



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



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MINUTES OF THE 186TH PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

10.30 A.M. ON WEDNESDAY 27 JANUARY 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 videoconference. 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: Lewis Campbell, Regional Director, East
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, General Manager, Ambulance Control Centre
Milne Weir, Regional Director, North

In Attendance: Sarah Stevenson, Risk Manager (Item 06)

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ITEM1 WELCOME AND INTRODUCTION

The Chair welcomed everyone to the 186th Scottish Ambulance Service Board meeting and noted apologies from Paul Bassett, Director, National Operations and Garry Fraser, Regional Director, West. He advised Board members that Liz Humphreys and Carol Sinclair would be slightly late joining the meeting.

The Chair referred to the current pressures related to the pandemic and the review of the Board agenda to focus on the immediate and priority issues related to governance and assurance. He thanked Board members for submitting any points for clarification or questions that supported the scrutiny, oversight and assurance role of the Board in advance of the meeting. He also thanked the Executive Team for the quality of the papers provided for the meeting which supported the Board in its role of scrutiny and oversight.

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
- 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

The following new standing declarations were noted:-

- Stuart Currie - Non Executive Director, State Hospital from 1 February
- Irene Oldfather - Member, Flu Vaccination and COVID-19 Vaccination Programme Board (FCVC)

ITEM 03 MINUTES OF MEETING HELD ON 25 NOVEMBER 2020

The minutes were approved.

ITEM 04 MATTERS ARISING

Board members approved the removal of Matters Arising 184/7/6i, 184/7/6ii, 184/7/6iv, 184/09/10 and 184/10/12.

Board members approved the removal of Matters Arising 183/2/01 following an update from Jim Ward who confirmed that JRCALC guidelines had been updated in November 2020 with a section related to raising awareness of cardiac arrest as a result of Spontaneous Coronary Artery Dissection.

ITEM 05 BOARD QUALITY INDICATORS AND PERFORMANCE REPORT

Pauline Howie provided a summary of the paper and reported that she had received her first call about a query suspected COVID-19 patient on 26 January 2020; for the last 366 days the

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Service had been dealing with the global pandemic and the consequences to Scotland, with over 175,000 confirmed positive COVID-19 cases and 5,888 deaths in Scotland to date. Within the Service, there had been 673 staff tested positive and 2 staff deaths. She recorded her thanks to all members of staff for their magnificent resilience and response throughout the pandemic and recognised that every member of staff had been affected by the pandemic in some way. She reported that throughout the pandemic, the Service had done its best to protect patients with new and innovative ways of working and clinical outcomes for patients had remained within tolerance levels.

Board members were pleased to hear that cardiac arrest 30 day survival data was at the aim the Service had been striving for over many years and noted the related challenges and opportunities the Service had been pursuing related to this.

Pauline Howie explained that while it was anticipated that the number of transmitted cases had now peaked in Scotland in this wave of the pandemic, caution was needed as it would take further time for the associated pressures of admissions to hospitals, ICU admissions and reported deaths to reduce.

Board members noted performance to 31 December 2020 and while Service demand activity was 5% below pre COVID-19 levels, there were ongoing pressures related to increased hospital turnaround times and staff abstractions which were having an impact on the Service's response times. Non COVID-19 related sickness absence was lower than in previous years and Pauline Howie advised that due to changes to the shielding guidance at the end of December and the increased community transmission, COVID-19 related absence had increased during January and was currently at 5.63%.

Pauline Howie advised Board members that the Service continued to strengthen its redesign work and respond to patients' needs through alternative clinically safe pathways, both internally and across the wider system. Board members noted the improvements in falls pathway referrals with test sites in Dumfries and Galloway, Lanarkshire and Grampian and progress with the Advanced Practitioners model, which had evolved during the pandemic to reduce unnecessary attendances at emergency departments. The Service's current hear, see and treat rate was above 40%.

Pauline Howie referred to the Service's collaborative work aimed to minimise the impact of the deterioration of response times and to identify and progress any improvements that could be made against the challenging context. Milne Weir provided a summary of the actions being taken and Jim Ward provided further assurance to the Board about the Service's improvement work to optimise all elements of its chain of survival response. Board members noted the proposed enhanced improvements to high acuity calls through auto location which would reduce the time taken to deploy appropriate ambulance resources by providing the GPS location within close proximity of the caller. This proposal was currently being progressed through the Service's clinical governance route for approval.

Board members discussed the health and wellbeing of staff which remained a priority for the Service and noted the continued recruitment of additional staff through the £10.7 million additional investment in the Service's Demand and Capacity Business Case. Pauline Howie advised that the Service was reworking this business case to reflect all the learning it had accumulated in its response to the pandemic and this would be presented to a future Board meeting for approval. The Service was engaged with other agencies regarding additional

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support in operational and staff welfare matters, which included British Red Cross, Scottish Fire and Rescue Service and St Andrew's First Aid.

Board members noted that the Service had paused all non-essential and non immediate work streams to ensure its remobilisation work was focused on the immediate priorities to improve its response and the protection and safety of its people and patients. The first draft of the Service's remobilisation plan April 2021 - March 2022 would be discussed at the private Board session and would focus on how the Service moved from an absolute focus on response to a more balanced approach with remobilisation and renewal as it moved through the remainder of the year.

Board members were pleased to note that the Service was making good progress with its COVID-19 vaccination programme.

Liz Humphreys and Carol Sinclair joined the meeting.

In response to a question from John Riggins about the professional to professional support lines and how staff would access these if mobile phones were not available on every vehicle, Jim Ward confirmed that he would review how this was done within the existing framework and report back to the Employee Director.

Board members received assurance that the Service was closely aligned to Scottish Government's Redesign of Urgent Care programme with the aim of a whole system approach to improve flow. The Service's engagement related to the Flow Navigation Centres had also helped strengthen partnership working with territorial boards.

In response to a request made by Madeline Smith, Board members agreed that future reports would include narrative on the Service's utilisation rates which had been impacted by increased turnaround times, enhanced infection prevention and control measures, vehicle cleaning requirements, staff absence and abstractions. Milne Weir described a number of improvement actions that were being progressed such as make ready teams to allow crews to turn around more quickly at station and hospital sites. He reported that for a range of calls, ambulance crews would spend more time on scene where it was clinically appropriate to do so, seeing and treating patients in their home or local community or referring patients on to pathways of care, where attendance at emergency departments was not required.

Irene Oldfather welcomed the innovative approach being taken by the Service to make improvements in such challenging times. She referred to the test of new attendance criteria at the Western General Hospital in Edinburgh and welcomed this whole system approach which would help relieve pressures on emergency departments and reduce hospital turnaround times and asked how the learning would be applied in other areas of Scotland. David Robertson advised both NHS Lothian and the Service were seeing the benefit of this initiative which was helping to spread the flow across the area and an evaluation of performance and patient experience would be undertaken. Pauline Howie added that learning was being shared through the redesign of urgent care network and new minor injury units, which were key enablers for this redesign, had opened at Vale of Level Hospital and Gartnavel General Hospital.

Board members recognised the pressures and current challenges in response to the pandemic and welcomed the work being progressed to improve the Service's response times and patient and staff experience.

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The Chair thanked the Executive Team for the comprehensive report and assurance provided to the Board on current performance, challenges and opportunities for improvement.

ACTIONS

1. **Medical Director** - to review the existing frameworks related to professional to professional support lines and staff access to Service mobile phones and provide feedback to the Employee Director.
2. **Director of Care Quality & Professional Development and Regional Directors** - future reports to include narrative on the Service's utilisation rates.

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.

Board members reviewed the risk register and noted:-

- Risk ID 4639 - the risk description was being updated following a request from Liz Humphreys to focus the risk more clearly on the Service's response to any cyber threat and/or breach rather than the risk of a cyber threat.
- Risk ID 4651 - was being reviewed following a request from Madeline Smith at the recent Audit Committee meeting to reflect the increased organisational capacity required to manage and support the additional Mobile Testing Units workforce.

The Chair and Carol Sinclair, Chair of the Audit Committee, thanked the Risk Manager and Executive Team for their efforts to enhance this report and welcomed the inclusion of the heat map which provided an 'at a glance' view of the corporate risks and where attention required to be focused.

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

ITEM 07 HEALTH AND WELLBEING STRATEGY 2021-2024

Lyndsay Lauder provided a summary of the main points from the paper that was approved by the Staff Governance Committee in December 2020 for submission to the Board.

Board members thanked Lyndsay Lauder and her team for the development of the strategy and welcomed the presentation which was in a user friendly format, was interactive and easy for staff to access.

Madeline Smith, in her role as Chair of Staff Governance Committee, reported that the Committee had welcomed the work that had been undertaken to progress the strategy during the challenges of the pandemic which reflected the Service's priority focus to support the health and wellbeing of its staff. The Committee had requested that the Service ensured that the involvement and engagement of staff continued in the implementation phase of the strategy.

Carol Sinclair asked if the Executive Team was assured that the strategy would reach everyone in the Service. She referred to the recent NHS Scotland Pulse Survey results and highlighted that this strategy would be critical in realising any improvements. Lyndsay Lauder referred to the support measures in place for staff and advised that there was further work being

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progressed to ensure the Service was proactive in reaching people who could be suffering in silence and less likely to access services and support available to them.

Stuart Currie and Irene Oldfather sought assurance that this strategy would be a dynamic document and remain a priority focus for the Service. Stuart Currie added that it was also important for consistent messaging to staff that other parts of the wider health and social care system were committed to staff wellbeing. Lyndsay Lauder confirmed that the strategy would be an evolving and responsive strategy with an annual update and refresh to reflect learning and feedback. The Staff Governance Committee had the oversight role and would monitor progress against the road map. A recent example of cross agency support from the wider health and care system was an initiative by NHS Lothian to provide crews with refreshments at their sites.

Liz Humphreys, reflected on the weekly staff engagement sessions which were led by the Chief Executive and the variety of initiatives that were already in place to support staff health and wellbeing. She asked if there was any evidence that staff had felt better supported by the Service during the pandemic. Lyndsay Lauder advised that while staff were fatigued with the ongoing pressures of the pandemic, feedback was that they did appreciate the actions being taken to provide further support for their health and wellbeing.

Francis Tierney referred to the long term health and wellbeing implications of the pandemic and asked if the Service would develop priority referral pathways for people to access support, and whether this would be available for retired employees. Lyndsay Lauder confirmed that this was currently being considered by the National Wellbeing Group.

Cecil Meiklejohn sought assurance that there would be a consistent approach in the implementation of the strategy across the Service at a local level to ensure all staff felt equally valued and supported. Lyndsay Lauder confirmed that the Service planned to establish local wellbeing champions to help ensure a consistent approach across the Service.

Board members **approved** the strategy for implementation and noted that assurance would be provided by the Staff Governance Committee, in its oversight role of the implementation and monitoring of progress against the road map.

ITEM 08 FINANCIAL PERFORMANCE

Julie Carter provided a summary of the main points from the paper. Board members noted the Service's predicted full year forecast remained break even.

Board members noted:-

- The financial position shows a deficit of £0.3million against a trajectory deficit of £1.6million
- Additional funding for COVID-19 was announced by Scottish Government on 29th September to support the first tranche of the COVID-19 funds. The second tranche funding was also confirmed at the end of December; this includes the funding for the unachieved efficiency savings.
- Efficiency savings of £5.8 million have been delivered against a target of £9.0 million for the period. Noting that to date £3.0 million of efficiency savings could not be delivered due to COVID-19 but have been offset by additional SG funding

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- Additional expenditure of £12.3 million has been incurred in this period as a result of the Service's COVID-19 mobilisation plan and offset against the funding confirmed.

Julie Carter informed Board members that the COVID-19 full year financial forecast, including remobilisation, had been estimated at £26 million and this had been revised to £18 million following the issue of the paper. While expenditure related to COVID-19 requirements remained uncertain to year end, the Executive Team were confident at this stage that this could be achieved.

Board members discussed the delivery of the efficiency savings which were being accelerated to recover the shortfall in savings due to COVID-19 and noted these were being monitored closely with a further review planned at the end of January. The Service had commenced its 2021/22 financial planning it was anticipated that as Scotland continued to live with COVID-19, associated expenditure would continue into this financial year whilst the Service remobilised its resources and planned for renewal of its services.

Board members **noted** the report and mitigations against financial risks to deliver a balanced budget at year end.

ITEM 09 PERSON CENTRED CARE UPDATE

Frances Dodd provided the highlights from the paper and referred to remobilisation engagement and the Service's work that was being progressed to engage widely with patients and patient groups to plan, design and deliver services to develop the Service's thinking.

Board members were pleased to hear about the Service's CPR course for disabled people, which was the first of its kind in the UK and was working with Save A Life Scotland to roll it out in the spring.

Board members noted the SPSO cases and complaints compliance and the focused work in West region and the Ambulance Control Centres to improve Stage 1 compliance. Stage 2 complaints compliance remained on target and was currently at 70.2%.

Carol Sinclair thanked Frances Dodd and her team for the continued improvements in the presentation and content of the report which provided a further level of assurance to the Board.

Board members **noted** the report and thanked the team for the additional explanation related to social media statistics which provided further assurance to the Board on the information provided.

Clinical Governance Committee membership

Following a recommendation from the Executive Team, it was agreed that the Clinical Governance Committee would have a second patient representatives included in its membership.

The Chair invited Board members to approve the appointment of Robert Mason, patient representative, to the Committee.

Board members **approved** the change to Clinical Governance Committee membership.

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ITEM 10 PATIENT AND STAFF SAFETY - HEALTHCARE ASSOCIATED INFECTION REPORT

Board members noted the report and the Service continued to comply with National HAI standards and the National Infection Prevention and Control Manual. The IPC team continued to monitor the NCSS and compliance with IPC standards in stations and vehicles.

Board members noted overall compliance of the Peripheral Venous Catheter (PVC) insertion bundle had been sustained above the quality indicator of 95% at 96.3% in December 2020.

Frances Dodd highlighted the risk related to the delivery timescales of the Annual Infection Prevention and Control Programme of Work 2020/21 due to the increased work activity of the team related to the pandemic. Board members noted the deliverables that would be presented to the Infection Control Committee with revised timescales.

In response to a question from Cecil Meiklejohn, Frances Dodd confirmed that she was not aware of any additional mandatory reporting that was required from the Service, however, given the size of the team, responding to the pandemic had brought additional pressures and the Service aimed to ensure that this resource was focused on the priority areas and applied nationally developed guidelines where possible.

Carol Sinclair highlighted that this report showed how challenging it was to deliver business as usual at the height of the pandemic. She asked if this was a risk that should be monitored, as there was a threshold point that the Service could reach around the risk of a significant event. The Chair echoed Carol Sinclair's point and noted that while it was not currently a corporate risk, it was necessary to keep this under close review. Frances Dodd provided assurance to the Board that this risk was being monitored by the Infection Control Committee and mitigation actions had been taken to reduce the risk by deprioritising some areas of work and moving these in to the 2021/22 work plan where it was deemed appropriate to do so.

Following a question from Stuart Currie about the Service's interactions with the wider health and social care system, and in particular care homes and whether any lessons could be learned by the Service from recent Care Inspectorate reports related to IPC measures, Frances Dodd and Jim Ward described the Service's engagement through various networks and the potential opportunities for further exploration around intelligence and data sharing.

The Chair thanked Frances Dodd for her update and the assurance provided to the Board that matters were being kept closely under review.

Board members **noted** the update.

ITEM 11 CHAIR'S VERBAL REPORT

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

Board members noted:-

- Feedback on the recent NHS Chairs meetings and meeting with the new Public Health Minister.

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- Feedback from the NHS Chairs and Chief Executives meeting with Scottish Government to discuss the current state of the pandemic, priorities around vaccination and testing, elective care and remobilisation.
- The Service would give evidence at the Health and Sport Committee on 2 February.
- The National Innovation Steering Group meeting, chaired by Tom Steele, had been recently paused in response to the pandemic however the work programme continues.
- Planning meetings were progressing for the Service's Non Executive Director appointment recruitment process.

Board members **noted** the update.

ITEM 12 CHIEF EXECUTIVE'S VERBAL REPORT

Pauline Howie provided an update on the Executive Team's priorities since the last meeting which, as well as responding to the pandemic, included progressing the internal vaccination programme, the mobile testing units expansion and the development of its remobilisation plan 2021/2022.

Board members noted there was a joint session held with Public Health Scotland in December regarding the Service's contribution to the wider public health agenda given the significant role it had in communities where it provided support 24 hours a day, every day of the year and the wealth of data it held.

Board members **noted** the update and the Chair thanked the Executive Team for the Board weekly reports to keep Board members apprised of matters over the winter period and for their contribution at the weekly staff engagement sessions which Board members had an open invitation to attend.

ITEM 13 STAFF GOVERNANCE COMMITTEE

Board members noted the approved minutes of 16 September 2020. Madeline Smith, Chair of the Committee provided verbal feedback from the meeting on 9 December 2020.

Board members noted the Committee:-

- Approved the Workforce Risk Register and agreed that intended timescales would be included within the register.
- Approved the Organisational Development Plan 2021/22 and noted that funding for additional resource to support the implementation of the plan had been approved by the Executive Team.
- Approved the Health and Wellbeing Strategy which would be presented to the Board for approval in January 2021.
- Approved the Staff Governance Committee Work Plan 2021/22 subject to minor amendments.
- Approved Workforce Equality Monitoring Report 2019/20 and agreed further work to refine the presentation of information in future reports would be completed.
- Approved Policies on Risk Assessment and Auditing, No Smoking and Injury Allowance
- Reviewed the terms of reference for the Staff Governance Committee and its sub committees and noted the Remuneration Committee's mid-year report.

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- Discussed a special topic on the Everyone Matters Pulse survey report and next steps and agreed a further update would be provided to the Committee in March.
- Received an update on recent internal changes in the Workforce Directorate.
- Reviewed progress on the Staff Governance Action Plan 2020/21 and the Committee welcomed the improvements in the detail and presentation of the plan which provided Committee oversight of the progress against each of the action outcomes.
- Received progress updates on the Service's Demand and Capacity Programme, Workforce Vector of Measures, Health and Safety, Appraisal activity, the Service's Equality Fora, partnership activity and East Region Recruitment transformation programme,
- Noted Internal Audit Actions and that since the September 2020 report to the Committee there had been no new audit actions which fell within the Committee remit.

Board members **noted** the update.

ITEM 14 AUDIT COMMITTEE

Board members noted the approved minutes of 5 October 2020. Stuart Currie, who had chaired the meeting on 20 January 2021 in the absence of Carol Sinclair, provided verbal feedback from the meeting.

Board members noted the Committee: -

- Noted the governance 'lite' arrangements for this meeting to ensure that all reasonable steps were taken for the Executive and Senior Operational teams to concentrate on immediate pressures and that a number of items were being circulated virtually to the Committee ahead of the next scheduled meeting in April.
- Closed 8 actions from the Committee's matters arising
- Received an update on the Network Information Security NIS Audit and took assurance with progress against the plan with no specific concerns highlighted. The delivery of the plan was being monitored and proactively managed through the Security Governance Group.
- Noted the draft Internal Audit Plan 2021/22.
- Noted the status of the internal audit follow up and status report with a number of target dates being revised following review of evidence provided and discussion with relevant action owners.
- Noted the External Audit Early Audit Planning Considerations and that work was on target to be completed by the end of June 2021.
- Noted that External Audit appointments had been extended by one year due to the ongoing uncertainty from the pandemic.
- Discussed Draft Audit Committee Workplan 2021/22.
- Received an update on Information Governance and noted that the Service had been issued with a Notification of Intervention Action by the Scottish Information Commissioner in relation to the response times to Freedom of Information requests. Committee noted the work being undertaken since receipt of this notification and took assurance of the plans in place for improvement.
- Received quarterly updates on Fraud, Risk Management, Best Value

Board members **noted** the update

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Item 15 - ANY OTHER BUSINESS

Regional Director, East

Lewis Campbell, Regional Director, would retire from the Service on 31 January 2021. On behalf the Board, the Chair thanked Lewis for his dedicated service over 38 years and highlighted the significant contribution he had made to help transform the Service to the modern person centred, safe and effective way it delivered care. Board members noted that due to the current restrictions, the Executive Team were holding a virtual presentation on 29 January to recognise his contribution to the Service.

Board Development session - 30 March 2021

The Chair advised that following discussion with the Chief Executive it had been agreed to cancel the development session on 30 March 2021 to ensure the Executive Team's focus on the Service's operational response to the pandemic.

The Chair confirmed the revised arrangements for 30 March 2021:-

- Annual meeting of the Vice Chair and Non-Executive Directors
- Meeting of the Chair and Non Executive Directors

ITEM 16 DATE OF NEXT MEETING

The Board will meet at 10.30 a.m. on Wednesday 31 March 2021.

Appendix 1 - responses to questions submitted in advance of the meeting.

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APPENDIX 1

Responses to questions submitted in advance of the meeting

Liz Humphreys, Non Executive Director	Board Quality Indicators Performance report	I note the increasing demands on response times, and all the various reasons etc. It would be helpful to understand how far outside control limits would response times need to get before we had to consider diverting resources from elsewhere? So do we have, in effect, tolerance levels for the control limits?	Response provided by Medical Director We do not have any defined parameters re how far beyond control limits we tolerate prior to upgrading mitigating actions. On a day to day basis we look at activity rather than response times. Response times are aggregated and calculated after the fact. Understanding of response times is of course a key driver to service resource planning and is at the heart of our Demand and Capacity efforts which seek to ensure necessary staffing and resource levels based on historical and predicted demand pressures.
Liz Humphreys, Non Executive Director	Board Quality Indicators Performance report	In addition to the question above, clearly it is important to maintain as good a performance as possible across all response categories. But how do we assess resource needs as a whole? For example, would we ever consider allowing yellow response times to drop even further than they are now in order to maintain a certain level of response times for purple and red cases? If yes, what framework do we have for making such decisions?	Response from Medical Director Our clinical response model in effect does this prioritisation in real time, with resources prioritised to cases of the highest acuity, ie the sickest and most acutely unwell patients. This means that when demand exceeds resources for whatever reason the system continues to prioritise the timeliness of response to those patients in the most time critical circumstances. This means that people with less time critical symptoms wait longer and we make stringent efforts to keep in contact with such patients in order to reassure them that they are still part of our response considerations and to make sure that if their condition changes we can escalate their response category as appropriate
Liz Humphreys, Non Executive Director	Public Corporate Risk Register	The report notes (p3) that the Heatmap 'can support prioritisation where necessary'. Could the team please explain a bit more about how this might work and in what circumstances.	Response provided by Director of Finance Logistics & Strategy and Risk Manager - This really refers to service wide decision making as opposed to specific to the Corporate risk register management and we will make that more explicit going forward. The heatmap is really just aimed for visual effect and can and is shared across a number of key meetings and then cascaded into teams to exactly influence decision making and prioritisation. Very helpful point.

Liz Humphreys, Non Executive Director	Public Corporate Risk Register	Does the Heatmap assist with an assessment of the cumulative impact of a number of similarly-scored risks materialising (eg risks 4636, 4637 and 4638 which are all in the same 'bubble')?	Response provided by Director of Finance Logistics & Strategy & Sarah Stevenson, Risk Manager. It reinforces the need to manage and mitigate those in the same bubble. However as you know so many of them are interrelated.
Liz Humphreys, Non Executive Director	Public Corporate Risk Register	Risk 4639 - risk of cyber threats etc. May I suggest that the wording of this risk be revisited please. These days, the risk is not so much that that there might be a cyber threat - sadly this is acknowledged to be inevitable for any organisation. I think it would be helpful for this risk to focus more clearly on the potential for our response to any threat and/or breach to be ineffective. This would still fit with the current mitigating controls.	Response provided by Director of Finance Logistics & Strategy & Sarah Stevenson, Risk Manager - Yes I agree and we will pick this up with the General Manager, ICT. Now that we have our NIS action plan and high priority areas we can use this to describe this risk better ie linking to supplier interface, physical, network and as you suggest link into the business continuity processes as mitigations and impact.
Martin Togneri, Non Executive Director	Financial Report	In the report to next week's board there's reference to support from external organisations during Covid as follows:- "Air ambulance and third party support Our delivery of the COVID-19 response has been enhanced by various third parties. These companies are providing us with services specifically to help manage the additional pressure of the current crisis... Is the implication that this support has been provided on more favourable terms than in a normal commercial relationship, like the fuel help we earlier got from BP?	Response provided by Director of Finance, Logistics and Strategy all support was provided at commercial rates.