



NOT PROTECTIVELY MARKED

MINUTES OF THE 168TH MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

12.45 P.M. ON WEDNESDAY 26 SEPTEMBER 2018

MEETING ROOM G2.12, 1 SOUTH GYLE CRESCENT, EDINBURGH, EH12 9EB

Present:

Board members: Tom Steele, Chair (Chair)
Neelam Bakshi, Non Executive Director
Eddie Frizzell, Non Executive Director/Vice Chair
Pauline Howie, Chief Executive
Cecil Meiklejohn, Non Executive Director
Irene Oldfather, Non Executive Director
John Riggins, Employee Director
Madeline Smith, Non Executive Director
Dr Francis Tierney, Non Executive Director
Martin Togneri, Non Executive Director

Regular attendees: Garry Fraser, Regional Director, West
Mark Hannan, Head of Corporate Affairs and Engagement
Pat O'Connor, Director of Care Quality and Strategic Development
Lindsey Ralph, Board Secretary (minutes)
Milne Weir, Regional Director, North

In Attendance: Paul Gowens, Consultant Paramedic
Linsey McCann, Business Continuity Manager (Item 07)
Maria McFeat, Interim Assistant Director of Finance
Kevin Reith, Deputy Director of HR and OD
Sarah Stevenson, Risk Manager (Item 06)
Susan Wilson, Head of Infection Prevention and Control (Item 11 only)
Jude Murison, Member of the public
Jim Goodfellow, Member of the public

WELCOME AND INTRODUCTION

The Chair welcomed everyone to the 168th Scottish Ambulance Service Board. Apologies were noted from Jim Ward, Medical Director and regular attendees Linda Douglas, Director of HR and Organisational Development, Julie Carter, Interim Director of Finance and Logistics, Lewis Campbell, Regional Director, East and Paul Bassett, Director of National Operations.

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ITEM 1 PATIENT STORY

Board members were shown a patient experience film, where the patient was on his motorbike when he suffered trauma after he was hit by a car. On arrival at scene, the crew examined the patient and decided to carry out an emergency ARS needle chest decompression to re-inflate his lungs, enabling him to breathe. The patient could not remember what happened and when he woke up in hospital, the doctors said if not for the intervention of the paramedics on scene, he would not have survived.

Board members discussed the investment in major trauma equipment across the Service's emergency vehicle fleet and noted that while needle decompression was undoubtedly a life saving intervention when appropriately deployed, the decision to use the technique can be difficult for staff. Paul Gowens described the improvements in kit, education, training and learning resources available for staff. Staff could also contact the Service's Trauma Desk for additional support and advice at any time.

On behalf of the Board, the Chair thanked the patient for sharing his experience and was pleased to hear that he had made a good recovery from his injuries.

ITEM 2 MINUTES OF MEETING HELD ON 18 JULY 2018

The minutes of the meeting held on 18 July 2018 were approved.

ITEM 3 APPROVAL OF MATTERS ARISING

Board members approved the removal of items 164/8/11, 167/5/6ii, 167/8/5ii and agreed the revised target date for item 163/5/7.

ITEM 4 DECLARATION OF INTERESTS

There were standing declarations of interest noted from Non Executive Directors:-

- Martin Togneri, Trustee, Scotland's Charity Air Ambulance and Non Executive Director, NHS24
- Irene Oldfather, Director of Scotland's Health and Social Care Alliance
- Madeline Smith, Non Executive Director and Vice Chair at NHS 24.

There were standing declarations of interest noted from regular attendees:-

- Pat O'Connor, ISQua Expert, International Society for Quality in Healthcare
- Paul Bassett, Trustee, Scotland's Charity Air Ambulance.

Paul Gowens, who was in attendance, declared an interest in his role as Vice Chair of the College of Paramedics.

ITEM 5 TOWARDS 2020: TAKING CARE TO THE PATIENT AND QUALITY IMPROVEMENT

Pauline Howie provided a summary of the main points from the paper which reflected recent performance against the Service's Operational Delivery Plan, the Service's progress meeting its strategic aims and objectives and the highlights from the work being taken to transform the service in the 3 strategic workstreams.

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Board members were pleased to note the Service's work to save more lives from cardiac arrest continued to exceed the aim of 42% ROSC with performance for August at 56.9%.

Clinical Services Transformation - Board members noted the significant work being progressed from this work stream to provide the highest quality clinical outcomes for patients.

Paul Gowens provided a summary of the highlights and Board members discussed the Service's See and Treat model that continued to shift the balance of care. 33% of patients were managed safely at home, or in a homely setting, in August 2018 reducing avoidable attendances at Accident and Emergency Departments.

Francis Tierney referred to the four trauma regions and the requirement to provide a consistent service approach that meets the needs of all regions and requested further information. Paul Gowens explained that this related directly to geographical challenges that impacted on the 'golden hour' for survival.

Eddie Frizzell referred to the increase in survival rates following an out of hospital cardiac arrest and asked if this had increased in line with the Service's aim and programme of improvement work. Paul Gowens advised that survival to 30-day discharge rates continued to increase. The Stirling University report, which will be produced in the next few weeks, on the New Clinical Response Model will quantify improvements in survival rates.

Enabling Technology

Board members noted the update and progress with the individual programmes of work. The end to end testing of the SAS app had highlighted issues which required to be re-worked with the supplier. Delivery of the fully tested system was now scheduled to start in October, with a view to the roll out being completed by December 2018.

The Chair asked the Regional Directors if they had any concerns about the pace of the programme of work and no issues were raised.

Workforce Development

Kevin Reith highlighted the developments during the reporting period.

Board members noted the excellent outcome with the completion of iMatter action plans. The Service achieved an 86% completion rate by the end of the 12 week period. This achieved the Service's aim of sustaining the significant improvement made in 2017/18 of a 73% completion rate and placed the Service within the higher performing Boards with the NHS Scotland average at 43%. With the action plan phase completed, the next stage of work was to develop tests of change for improvement across the organisation and work with iMatter leads to share these activities and promote positive change to support employee engagement.

John Riggins acknowledged the positive engagement and focus from staff in completing their action plans.

Neelam Bakshi, as Chair of Staff Governance Committee, advised that progress was being made across all workstreams and a full report from the meeting held on 20 September will be provided at the next Board meeting.

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The Chair and Madeline Smith asked for further information about Specialist Paramedics being employed directly by GP practices. Pauline Howie referred to Part 3 of Scottish Government's workforce plan with the focus on multidisciplinary teams and reported that the Service currently had a number of locations where Paramedics worked as part of GP teams. A more sustainable model was for the Service to continue to be the main employer, where a pool of Specialist Paramedics worked on a rotational basis as part of a multi disciplinary team. This would provide a more sustainable model for the future and allow Paramedics to continue their CPD.

Garry Fraser, chair of the Service's Advanced Practice Group, informed Board members that the Service continued to engage with Health Boards and independent GP practices, about the benefits of a rotational model to ensure that the 999 service was not depleted.

Board members noted performance and the progress being made across the workstreams.

ITEM 6 APPROVAL OF CORPORATE RISK REGISTER 2018-19

Pauline Howie provided a summary of the changes to the current controls and actions to mitigate risks as detailed in the paper.

The Chair raised the current position regarding Brexit negotiations and it was noted that the Board would consider the emerging risks and whether this should be included on the Corporate Risk Register after discussion at its development session in October.

The Board approved the Corporate Risk Register.

ITEM 7 WINTER CONTINGENCY PLAN 2018-19

Pauline Howie presented the paper for approval and Board members noted that the plan would be submitted to Scottish Government on 30 September 2018 for feedback. The final version will be submitted by 31 October 2018.

Board members noted the Winter Plan was supported by local level plans which were being developed. Using the learning from previous years, these plans detailed how the regions, working collectively with local Health Boards and departments, planned to respond to winter pressures. A table top exercise to test the effectiveness of the plans would be held in November.

Board members discussed the learning from previous years and the focus for 2018/19 on hospital turnaround and escalation processes, improvements in resourcing, increased referrals to NHS 24, low acuity response utilisation and the management of frequent and repeat callers.

Board members recognised that the Service had an important role to play in supporting Health Boards and in meeting certain criteria of the 6 Essential Actions in its own right. Pauline Howie drew Board members' attention to the 12 Critical Areas for Winter Planning and how these would be met by the Service's interventions. Milne Weir briefed the Board on further work the Service was doing to influence these critical areas including maximising the use of volunteers, ensuring adequate fleet provision and the use of real time data to permit early intervention where possible.

Martin Togneri referred to paragraph 10 and the Board agreed that Scotland's Charity Air Ambulance would be included in this section.

Irene Oldfather referred to the local plans that were being developed and asked if there was any evidence of good practice that could be shared with partners. Board members noted that the

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Service continued to share examples of good practice and had jointly presented the Lothian Flow Centre model at various events. The model had now been extended to the Scottish Borders.

Board members discussed the HALO evaluation report included in the plan which highlighted a number of case studies of improvement in patient flow.

The Chair requested that a further update was provided to the Board at its meeting in November to provide assurance that the joint measures the Service was working towards with local Health Boards were effective.

The Board approved the Winter Plan for 2018/19.

Action:

- 1. Director of National Operations** to include Scotland's Charity Air Ambulance in Paragraph 10 of the draft winter plan and provide an update on the Service's winter planning arrangements to the Board in November.

ITEM 8 PROCUREMENT STRATEGY 2018-2021

Jenny Neville joined the meeting and presented the revised Strategy that was considered by the Board in July, with further amendment requested.

Board members considered the revised strategy and agreed that it reflected the further information requested regarding the specific duties about equality and procurement.

The Board approved the Strategy.

Jenny Neville and Cecil Meiklejohn left the meeting.

ITEM 9 FINANCIAL PERFORMANCE

In Julie Carter's absence, Maria McFeat presented the paper for discussion and reported that the revenue position was a deficit of £1.9 million, the capital resource level was break even and the cash target was £0.3 million held at the end of the month.

Board members referred to the updated financial plan presented at the Board Development workshop in August and remained concerned about the progress of efficiency savings achieved and the level of non recurring funding. Maria McFeat advised that there had been progress through the Best Value Group, however, further work was required to capture and track the savings as these happened. Further work was being completed to separate this information in future reports.

Board members questioned why a savings target trajectory was not included in the report. Pauline Howie explained that the Service was trying to identify savings versus cost pressures and more detailed work was required before the financial projection was finalised. It was agreed that a trajectory and forecast outturn will be included in the November report to the Board.

Eddie Frizzell referred to the work of the Best Value Group and asked how the Service would increase the pace of the projects that had been slow to take off to deliver the projected savings within the current financial year. He referred to the projected savings from a reduction in overtime costs and asked that the Board was provided with further information about what the service delivery implications would be if this was could not be achieved.

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The Chair referred to the workshop at the Board Development session in August and the assurance the Board received from the Director of Finance and Logistics on the Service's financial position to manage cost pressures and deliver the agreed efficiency savings over the remaining 6 months of the financial year. The position reported was in line with the updated plan and would continue to be closely monitored by the Board. He sought assurance that the Board would be kept apprised of any risks to the financial plan as these emerged and requested that more detail was included in future reports to evidence the position, and quantify any risks, if matters were going off track.

The Board noted the financial position and the actions being taken to deliver a balanced budget.

Action:

2. Director of Finance and Logistics to include an efficiency savings trajectory and forecast outturn in future reports and ensure the Board is were kept apprised of any risks to the financial plan as these emerged.

ITEM 10 PERSON CENTRED CARE UPDATE

Mark Hannan provided a summary of the paper and Board members noted the trends, themes and mitigating actions from patient and carer feedback.

Board members discussed complaints compliance which was an ongoing challenge for the Service and this was being closely monitored by the Executive Team on a weekly basis.

Irene Oldfather highlighted the importance of moving beyond complaints to improvement and encouraging more meaningful conversations between the Service and the people it cared for.

Francis Tierney asked for further information on the roll out of the staff questionnaire, designed for testing as part of the formal investigation process, for every complaint related to attitude and behaviour. It was agreed that Mark Hannan would confirm a date for the roll out.

Pauline Howie confirmed that the Service had participated in national initiatives including the 'What Matters to You' campaign with a number of improvements progressed as a result of this. It was also anticipated that the Service's demand and capacity review, new service delivery models and development of staff will have a positive impact in making further improvements to patient and staff experience.

Board members discussed techniques to gather more patient opinion to help identify areas for further improvement and to develop the Service's strategy beyond 2020. Irene Oldfather suggested that the Service used public places visited by the wider community, such as shopping centres, to strengthen its public engagement, widening participation and its outreach activities.

Following a suggestion made by Neelam Bakshi, it was agreed the Service would consider the Appreciative Inquiry approach, which was used by organisations in relation to whole system change.

Action:-

3. Head of Corporate Affairs and Engagement to confirm a date for the roll out of the staff questionnaire for complaints related to attitude and behaviour.

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ITEM 11 PATIENT AND STAFF SAFETY – HEALTHCARE ASSOCIATED INFECTION REPORT

Susan Wilson joined the meeting. Board members discussed performance against the HAI standards and noted that the Service's overall compliance with Standard Infection Control Precautions continued to be sustained at a high level.

Board members noted that the unusually lowered hand hygiene compliance score in one sub division in July had been addressed and had improved to 95% in August. A similar issue in North Region in August had been reported to management for ongoing enforcement.

Board members noted that the Annual Infection prevention and Control Report 2017/18 was approved by the Clinical Governance Committee on 13 September 2018.

Board members noted the update and the corrective actions being taken to maintain hand hygiene compliance.

ITEM 12 VERBAL UPDATE FROM CHAIR

The Chair reported on recent developments across NHS Scotland and Board members noted meetings attended by the Chair included:-

- Station visit to Orkney and an operational shift with a crew in Leverndale.
- QI Masterclass in September which was attended by members of the Board. The keynote speaker was Professor Michael West, Kings Fund, who spoke about compassionate leadership and how this results in positive performance.
- SAS Quality Improvement event on 24 September with guest speaker Dave Williams, Senior Lead, Improvement Science and Methods, Institute for Healthcare Improvement
- OHCA strategy meeting.
- Reform Collaboration group with Police Scotland and the Scottish Fire and Rescue Service to prioritise the collaborative work of the three services. The Chair advised that he had chaired his second meeting of the Reform Collaboration Group and there was a real appetite from the three services to progress work which was now being prioritised. Board members will be kept apprised of the main areas prioritised as this work progressed.

Board members noted the update on the NHS Chairs meeting with the Cabinet Secretary on 24 September where she outlined her priorities to maintain and increase the public's trust in NHS Scotland and the four main priorities for all Boards. Board members noted these were performance (with a particular focus on waiting times), integration, mental health and governance.

Board members noted that the NHS Chairs will meet in October and NHS Scotland's Good Governance Framework will be presented for approval. The aim of the framework was to implement a consistent and effective approach to corporate governance across NHS Scotland. Board members will be kept apprised and involved with these developments.

ITEM 13 CHIEF EXECUTIVE'S VERBAL REPORT

Board members were provided with an overview of matters not covered elsewhere on the agenda and recent meetings attended by the Chief Executive which included the Association of Ambulance Chief Executives meeting on 17 September. Board members noted that Lord Carter's review of operational productivity and performance in English NHS Ambulance Trusts would be

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published on 27 September. The Service will assess how it measured against the report and recommendations and a paper will be brought back to the Board in November 2018.

Board members noted that Claire Pearce had been appointed as Director of Care Quality and Strategic Development from 12 November 2018.

Pauline Howie informed Board members that following the QI Board Masterclass on 3 September, the Service had arranged a follow up session with Michael West to discuss compassionate leadership and how the framework could be applied in the Service's leadership development. The Service's Senior Leadership Team meeting in September included a session on leadership and the key points from the presentation were shared.

Board members noted that Scotland's Charity Air Ambulance Service's Annual Review was held in August and an update will be provided at a future Board Development session.

Board members were pleased to note that Paul Gowens, Consultant Paramedic, was about to embark on a six month secondment, funded by Scottish Government, to assist the Zambian health authorities in developing their Emergency Medical Service and improving patient care and outcomes. On behalf of the Board, the Chair congratulated Paul on his secondment.

Board members noted the verbal updates provided by the Chair and Chief Executive.

ITEM 14 BOARD DEVELOPMENT REPORT

Board members noted the report from the meeting held on 29 August 2018.

ITEM 15 CLINICAL GOVERNANCE COMMITTEE – MINUTES OF 17 MAY 2018 AND VERBAL REPORT OF 13 SEPTEMBER 2018

Board members noted the approved minutes of 17 May 2018 and Martin Togneri provided a verbal update of the meeting held on 13 September 2018. The main points to note were the Committee:-

- Approved the Service's HAI annual report and Controlled Drugs Annual Report (subject to amendment).
- Received an update on the review of the Clinical Governance Framework. The Terms of Reference for the Clinical Advisory Group would be revised for the group to become an assurance rather than advisory group. The Terms of Reference for the Research, Development and Innovation Group and the Medicines Management Group were also under review and would be brought back to the Committee.
- Considered standard reports on patient experience, Healthcare Associated Infection, clinical risks, Significant Adverse Events reviews and education.
- Received assurance that completion of Learning in Practice was being closely monitored by the Service.
- Received an update on the New Clinical Response Model.

ITEM 16 ANY OTHER BUSINESS

1. Pat O'Connor, Director of Care Quality and Strategic Development

The Chair advised Board members that this was Pat O'Connor's last Board meeting before she retired from the Service in October 2018. On behalf of the Board, he thanked her for the

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significant contribution she had made to the Service which included raising the profile of patient and public engagement, enhancing the Service's education provision and building the Service's Quality Improvement capability.

ITEM 17 DATE OF NEXT MEETING

The next meeting will be held on Wednesday 28 November 2018.

The Chair thanked Board members for their contribution and closed the meeting.

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