



## SCOTTISH AMBULANCE SERVICE BOARD

### BLUEPRINT FOR GOOD GOVERNANCE REPORT – 2018/19 SELF ASSESSMENT

---

#### SECTION 1: BACKGROUND

The Scottish Ambulance Service Board comprises 12 Board members: the Chair, 8 Non-Executive Directors (including the Employee Director) and 3 Executive members.

Membership of our Board has changed over the last 12 months with the appointment of a new Chair from June 2018 and two new Non-Executive Directors between April and July 2018. Two members who have served 8 years on the Board will reach their end of appointment in June 2019.

In addition to the survey, our Board completed self-assessment activities including the iMatter survey and the NHS Scotland Board Development Diagnostic Tool in 2018. We also regularly review Board effectiveness through our Board Development events to identify areas for improvement.

#### SECTION 2: SELF ASSESSMENT

The survey was sent to 18 participants; Non-Executive members, including the Chair (8), Stakeholder members Employee Director (1), Executive Directors and Directors who attend Board meetings (9). Of the 9 Directors who were sent the survey, we were aware that one Director was on annual leave and was not available to complete the survey within the timescale. The completion rate was therefore 100%.

A Board Development session was held on 27 March 2019 to share the results of the survey and assess our current performance against the 5 functions of good governance. A summary of the results is attached at **Appendix 2**. The session was facilitated by the Deputy Director of Human Resources and Organisational Development. A copy of the programme is attached at **Appendix 3**.

Our Board agreed the overall results of the self-assessment were a positive reflection of current board governance arrangements. Areas of strength identified were Holding to Account, Setting Direction and Financial Governance. Although our Board agreed that the three priority areas for development and improvement were Assessing Risk, Stakeholder Engagement and Influencing Culture, it was recognised that there were no significant outliers in the results. It was therefore agreed to review all functions to identify areas for potential improvement.

Doc: Board Governance Report	Page 1	Author: Deputy Director of HR & OD and Board Secretary
Date: 2019-04-25	Version 1.0	Review Date: bi monthly

In addition, we undertook an analysis of the split of Non-Executive and Executive members of the Board. This highlighted a consistent view between the two groups as demonstrated at **Appendix 2**.

### **SECTION 3: RECOMMENDATIONS FOR ACTION**

This report and the improvement plan is based on the output of this facilitated Board session, and has been prepared in the format required by Scottish Government to be submitted by the end of April 2019.

To agree our improvement plan, the Board split into groups and:

- Assessed the key factors thought to be influencing the results;
- Identified and considered where improvements could be made in each function; and
- Considered how the enablers and support described in the blueprint could support these.

#### **Setting the Direction**

##### **Assessment of key factors thought to be influencing the results**

Our 5-year strategy “Towards 2020: Taking Care to the Patient”, approved in 2015, is being delivered with regular discussion at Board sessions now taking place to inform strategic planning beyond 2020. Our Corporate Objectives are aligned with our Annual Operational Plan and the priorities of Scottish Government.

Our Board is confident it is playing to its strengths to provide leadership, support and guidance to the organisation in progressing the strategy. However, our Board recognises the changing context of NHS Scotland and the changing service role within the sector. There is a need to ensure Scottish Government’s policies and priorities are reflected through the development and delivery of our strategies and plans. Our Board recognises as part of its work to devise a new Strategy to 2030, it will need to ensure it is challenging present service delivery assumptions sufficiently, and not just building on what it has already delivered.

The revenue budget allocation and capital investment is approved by our Board annually and monitored at every meeting through reports to the Board and its Development sessions. In 2018, our Board established a Best Value Group to lead on the efficiency programme with supporting governance and staff and partnership involvement. Delivering recurring savings is a key focus on the Board’s financial plan in 2019/20.

### **Where do we need to focus on improvement?**

Our Board recognised that, while it was doing well with its current strategy, to build on the success of the last period as it develops its new long term strategy, it will be crucial to ask more fundamental questions, explore options and avoid 'diving in' too quickly before seeking to identify future solutions. Given the complexity within the health & social care system this will involve wider discussions, with an extensive range of stakeholders and will be predicated on future funding beyond current strategic commitments. There is good recent experience to draw from in terms of work completed during the development of the Service's new Clinical Response Model.

Our Board will continue to progress data linkage and analysis of datasets between the Service and other NHS data to better understand how we can positively change performance e.g. patient outcomes following the pre-hospital care intervention and evaluate service changes.

### **Enablers and Support from the Blueprint to help make changes**

Security of long-term funding recognising the impact across the NHS including engagement with health and social care partners in Scotland, wider Scottish Government and communities across Scotland e.g. primary care support, transformation funding etc. This will require influencing Scottish Government and other key stakeholders for support for longer term changes.

### **Holding to Account**

#### **Assessment of key factors thought to be influencing the results**

The governance arrangements are strong with well-functioning committees which have recently been reviewed and refreshed, and provide Non-Executive Board members with the opportunity to scrutinise and challenge effectively. Work over the last year has improved consistency of paper presentation across our Board and its sub Committees.

There are regular opportunities for Board members to go out to visit areas of the Service and engage with staff to calibrate and validate their understanding of issues presented at Board meetings.

The use of data, as part of our Board's embedding of Quality Improvement, has raised the level of discussions to focus on what interventions can make the most positive influence. In order to ensure that Board discussions continue to give priority to the correct areas, improvement work will aim to consider an overarching view of work plan priorities, ensuring the most effective transition through our governance channels.

In order to support consistent enquiry and examination by Board members we will look to develop awareness of questioning approaches which, when aligned with internal guidance on the presentation of Board papers, will aim to provide sufficient detail for scrutiny of decision making, and develop more effective ways of managing heavy agenda commitments.

In terms of safeguarding and accounting for public money, existing governance arrangements are strong, and are well served through the programme of internal audit. This has supported delivery of balanced budgets year on year during the present strategy period. In recognising the need to meet the clear and evolving financial challenges,

Doc: Board Governance Report	Page 3	Author: Deputy Director of HR & OD and Board Secretary
Date: 2019-04-25	Version 1.0	Review Date: bi monthly

delivery of sustainable recurring savings has been supported by the establishment of a Best Value programme in 2018/19, which includes Non-Executive Board membership on the group. As the programme workstreams develop, Board visibility of this work and reporting of clear outcomes will be a feature of the year ahead.

Pay and Performance systems are supported by an established and effective Remuneration Committee. This area will be improved in line with national guidance development, ensuring Remuneration Committee members and Board members more generally are familiar with the requirements arising from performance appraisal.

Non-Executive Directors have access to papers for all Governance Committee meetings not just those they are serving members on.

### **Where do we need to focus on improvement?**

Although core governance processes are working effectively, it is acknowledged that the volume of activity for Board members is significant and any way in which governance committee work plans can be streamlined to ensure focus is on priority areas is valuable. In addition, further revision of Board reporting guidance will support the aim to ensure time is used effectively in terms of accountability for delivery in the priority areas.

With the work to date conducted in terms of Board member roles (see below), there is opportunity in the next year to refresh Board members knowledge and understanding of fulfilling their accountability role. Development of Board member understanding of performance management processes is also recognised as a theme which will be addressed during the course of this year.

In light of the need to identify and deliver sustainable recurring savings, work within our Best Value Programme will be built into the Board's financial reporting information to ensure awareness of progress is maintained and accountability for delivery is prioritised.

### **Enablers and Support from the Blueprint to help make changes**

Non-Executive Directors completed a skills audit questionnaire in January 2019 and the Chair reviewed the Non-Executive members' portfolios to ensure appropriate succession planning was in place for the departure of two Non-Executive Directors in June 2019 who are chairs of governance committees.

In terms of accounting for public money, the new three-year financial planning framework commenced in 2019/20 will provide opportunity to enhance our ability to plan and manage resources, including identifying and delivering recurring budget savings.

The Remuneration Committee briefing events commencing in April 2019 will allow relevant Service stakeholders to engage with the evolving arrangements to support development of performance appraisal practice.

Lessons learned from engagement with Project Lift e.g. values based recruitment and Board member induction (experienced directly through the Chair, two Non –Executive Board and two Executive member appointments in 2018/19) will be applied as we recruit and induct new Board members in SAS during 2019/20.

## Assessing and Assuring Risk

### Assessment of key factors thought to be influencing the results

Our Board has well established processes in place for managing risk which are embedded across all areas of the organisation.

Our Board reviews the Corporate Risk Register bi-monthly at each Board meeting. For every identified risk, current controls are recorded and contingency plans to mitigate and monitor the risk are developed. The Service utilises this mechanism to track internal and external factors that may have a negative impact on our operational performance, clinical outcomes, finances, our workforce and our reputation as an organisation. As part of our Risk Management approach we set out mitigating actions to limit the potential impact of these risk factors and eliminate the risk where possible.

Our Board receives good quality assurance information with well targeted internal audit activity and has strong governance assurance arrangements in place.

### Where do we need to focus on improvement?

Following a benchmark exercise of the Service's current arrangements with other NHS Boards and referencing the blueprint for Good Governance, it became apparent that it would benefit the Service to clearly articulate its risk appetite and the risk tolerance levels that our Board is prepared to accept to meet its strategic objectives. To deliver good governance, our Board needs to determine the different levels of risk it is willing to accept to set appropriate, clearly defined and measurable tolerances within the range of appetites defined by the Board.

A Board workshop, facilitated by the Service's internal auditors, was held in February 2019 to commence the process of identifying the Board's appetite for risk across an agreed range of generic and specific clusters that describe the spread of the Service and strategic priorities. Our Board is progressing this work to agree the risk scoring and tolerances for each cluster and approval of the risk appetite statements from this scoring and assessment.

### Enablers and Support from the Blueprint to help make changes

The current recruitment process for two new Non-Executive Directors includes a specific requirement for one member to have a sufficient level of financial and risk experience to chair the Audit Committee.

## Engaging Stakeholders

### Assessment of key factors thought to be influencing the results

Importance of collaboration with our stakeholders is acknowledged as a key element of our strategic delivery, and our Board has produced and developed an agreed stakeholder map to inform our work in this governance area. Given the increasing complexity in the health and social care landscape this will require continued and sustained effort to enhance our present activity. In order to make sure there is focus this has been a key area of discussion in the executive objective setting activity for 2019/20.

Staff and public engagement has been a key theme in the last three years as we have developed our New Clinical Response Model (NCRM). The culmination of this work with

Doc: Board Governance Report	Page 5	Author: Deputy Director of HR & OD and Board Secretary
Date: 2019-04-25	Version 1.0	Review Date: bi monthly

the recent announcement of the results of analysis of the model has provided an opportunity to consider how this informs the next phase of our stakeholder engagement strategy as we reflect on very positive feedback from the public, our staff and from other ambulance services worldwide.

### **Where do we need to focus on improvement?**

The next stage of our Board engagement strategy will focus on staff, community and patient engagement around the NCRM and the services the Scottish Ambulance Service provide. This will aim to raise public awareness and determine their priorities when they require the assistance of our services. Non-Executive Directors are involved in these engagement events.

As part of this work, we aim to manage targeted media campaigns and host focus groups with patient representatives across the country, working with third sector organisations and their memberships, holding community engagement events in selected local hospitals and holding staff engagement events in ambulance stations and ambulance control centres in Scotland. We are planning to utilise these focus groups to analyse public awareness, views and experiences. We will align this work with the new national Carer's Strategy, drawing on experience in the last year of adjusting our neonatal air ambulance design to reflect the need to better meet additional carer capacity.

Plans will be developed to gauge public knowledge via the Scottish Citizens' Panel which will benchmark levels of understanding. After gathering this data across a range of sources, we will consider what further action is needed.

Another opportunity for improvement in stakeholder engagement will come from our work to purposefully align our plans to the Collaborative National Boards work, with the Integrated Joint Boards, NHS Boards, NHS Regions, other emergency services and third sector partners. An example of this will arise from our delivery of collaborative mental health delivery ambitions.

### **Enablers and Support from the Blueprint to help make changes**

We have existing knowledge and experience in stakeholder engagement within our Board membership, and we will continue to strengthen our diversity of thinking in this governance area as we appoint new Non-Executive members later in the year.

## **Influencing Culture**

### **Assessment of key factors thought to be influencing the results**

Our Board self-assessment recognises the theme of influencing culture as priority for continuing our strategic development journey. With the significant period of rapid change, workforce development and changing staff profile during the last few years, Board members are reflecting on how workforce culture is shifting. These transformational changes are being overseen by the Staff Governance Committee and the Employee Director leads on work with our staff side partners at National and Local Partnership Forum.

We will build on our established equality impact assessment work with refreshed thinking.

Executive and Non-Executive Board members are showing visible leadership through our

Doc: Board Governance Report	Page 6	Author: Deputy Director of HR & OD and Board Secretary
Date: 2019-04-25	Version 1.0	Review Date: bi monthly

Patient Safety and station visits, which has been developed to enable more engagement with staff across all areas of the Service. This work will continue to reinforce the importance of living and promoting shared values.

Our Board has established ways of promoting our values as we celebrate the achievement of staff through our Annual Staff Awards Ceremony and long service awards. This provides an opportunity to promote messages which strengthen work to evolve organisational culture.

**Where do we need to focus our improvement?**

Areas for improvement which have been highlighted include the need to consider how we can refresh awareness of our Equality and Diversity agenda to make it more meaningful to staff and to ensure consistent leadership across the organisation which reinforces our aims to have a workforce which represents our communities.

Our Board recognises that cultural change takes time and is hard to achieve, with crucial dependency on leadership promoting and embedding our shared values and leadership behaviours across the organisation. We want to strengthen work on cultural development through building on the theme of visible leadership, extending the range of face to face engagement opportunities and developing confidence of all our leaders from first line to board level to engage effectively to promote a values based approach for all staff as a core performance priority. Our Board has recognised that a Compassionate and Collaborative Leadership approach must be at the heart of our cultural development.

**Enablers and Support from the Blueprint to help make changes**

Our work on developing our culture to ensure we treat our people with respect and value individual contributions will be informed by the Fairer Scotland aims.

We have a well-established process for dealing with whistleblowing concerns with a Non-Executive Director appointed as whistleblowing champion for the Service. We will respond appropriately as work progresses in relation to establishing the development of national Whistleblowing Standards and the Independent National Whistleblowing Officer for the NHS in Scotland.

The areas identified for improvement focus have been reflected in the Action Plan (**Appendix 1**). Our Board will continue to seek out best practice and implement the recommendations from the National Corporate Governance Steering Group and its work streams.

The action plan will now be further developed under the leadership of the Chair. Our Board will monitor progress at each Board meeting and will continue to review Board effectiveness on an annual basis by completing the self-assessment survey.

Doc: Board Governance Report	Page 7	Author: Deputy Director of HR & OD and Board Secretary
Date: 2019-04-25	Version 1.0	Review Date: bi monthly

**APPENDIX 1**

No	Area for Improvement	Recommendations and Benefits	Lead	Timeline
1	Setting Direction	Schedule Board development sessions as part of the 2030 strategy development phase, to allow time for Board members to explore more widely, options for future solutions.	Board Secretary	April 2019
2	Setting Direction	Agree the next phase of the Board Engagement Strategy to encourage broader discussion with a wider range of stakeholders to develop Board understanding of our changing context.	Chair	December 2019
3	Setting Direction	Build on our Board Performance reporting to focus on outcome measures. Agree how we can better use data for intelligence and reporting.	Chair and Chief Executive	September 2019
4	Holding to Account	Allocate a Board Development Session in the 2019/20 cycle for discussion on what questions Board members should be asking to ensure effective scrutiny and supportive challenge.	Board Secretary	In 2019/20 Schedule
5	Holding to Account	Update and disseminate Board paper guidelines to consider the best and consistent use of; Executive Summary, “discussion” and “noting” on papers to ensure delivery of intended actions and reduced paper length in line with core governance elements.	Board Secretary	September 2019
6	Holding to Account	Review arrangements for Remuneration Committee in line with new national guidance to ensure effective operation and complete training in Performance Management and Pay for Committee Members.	Chair/ Remuneration Committee Chair	March 2020



**APPENDIX 1**

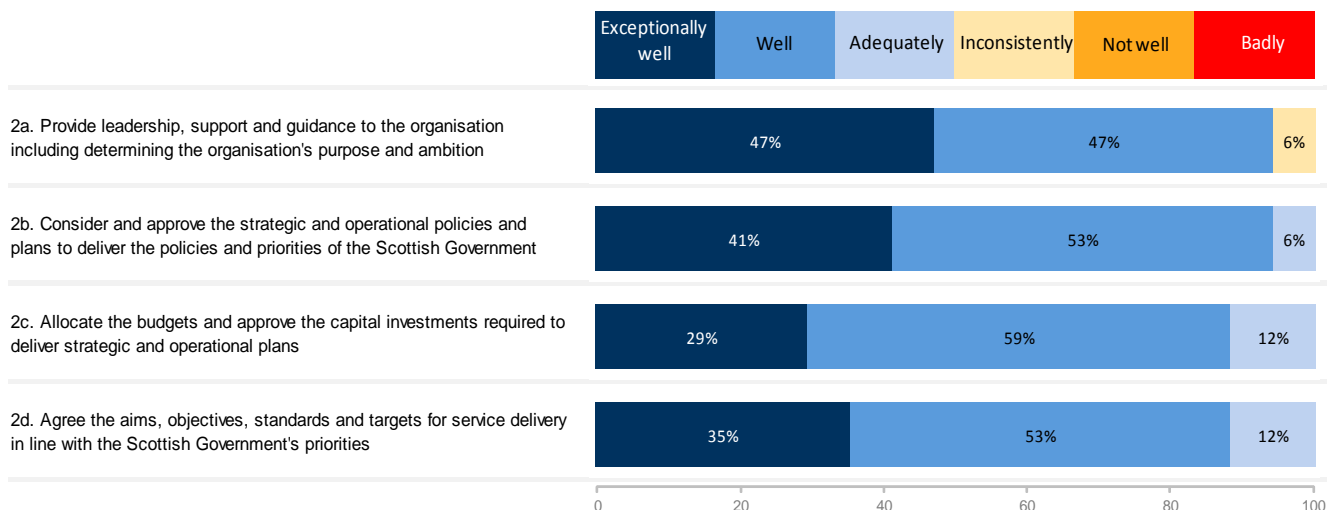
No	Area for Improvement	Recommendations and Benefits	Lead	Timeline
7	Assessing & Assuring Risk	Approve the Board's risk appetite and tolerances.	Chair/Board	May 2019
8	Assessing & Assuring Risk	Complete the review of Corporate Risks to reduce variability in grading, risks more tangible and assess in line with Board agreement on risk tolerance and risk appetite.	Board	June 2019
9	Assessing & Assuring Risk	Approve and monitor the implementation of the revised Risk Management strategy across the Service to spread knowledge of updated practice and ensure underpinning risk governance reporting is in place.	Audit Committee Chair/Director of Finance & Logistics	March 2020
10	Engaging Stakeholders	To ensure appropriate governance arrangements are in place to support effective collaboration in the delivery of mental health triage tools; to receive evaluation and agree next steps.	Board	March 2020
11	Engaging Stakeholders	Receive assurance on effective stakeholder engagement with Integrated Joint Boards (IJBs) and alignment of plans.	Chair and Chief Executive	March 2020
12	Engaging Stakeholders	Receive feedback on our first Scottish Citizens' Panel and the evaluation of this approach.	Board	October 2019
13	Engaging Stakeholders	Staff Governance Committee to receive a review of our approach to staff engagement and recommendations for further enhancement.	Chair of Staff Governance Committee/ Director of HR and OD/ Employee Director	December 2019

**APPENDIX 1**

No	Area for Improvement	Recommendations and Benefits	Lead	Timeline
14	Engaging Stakeholders	Clinical Governance Committee to receive a review of our approach to patient feedback and agree proposals for developing more systematic ways.	Non Executive Lead/Director of Care Quality and Strategic Development	December 2019
15	Influencing Culture	Allocate a Board Development session to review and enhance existing arrangements for Board members to meaningfully engage with staff.	Board Secretary	In 2019/20 schedule
16	Influencing Culture	The Board, through the Staff Governance Committee, will receive updated policies that reflect 'Once for Scotland' development.	Staff Governance Committee	December 2019
17	Influencing Culture	Staff Governance Committee to review and provide assurance to the Board that training to support a compassionate leadership approach is delivered.	Board	March 2020
18	Influencing Culture	Staff Governance Committee to receive a report and update the Board on what matters to staff and proposals for progressing these.	Board	December 2019
19	Influencing Culture	Review the format and reporting of patient experience to both the Clinical Governance Committee and Board to ensure we encourage an approach which deals with system causes and promotes learning.	Director of Care Quality & Strategic Development	December 2019

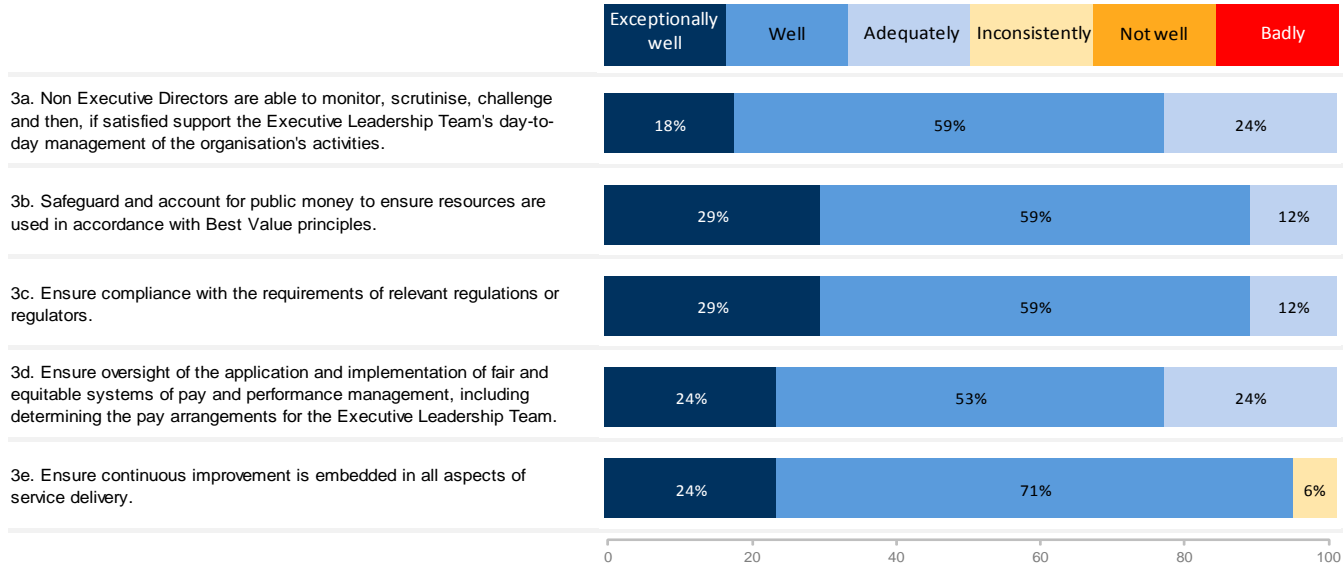
**Blueprint for Good Governance** March 2019

**Section 2: Setting the Direction - How well do we do this currently?**



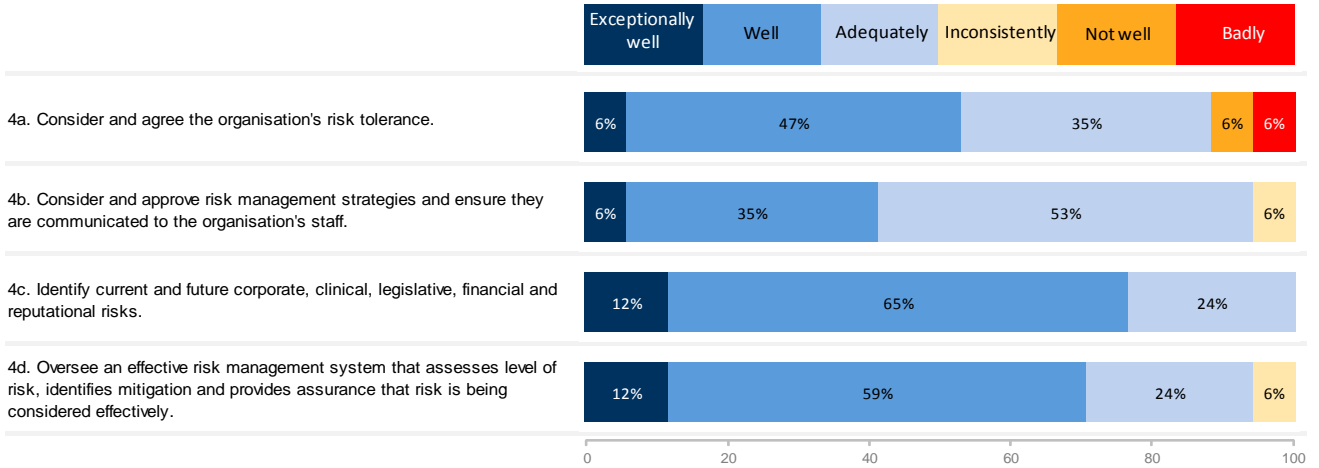
**Blueprint for Good Governance** March 2019

**Section 3: Holding to Account - How well do we do this currently?**

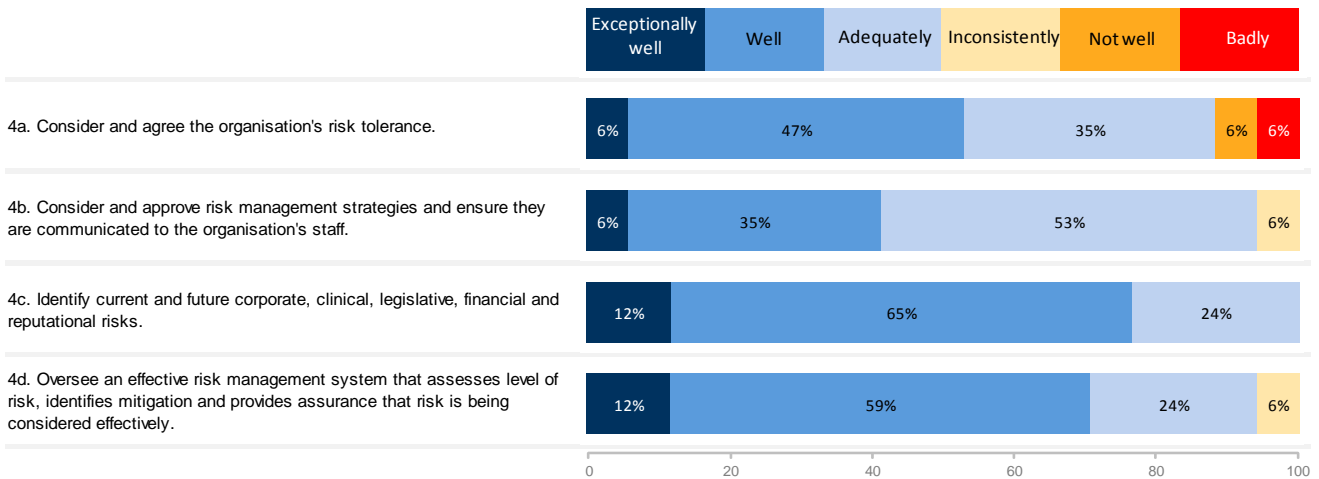


Doc: Board Governance Report	Page 11	Author: Deputy Director of HR & OD and Board Secretary
Date: 2019-04-25	Version 1.0	Review Date: bi-monthly

Section 4: Assessing Risk - How well do we do this currently?

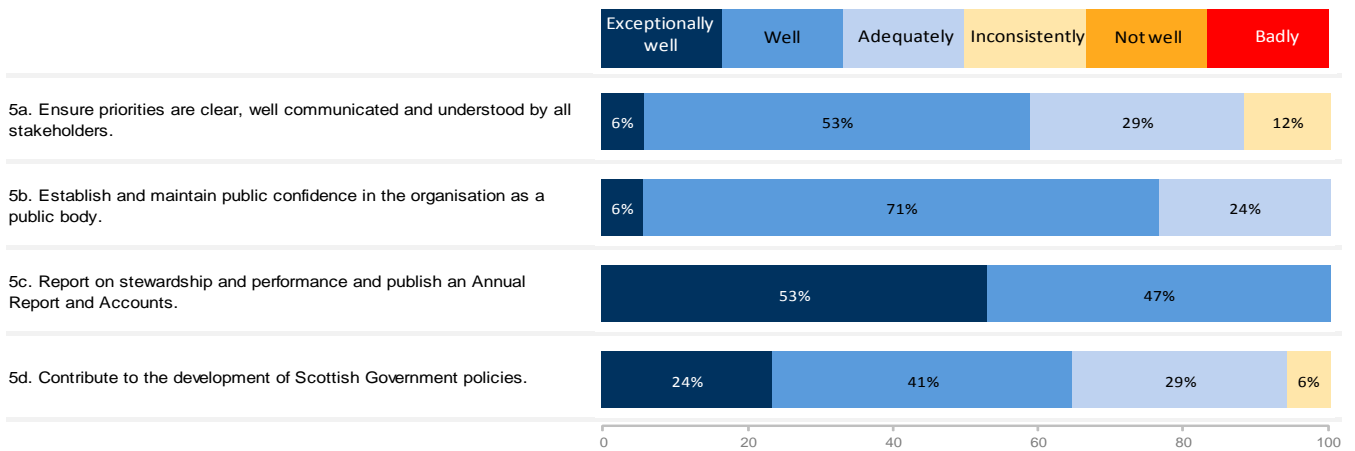


Section 4: Assessing Risk - How well do we do this currently?

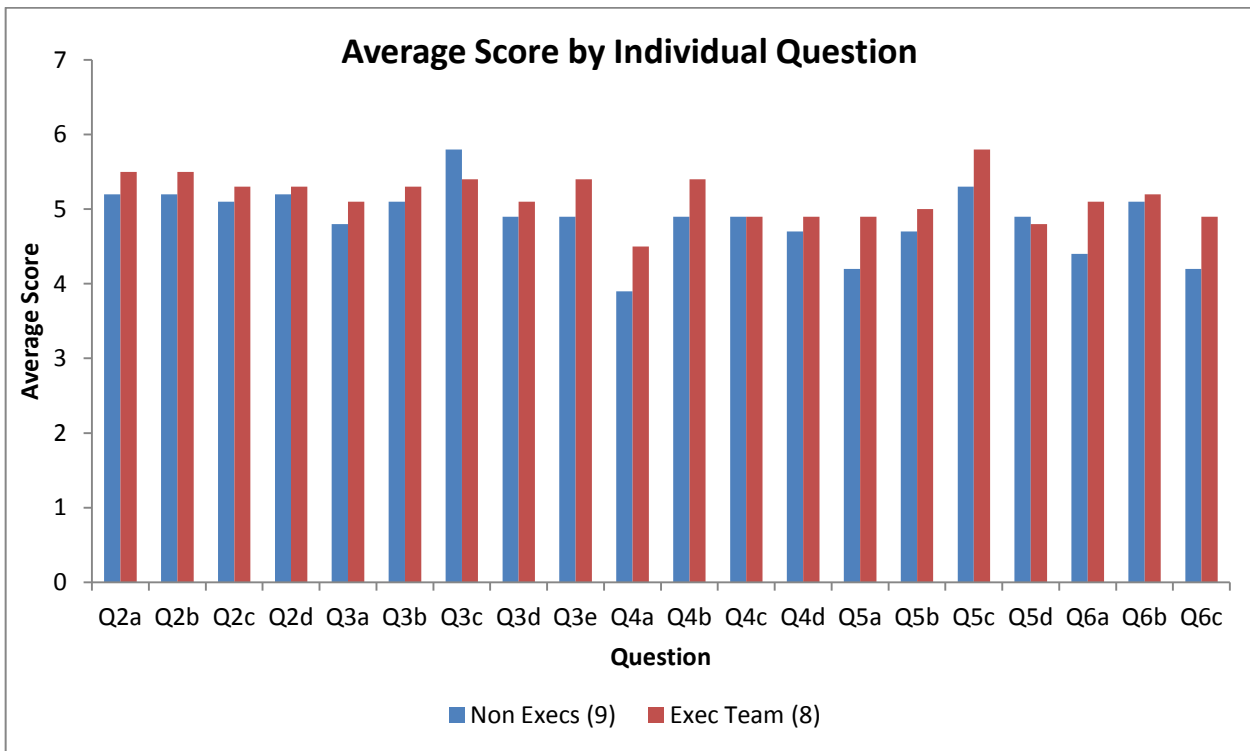


Doc: Board Governance Report	Page 12	Author: Deputy Director of HR & OD and Board Secretary
Date: 2019-04-25	Version 1.0	Review Date: bi-monthly

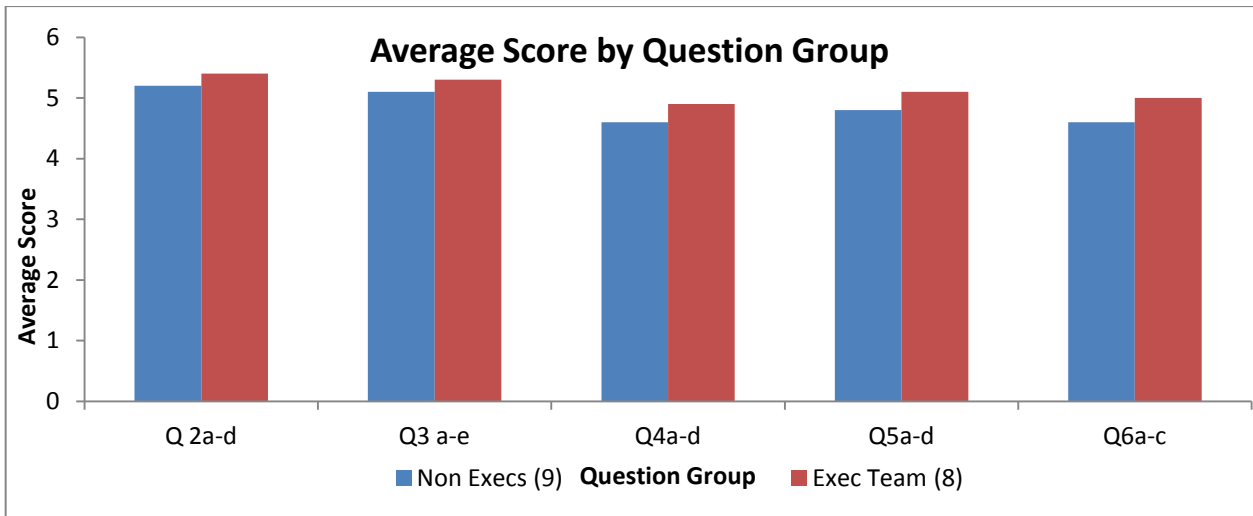
Section 5: Engaging Stakeholders - How well do we do this currently?



Individual questions - Variance of responses (by different member types)



Question Groups – Variance of responses (by different member types)





**NOT PROTECTIVELY MARKED**

**BOARD DEVELOPMENT SESSION**

**1.15 P.M. ON WEDNESDAY 27 MARCH 2019**

**CLYDE ROOM, GOLDEN JUBILEE CONFERENCE HOTEL, BEARDMORE STREET, GLASGOW, G81 4SA**

**AGENDA**

- 1:30 p.m. - 3.30 p.m.
2. A Blueprint for Good Governance session:-
- Purpose and intent
  - Results of the survey
  - Table discussions
    - Recommendations for Improvement – Enablers and support
    - Moving Forward
  - Review and next steps
- T Steele      Chair
- K Reith      Deputy Director of HR and Organisational Development

Doc: Board Governance Report	Page 15	Author: Deputy Director of HR & OD and Board Secretary
Date: 2019-04-25	Version 1.0	Review Date: bi-monthly