional Development
 Milne Weir, Regional Director, North

In Attendance: Karen Brogan, Associate Director of Strategy, Planning and Programmes (Item 06)
 Ewan Marshall, Programme Support (Item 06)
 Sarah Stevenson, Risk Manager (Item 07)
 Lynsey McCann, Business Continuity Manager (Item 09)
 Janette Telford, member of the public

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WELCOME AND INTRODUCTION

Board members noted in the absence of Tom Steele, Board Chair, the meeting would be chaired by Irene Oldfather, Vice Chair.

The Chair welcomed everyone to the 199th Scottish Ambulance Service Board meeting. Apologies were noted from Tom Steele, Chair, John Riggins, Non Executive Director and regular attendee, Stephen Massetti, Director, National Operations.

The Chair welcomed Emma Stirling, Director of Care Quality and Professional Development to her first Board meeting following her appointment to the Service in November 2022.

ITEM 01 PATIENT STORY

Board members viewed the patient experience video in advance of the meeting and noted that this had been filmed following a complaint from a patient's mother about the care her son had received from the Service.

Alan Martin, Patient Experience Manager and Jim Ward, Medical Director described the actions that had been taken by the Service in response to the complaint and the organisational learning that would be taken forward to ensure the family's poor experience formed part of the Service's learning through its education and training of staff. After hearing first hand about the impact that failing to demonstrate the Service's core values had on this family, Board members noted how the learning would be used to influence future practice in a positive way and ensure everyone accessing the Service was treated with care and compassion.

Board members noted that the Clinical Governance Committee would receive more detailed analysis of complaints related to attitude and behaviour at its meeting in February 2023. The Chair suggested that this could be a topic for discussion at a future Board Development session and the Board Secretary confirmed this would be added to the work plan for 2023/24.

Board members expressed their thanks to the patient's mother for her strength and courage to share her experience with the Board. The Chair advised that he would share the outcome of the Board discussion with her following the meeting.

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) and Vice Chair, Domestic Advisory Group (DAG), Trade and Cooperation Agreement with the European Union.
- Madeline Smith – Board member, Digital Health and Care Innovation Centre
- Carol Sinclair – Strategic Data Adviser, Digital Health and Care, Scottish Government and 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
- Stuart Currie Non Executive Director, State Hospital and Vice Chair of the Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland by SG.
- Paul Bassett - Trustee, Scotland's Charity Air Ambulance

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ITEM 03 MINUTES OF MEETING HELD ON 28 SEPTEMBER 2022

Board members approved the minutes.

ITEM 04 MATTERS ARISING

Board members approved the removal of matters arising 197/5/06, 198/5/05, 198/6/06, 198/6/07, 198/7/08 and 198/8/10.

ITEM 05 BOARD QUALITY INDICATORS AND PERFORMANCE REPORT

Pauline Howie reported that the Service had enhanced its clinical performance reporting and the paper included new performance measures on cardiac arrest, trauma and stroke and she thanked everyone involved for progressing this work. Board members welcomed the enhancements being made to Board performance reporting and noted the ongoing process as the Service continued to join up its data to further understand the impact on patient outcomes.

Pauline Howie provided an update on current matters and Board members noted that notwithstanding the additional investment in resources through the Service's Demand and Capacity programme, which remained on track, the overriding and immediate issue facing the Service was the lengthening hospital turnaround times. As noted in the paper, these had reached a national average of almost one hour. While this issue was not unique to Scotland, Board members noted the Service continued to do extensive improvement work at a local and national level to support the wider system pressures of improving flow and to share best practice for areas of improvement.

Board members agreed that this issue remained a top risk, not only for patients waiting on an ambulance response in communities but also for patients who were waiting in ambulances outside of hospital sites and for staff wellbeing. There was also significant additional financial costs related to this as a result of extended shift overruns.

Pauline Howie reported that Scottish Government had appointed an Interim Director of Social Care Resilience who was working with partnerships at a local level to try to understand what the specific local issues in relation to Delayed Discharges were and to ensure that Scottish Government was doing all it could to support these being resolved, whether these related to workforce challenges, identifying bed availability, or the interpretation of existing legislation that people might need support with.

Pauline Howie reported on specific short term improvements that the Service was making ahead of winter. These included the increased establishment in the Service's clinical hub, enhanced triage arrangements and the 'call before you convey' arrangements in the flow navigation centres. These were helping to ensure that the Service was only transporting patients who were critically ill to reduce unnecessary conveyance and pressures on emergency departments. The Service's non conveyance rate in October was 49.1% which was made up of patients being managed at point of call or at scene. The Service also had additional emergency drivers and bank staff support for surge capacity during the winter period and was doing extensive work in terms of patient safety netting through its clinical support hub.

Pauline Howie reported that the longer term issues related to preventative and proactive care and community asset building and while this paper focused on the immediate performance and

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quality issues, the paper that would be discussed at Item 06 on the agenda, focused on the longer term work that was being done with patients, communities and partners.

Board members discussed the risks related to patient safety and staff wellbeing from the extended hospital turnaround times. Stuart Currie expressed his concern that the Service would not realise the benefits from the additional Scottish Government funding it had received for its Demand and Capacity Programme due to the wider external system pressures, and in particular the increased hospital turnaround times, which absorbed these additional resources. He asked how the benefits of this funding was being tracked and if Scottish Government recognised the impact this had on the Service's original business case.

Pauline Howie assured Board members that there was now wide spread recognition of the impact on the Service both within Scottish Government and at a local health board level. While the hospital turnaround times continued to deteriorate, she reminded Board members that the paper reported the national average figure, and there were specific local initiatives that were having a positive impact and the Service was continuing to share any learning from these across the system. The Demand and Capacity Programme Board was tracking the variables and evaluating the impact of changes to these.

Pauline Howie reminded Board members that due to the very constrained financial position across NHS Scotland, the Service's preferred option for its Demand and Capacity Programme had been deemed unaffordable by Scottish Government. The Service had therefore received funding based on the original business case which had an average hospital turnaround time of 30 minutes. Given that the national average was currently reaching 60 minutes, this significantly reduced the additional Service capacity that had been built in through the demand and capacity programme. Given the current financial climate, it was unlikely that there would be any significant additional funding going forward in to 2023/24. She informed Board members that the Service was therefore reviewing its response model and how it worked in relation to the wider urgent and unscheduled care system across Scotland to ensure the model was safe, effective and affordable for the future. She said that this intensive work was being progressed by the Executive Team and would be presented to the Board in early 2023.

Following points raised by Non Executive Directors, Board members discussed the challenges being experienced in the social care sector and the impact this had on hospital flow and emergency department attendances. The Service was considering any further initiatives that could be implemented to increase its non conveyance rate which was having a positive impact on reducing unnecessary attendance at emergency departments.

Following a point raised by Madeline Smith, Board members noted the organisational risk related to staff wellbeing with staff feeling more fatigued and levels of sickness absence increasing ahead of the winter pressures

Carol Sinclair asked how the Service evaluated its multiple tests of change and initiatives on an individual basis and to understand how these acted collectively to create an overall improvement for the performance of the Service and the wider system. She asked where this was being reviewed within the Service's governance structure to enable the Board to take assurance that the Executive Team and senior leaders were actively learning and evaluating to ensure the Board was assured about the areas that were having the greatest impact on improvement. Jim Ward advised that a Strategy transformation paper would be presented to the Clinical Governance Committee in February 2023 which would report in to the Board.

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In response to points raised by Cecil Meiklejohn in relation to the risks associated with the challenges being experienced in the social care sector, Jim Ward referred to less visible areas of risk which included patients waiting extended times in communities for an ambulance response due to resources not being available to respond and people who were waiting on social care needs assessments and becoming more vulnerable and presenting as part of the urgent and emergency care system. Emma Stirling added that there was an opportunity through the Health and Care Staffing programme to look more broadly at the wider patient safety quality assurance impact measures and she was keen to progress this work. It was noted that Jim Ward and Cecil Meiklejohn would meet to discuss this in more detail and explore the possibilities of further work between the Service and the social care system to ensure people received the right response, in the right place at the right time.

Following a point raised by Francis Tierney, it was noted that the typographical error in the second paragraph on page 4 of the paper would be amended to read 'available'.

The Chair thanked the Executive Team for the updates provided at the meeting and Board members noted performance against the key metrics to end October 2022 and the actions being taken for improvement.

ITEM 06 DEVELOPING OUR 2030 STRATEGY – PORTFOLIO UPDATES

Karen Brogan and Euan Marshall joined the meeting for this item.

Pauline Howie highlighted that this was the first Board paper in this format that reported progress and provided assurance to the Board in relation to the delivery of the 2030 Strategy. She advised that the report would be streamlined and condensed in to one paper for future reports. She referred to the current status of progress within the portfolio workstreams and advised that there were no issues or risks to raise with the Board at this stage. She thanked Julie Carter and Karen Brogan and their team for their work in preparing the paper. Given the context that the Service was currently operating in, she considered significant progress had been made and thanked all staff for their efforts in progressing delivery of the Service's strategy.

Karen Brogan provided a summary of the main points from the paper. Board members welcomed the significant work that had been progressed in the reporting period and following feedback from Non Executive Directors, it was agreed that there were mixed views on the level of detail required for future reports. The Chair provided a summary of this feedback and highlighted that it would be helpful for the Board to receive a focused summary report which included additional detail on any specific challenges, emerging issues, risks or impact to timelines in achieving the strategic aims and objectives and the specific action required by the Board at each meeting. Following a point raised by Madeline Smith, it was agreed that in addition to progress it would be helpful to include impact evaluation measures to evidence the improvements being made and to include an overarching timeline for the plan for 6-12 months ahead.

Julie Carter and Karen Brogan confirmed that this feedback from Board members would be progressed and the team would also consider options for Board members to easily access more detailed information about the progress of each portfolio of work, that would be presented to the 2030 Strategy Steering Group, should they find this helpful.

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Karen Brogan confirmed that the report had not yet been linked back to the Service's strategic vision statement to save more lives, improving the health and wellbeing of our workforce and reducing inequalities and this would be progressed for the next Board report.

Action:-

- 1. Director of Finance, Logistics & Strategy and Associate Director of Strategy, Planning and Programmes** – to reflect the Board's feedback for the next version of the report (a focused summary report which included additional detail on any specific challenges, emerging issues, risks, impact to timelines in achieving the strategic aims and objectives, the inclusion of impact evaluation measures, an overarching timeline for the next 6-12 months, and the specific action required by the Board at each meeting).

The Chair thanked Karen Brogan and Ewan Marshall for attending the meeting.

ITEM 07 CORPORATE RISK REGISTER (PUBLIC)

Sarah Stevenson, Risk Manager, joined the meeting for this item. The Chair reported that the papers being presented to the Board at this meeting, and the verbal updates provided by the Executive Team, provided a high level of assurance to the Board on the Service's actions to mitigate against its corporate risks.

Sarah Stevenson confirmed that all risks had been reviewed and updated and as discussed at the Board's Development session in October 2022 she had updated the template on the risks on a page and included links to the 2030 Strategy ambitions, linked across all the other Corporate Risks and a performance over time chart.

Stuart Currie referred to the external risks to the Service from the impact of wider system pressures and the increased risk of patient harm as a result of the extended hospital turnaround times and considered this should be more clearly articulated within the corporate risk register. Pauline Howie agreed that these should be more clearly articulated in the 'resulting in' section and this would be progressed through the appropriate governance route to the Board. She reported that there was a specific clinical and care governance risk register and Jim Ward advised that it had been updated for the Clinical Governance Committee meeting in November and the meeting had included a hot topic item about managing and reducing harm to patients related to extended hospital turnaround times. He advised that the Committee reviewed its risk register and would escalate any risks to the Board as required.

Liz Humphreys welcomed the work being progressed in the presentation of the paper, however, she found it difficult to clearly pick out for each of the risks where the appetite fitted with the risk assessment and tolerance levels. She suggested it would be helpful if the Board could be presented with an indication of the team's assessment in the context of the questions posed on page 9 of the paper. She also considered it would be helpful if risk appetite could be included in table 8 of the 'risk on a page'. It was agreed that she would meet with Julie Carter and Sarah Stevenson out with the meeting to discuss her feedback in more detail.

Board members **approved** the Corporate Risk Register and noted the actions in place and the assurance being received that risks were being controlled effectively.

Actions:-

- 2. Director of Finance, Logistics & Strategy and Risk Manager** – to reflect the external risks to the Service from the impact of wider system pressures more clearly in the 'resulting

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in' section and progress these through the appropriate governance route to the Board's Corporate Risk Register.

- 3. Director of Finance, Logistics & Strategy and Risk Manager** – to meet with Liz Humphreys, Non Executive Director to discuss her feedback on the Corporate Risk Register in more detail.

Carol Sinclair left the meeting.

ITEM 08 3 YEAR WORKFORCE PLAN

Avril Keen provided a summary of the paper and noted that following approval by the Board at its meeting in July 2022, feedback had been received from Scottish Government, and minor amendments were made to the plan as indicated on the cover sheet. The plan was presented to the Board in its final version for approval, prior to publication.

Board members **approved** the final version of the plan. The Chair thanked Avril Keen and her team for their work to progress this and Board members welcomed the positive feedback received from Scottish Government.

ITEM 09 WINTER PLAN

Lynsey McCann, Business Continuity Manager, joined the meeting for this item.

Paul Bassett provided a summary of the main points from the paper which provided assurance to the Board that post winter debriefs 2021/22 were held with the Executive Team and core groups. Board members noted the Service's compliance with the completion of Scottish Government's request for all Boards to complete the Winter Readiness Statement of Assurance, the additional key areas of risks identified, the Winter 2022/23 checklist and feedback on the Winter Planning Exercise.

Following a question from Madeline Smith about the requirement for Boards to link with wider winter plans and engage with the Service and NHS 24 to improve system resilience, Paul Bassett provided assurance to the Board that there was robust engagement with health boards partners and there was a shared level of understanding at a local level in relation to action planning and how some of the challenges were being mitigated.

Following a further point from Madeline Smith about staff wellbeing challenges given that staff were frequently delayed at hospital sites and unable to return to station for meal breaks, Paul Bassett advised that there was an agreement through HR Directors that welfare provisions were available at those hospital sites experiencing the greatest challenges as an interim solution. He advised that the Service's Incident Management Team and Regional Cells would be operating through the winter period and the Service would continue to adapt and change to meet the challenges to maintain service delivery, patient safety and staff wellbeing as effectively as possible.

The Chair thanked Lynsey McCann for her work coordinating the plan.

Board members **approved** the Winter Plan.

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ITEM 10 BOARD SCHEDULE OF MEETINGS 2023

The Chair presented the paper and Board members **approved** the Board Schedule of meetings 2023.

ITEM 11 FINANCIAL PERFORMANCE TO 31 OCTOBER 2022

Julie Carter provided a summary of the main points from the paper and Board members noted the financial position which showed

- A deficit of £7.6 million against a trajectory deficit of £1.8 million.
- Additional COVID-19 (including Vaccinations) expenditure of £7.1 million against a funding allocation of £3.6 million year to date has been incurred in this period. This shortfall in funding of £3.5 million year to date, was contributing to the current adverse finance position.
- Fuel costs were overspent by £2.0 million which was also contributing to this adverse position
- Local efficiency savings of £3.4 million had been delivered to date.
- Best value schemes identified National Programme plans of £6.3 million, which had been agreed and implementation had commenced.
- Use of non recurring savings/slippage of £2.06 million had been actioned to date.
- Total savings to date delivered, including non recurring were £6.9 million against a target of £7.2 million year to date.

Julie Carter confirmed that the Service's full year forecast break even position had assumed that the Service would receive additional COVID funding. The risk of this had increased given the wider financial challenges across health. She advised Board members that she was therefore now predicting a £5.5 million deficit at year end. She referred to the Service's 'back to balance' action plan that was being progressed to try and reduce the deficit as much as possible, however, given the organisational pressures she considered it was unlikely that the Service would achieve a break even position unless there was any additional funding allocated following the Scottish Budget announcement in December 2022. She reminded Board members that the overall 3 year financial framework, signed off by Scottish Government pre-pandemic, allowed Boards to carry forward a 1% deficit, provided it could be paid off over the 3 year period. Scottish Government was working with all NHS Scotland boards in a supportive and collaborative way given the financial challenges across the health system.

Board members discussed the challenging financial position and recognised the efforts of the Service to achieve its efficiency savings given the challenging context it had been working in.

Following points made by Stuart Currie and Madeline Smith, it was agreed that it would be helpful to Board members for the Service to demonstrate what the financial position would be if the additional measures and improvements that the Service had introduced to support pressures across the wider system had not been put in place.

Board members **noted** the current financial position and updated forecast, which was primarily driven by ongoing COVID pressures and reduced funding, the key risks and the actions being implemented in line with the Service's financial plan.

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ITEM 12 PERSON CENTRED CARE UPDATE

Emma Stirling provided a summary of the main points from the paper and Board members noted the update on patient experience activity, performance against the complaints handling standard and themes, improvements in Stage 1 complaints compliance in the reporting period, PFPI activity and the outcome of the SPSO cases. They noted that the level of complaints had stabilised back to pre pandemic level, with a reduction of around 35% in the reporting period.

Liz Humphreys welcomed the reference to engagement with the BAME communities and asked for further information about how the Service was addressing its equality strategic outcomes and engaging with all relevant groups. Emma Stirling and Mark Hannan described the engagement work related to BAME that was ongoing and the work underway with the mental health Lived experience groups and third sector parties around dementia strategy work. It was noted that Liz Humphreys and Emma Stirling would arrange to discuss this further out with the meeting.

Board members **noted** the update.

ITEM 13 PATIENT AND STAFF SAFETY HAI UPDATE

Emma Stirling provided a summary of the main points from the paper.

Board members noted performance against the HAI standard and overall compliance with the Standard Infection Control Precautions continued to be sustained, the development of an action plan for a review of the Infection Prevention and Control and progress with the review of ICC policies and guidance. Emma Stirling advised the IPC workforce strategic plan had been developed with a wide range of stakeholders and she recorded her thanks to Sarah Freeman and her team for progressing this work. Following feedback from stakeholders on the final version this would published in December 2022.

The Chair noted that Pauline Howie required to leave the meeting to attend a Scottish Government meeting on winter pressures and advised that Item 17 would be discussed next on the agenda.

ITEM 17 CHIEF EXECUTIVE'S UPDATE

Pauline Howie provided a verbal update to ensure Board members were sighted on recent activity. Board members noted

- The Service's Mid Year Review with the Cabinet Secretary for Health and Social Care was held on 16 November 2022 and the main items discussed included hospital turnaround times, the Service's financial position and its preparations for the pending industrial action. The Cabinet Secretary was very supportive of the Service's work to have a pre progression route for technicians to paramedics and the Service's work related to Glasgow South Station.
- The joint Board workshop with NHS 24 scheduled for 15 November 2022 had been rescheduled given the Service's focus on its preparations for industrial action and it would be held in early spring 2023.

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- The Service was contributing to the UK and Scottish COVID-19 Public Inquiries and had applied for Core Participant status for both Inquiries. This would allow the Service to describe its response and decision making related to any questions from the Inquiry that related specifically to the Service and its wider response as an emergency service and as part of NHS Scotland.

The Chair thanked Pauline Howie for her update and returned to Item 14 on the agenda.

Pauline Howie left the meeting.

ITEM 14 HEALTH AND WELLBEING UPDATE

Avril Keen provided a summary of the main points from the paper and Board members noted activity during the reporting period.

Following points raised by Board members, it was agreed:-

- An extra column would be added in to the Health and Wellbeing Road map to show how each area was being impact assessed to evidence improvements
- An update on the Health and Wellbeing Strategy evaluation would be presented to the Staff Governance Committee meeting in December.

Board members **noted** the update.

Action:

4. Director of Workforce – to include

- an extra column in the Health and Wellbeing Road map to show how each area was being impact assessed to evidence improvements
- An update on the Health and Wellbeing Strategy evaluation would be presented to the Staff Governance Committee meeting in December.

ITEM 15 SCOTSTAR AND AIR AMBULANCE UPDATE

Paul Bassett provided a summary of the main points from the paper and Board members noted the activity to 30 September 2022.

In response to a request from Francis Tierney for further information about the challenges detailed in the paper, and in particular related to service provision in rural areas, Paul Bassett described the Service's work related to Best Start, paediatric reviews and the Scottish Government led work related to the National Treatment Centres. He said that the Service was engaged in all strands of this work to consider the potential impacts where this may require additional resources or different ways of working. It was agreed that Paul Bassett would discuss this further with his team following the meeting and provide any further information related to these specific challenges out with the meeting.

Action:

- 5. Chief Operating Officer – to discuss the specific challenges related to service provision in rural areas with his team and provide any further information to Board members out with the meeting.**

ITEM 16 CHAIR'S VERBAL REPORT

In the absence of Tom Steele, Irene Oldfather, in her capacity as Chair of the meeting, informed Board members that Non Executive Directors, Carol Sinclair and Stuart Currie had been reappointed for a further term of 4 years from 1 July 2023 to 30 June 2027.

Stuart Currie thanked the Chair and Chief Executive for the continuation of the weekly Board reports provided to Non Executive Directors to ensure they were kept informed and updated on the ongoing challenges and pressures across the Service.

ITEM 18 CLINICAL GOVERNANCE COMMITTEE

Board members noted the minutes of 15 August 2022, approved by the Committee on 14 November 2022 and the key points from the meeting held on 14 November which were:-

The Committee

- Received a hot topic presentation from the Medical Director on the challenges, common system issues, risks and mitigations related to ambulance delays at emergency departments.
- Approved the Duty of Candour Annual Report 2021/22
- Approved the Committee's Work Plan for 2023 and agreed that quarterly Whistleblowing updates would be added to the workplan.
- Agreed the Committee dates for 2023 and noted these would be presented to the Board for approval in November.
- Discussed the Patient Experience and Learning from Events report and noted significant improvement in complaints compliance and welcomed the plans in place to formally integrate the Learning from Events Group in to the Clinical Governance Framework.
- Discussed the Clinical Governance and Patient Safety Report and took assurance from the overview on activities provided.
- Noted the Clinical Risk Register and updates on mental health, infection prevention and control, education, Clinical Services Transformation programme, Internal Audit risks and actions
- Noted the minutes from the Medicines Management Group, National Clinical Operational Governance Group and the Research Development and Innovation Group.

ITEM 19 AUDIT COMMITTEE

Board members noted the minutes of 16 June 2022 approved by Committee on 13 October 2022 and the key points from the meeting on 13 October which were:-

The Committee

- Approved changes to Sections 8, 9 and 10 of the Service's Standing Financial Instructions
- Discussed the Risk Management update and noted the addition of 3 new Corporate Risks and welcomed the inclusion of the assurance and review groups.
- Noted and discussed the findings of the Internal Audit report on Hospital Turnaround Escalation protocols.
- Noted the scope of the internal audit on Workforce and Data Integrity and agreed that as part of the audit process the final report would be presented to the Staff Governance Committee in December 2022.

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- Noted progress with Internal Audit follow up and status report which was slightly behind schedule due to the system pressures and received assurance that work was ongoing to complete the plan by the end of the financial year.
- Received an update on progress against the Audit Committee Self Assessment Action Plan and welcomed completion of all actions within the plan.
- Noted updates on information governance, prevention of fraud, best value programme and recruitment shared service.

ITEM 20 BOARD DEVELOPMENT REPORT – 26 OCTOBER 2022

Board members noted the report.

ITEM 21 DATE OF NEXT MEETING

10 am on Wednesday 25 January 2023 on MS Teams.

The Chair thanked members for their participation and closed the meeting.