



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



NOT PROTECTIVELY MARKED

MINUTES OF THE 170TH MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

**10.00 A.M. ON WEDNESDAY 30 JANUARY 2019
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
Dr Jim Ward, Medical Director

Regular attendees: Paul Bassett, Director National Operations
Lewis Campbell, Regional Director, East (to Item 11)
Julie Carter, Interim Director of Finance and Logistics
Linda Douglas, Director of Human Resources and Organisational
Development
Garry Fraser, Regional Director, West
Claire Pearce, Director of Care Quality and Strategic Development (from
item 8)
Lindsey Ralph, Board Secretary (minutes)
Milne Weir, Regional Director, North

In Attendance: Alan Martin, Patient Experience Manager
David Mitchell, member of the Public
Daniel Rankin, Deputy Director of Care Quality and Strategic
Development
Sarah Stevenson, Risk Manager (Item 7)
Drew Wemyss, Head of Planning and Performance (Item 8)
Susan Wilson, Head of Infection Prevention and Control (Item 11)

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WELCOME AND INTRODUCTION

The Chair welcomed everyone to the 170th Scottish Ambulance Service Board meeting. There were no apologies noted. Daniel Rankin was deputising for Claire Pearce who would be available to join the meeting from item 8.

The Chair opened the meeting by setting out the Board's responsibilities of setting the direction, holding to account, assessing risk, engaging stakeholders and influencing culture.

ITEM 01 PATIENT STORY

Board Members were shown a film made by a patient and her husband who expressed their gratitude to the crew who helped to save her life. The patient's husband was at home and initially thought she had fainted. A friend who was in the house at the time knew first aid and commenced initial CPR, while her husband called 999. Their friend continued CPR until the first ambulance crew arrived. The crew took over CPR and started using a defibrillator and managed to stabilise the patient who was then transferred to hospital.

Board members discussed the Service's role as a key partner in the delivery of Scottish Government's Out of Hospital Cardiac Arrest (OHCA) Strategy, linking across the whole chain of survival. The early identification of OHCA by the Ambulance Control Centres through the use of Pre entry questions and key phrases, as well as dispatch on disposition, were contributory factors to saving more lives.

The Chair referred to the Scottish OHCA data linkage results published in January 2019 and invited Jim Ward to provide an update. Jim Ward described the factors that influenced survival rates, including prompt bystander CPR, which increased the likelihood of survival after OHCA by 2 or 3 times. He explained before the OHCA strategy was launched, bystander CPR was received by 41% of people suffering an out of hospital cardiac arrest. The recent report showed this had increased to 55.5% in 2017/18, with the latest data available in the Service showing a further increase to around 65%.

More than 300,000 members of the public had received bystander CPR awareness training and Board members discussed how the Service could help influence this to be further embedded across communities in Scotland.

The Chair thanked the patient and her husband for sharing their story and the Board was pleased to hear the patient was recovering well at home.

The Chair welcomed the member of the public to the meeting.

ITEM 02 MINUTES OF MEETING HELD ON 28 November 2018

The minutes were approved subject to the following amendments:-

- Page 1, Regular attendees – Julie Carter's title to be amended to Director of Finance and Logistics.
- Page 2, line 1 – insert "film" before "made by the patient's wife".

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ITEM 03 MATTERS ARISING

Board members approved the removal of matters arising:- 164/7/9, 169/2/1, 169/4/5 and agreed that item 169/8/13 would remain on the matters arising paper until the Board were assured there was a consistent process in place.

Francis Tierney asked if the Board would receive further information about the potential benefits of Office 365 and it was noted that a presentation on the Service's ICT Strategy was scheduled for the February Board Development session.

ITEM 04 DECLARATION OF INTERESTS

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

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

ITEM 05 TOWARDS 2020: TAKING CARE TO THE PATIENT AND QUALITY IMPROVEMENT

Pauline Howie provided a summary of the main points from the paper which highlighted performance for the Service's Hear and Treat and See and Treat performance measures and included updates from the Clinical Services Transformation Programme, Enabling Technology and Workforce Development strategic work streams.

Board members noted:-

- For high acuity patients, the Service's outcomes as measured by ROSC, along with the work it was doing around major trauma and Sepsis, had continued to be above the Service's aims in December 2018.
- The Service continued to support Scottish Government's focus on shifting the balance of care, with over 35% of patients managed safely at home, or an alternative to hospital, in December 2018.
- The Service's workforce development programme remained on track.
- The Service continued to invest significantly in supporting staff health and wellbeing.
- SAS App has been fully rolled out with positive feedback from staff.
- The Emergency Services Network continued to be delayed and there remained concerns that the operational requirements of the Service and other emergency services will be met at affordable prices.
- The Service continued to expand its work in primary care and mental health. A Primary Care scoping paper was submitted to Scottish Government in December and the Service was awaiting feedback.

Pauline Howie provided an update on the Service's Paramedic education model. Board members noted that the Health Care Professionals Council (HCPC) threshold entry to register for Paramedics would be set at an Honours degree level from 21 September 2021.

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The Service was reviewing its arrangements to ensure it met the regulatory requirements of the HCPC and the strategic intentions of both the Scottish Government and the Service. An update will be provided at the Board Development session in February and a Full Business Case will be presented to the Board in March for approval.

In response to questions from Board members, it was noted:-

- The Service actively advertised for Qualified Paramedics from across the UK and primary care and continued to be an attractive employer. A permanent advert was in place to attract direct entrants.
- Early indications were positive on the test of change by the Service and NHS 24 to triage in-hours primary care patients in Musselburgh with referral to Specialist Paramedics.
- Chart 3.1 did not display the statistical shift as described in the narrative. The mean line on the chart had been adjusted in error and this would be rectified.
- The vehicle telematics programme which was on hold due to lack of sponsor and benefits realisation was now being considered by the Best Value Group.

Irene Oldfather asked if Integrated Joint Boards throughout Scotland were supportive of the wider spread of Specialist and Advanced Paramedics working as part of a multi-disciplinary team in primary care. Jim Ward confirmed that the level of engagement between IJBs and the Service was variable throughout Scotland and there was a need for further cultural work and governance guidelines to be developed.

Francis Tierney asked for further information about the Healthcare Professional (HCP) calls process which were unscripted and taken by non-clinical call handlers. Jim Ward explained the level of response a patient received was linked to clinical acuity and the Service had seen variation in HCP requests, in both the information provided and timeframe requested. He described the Service's work with GP representatives to design a more clinically evidenced and patient focused triage system that better matched the response to the clinical need of the patient.

The Chair referred to the increase in Hear and Treat performance and invited Paul Bassett to expand on the Service's work with NHS 24. Paul described the learning from the winter planning in 2017/18 when the Service had passed low acuity calls to NHS 24. This arrangement had been formalised and was being monitored to ensure the codes and patients identified continued to meet the criteria agreed with NHS 24 and provided the best patient outcomes. While it was expected the number of low acuity calls received by the Service would reduce in February/March, the Service planned to identify other calls that could be more appropriately and safely managed by NHS 24. The next steps would be to develop a wider piece of work in relation to mental health calls to ensure the right outcomes for patients. With the above improvements in place, it was expected that hear and treat outcomes would continue to increase and improve staff and patient experience.

ITEM 06 BOARD QUALITY INDICATORS PERFORMANCE REPORT

The Chair highlighted that the purpose of this report was for the Board to understand and have a view on the critical measures aligned to the Service's Operational Plan and the actions being taken to make improvements.

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Pauline Howie presented a summary of the report and Board members noted:-

- The Service's work to save more lives from cardiac arrest continued to deliver improved results. Performance in December was 48.4% against an aim of 42%.
- The Service continued to reliably implement the pre-hospital stroke bundle and for the twelfth consecutive month had sustained practice above the 95% aim. Performance in December was 97.6%.
- Response times for the most critically ill patients showed an improved position on 2017/18 despite an increase in Immediately Life Threatening demand. The Service was working with the wider health system to determine factors for the increased demand.
- Further clinical and operational measures were in development and would form part of this report by summer 2019.

In response the questions from Board members, it was noted:-

- While overall demand was down compared to the previous year, ILT demand was higher and this related to a whole range of factors which included inter facility transfers and healthcare professional requests.
- Hospital Ambulance Liaison Officers continued to play a critical role in reducing hospital turnaround times. The Service had joint improvement plans in place with key hospital sites and escalation arrangements had been enhanced this winter. Improvement measures included the introduction of a 'safe to sit' handover process where patients who were not acutely unwell could be managed by a triage nurse, leaving the crew available to respond.
- There had not been a significant increase in the number of patients with a social or geographical need receiving patient transport when they did not meet the PNA.

Board members discussed absence levels which continued to be a concern for the Service. Linda Douglas described the support measures in place, along with new initiatives introduced, to support staff health and wellbeing. This included early intervention for staff to access support, the Service's RUOK campaign, access to a mindfulness course, an online mindfulness software tool and health and wellbeing apps. John Riggins highlighted that despite the Service rolling out a number of new initiatives, absence levels had increased with higher numbers of staff accessing services that were not previously available to them.

Irene Oldfather asked if progress had been made with compassionate leadership to improve staff experience and outcomes. Pauline Howie reported that the Service had made progress and a session was held with the Senior Leadership Team to focus on the three areas the Service would progress. This will be reported through the Staff Governance Committee.

ITEM 07 CORPORATE RISK REGISTER (PUBLIC) 2018-19

Sarah Stevenson joined the meeting for this item.

Board members agreed, for consistency, the title of the risks would be reviewed by the Risk Manager to ensure each related to the specific risk rather than only being defined as Corporate or Strategic risks.

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Neelam Bakshi requested that the risk description for Risk ID 3999 was reviewed as some of the benefits and potential risks were not fully captured.

Board members noted that a Board session on risk appetite will take place in February and would be followed by a review of the risk register, and the wording of the risks, in March and April. It was agreed that the points raised by Neelam Bakshi would be addressed as part of this process.

The Board approved the Risk Register.

Action:

1. **Risk Manager** to review the titles of the risks to ensure each related to the specific risk rather than only being defined as Corporate or Strategic risks.

ITEM 08 EMERGING THEMES FOR THE ANNUAL OPERATIONAL PLAN 2019/20

Claire Pearce and Drew Wemyss joined the meeting and provided a summary of the themes detailed in the paper which will provide the foundation for the Service's Annual Operational Plan for 2019/20.

Board members noted that although Scottish Government's guidance had not been published, the paper detailed a number of areas the Service would seek to develop, informed by its strategic ambition. It did not include 'business as usual' which would be included in the final plan.

Board members discussed the paper and in response to questions raised it was agreed the following areas would be captured in the final plan:-

- The Service's regional and national collaborative work would be added as a discrete section and linked to the Service's work to improve outcomes for service users.
- The Cabinet Secretary's three identified priority areas of – integration, waiting times and mental health would be more clearly defined.
- Staff and patient experience would be more explicitly reflected in the plan.

In response to a question from the Chair, Julie Carter confirmed the Annual Operational Plan would be aligned to the Service's financial and workforce plans.

The Chair thanked the team for providing the paper. The Board was content for this to be the basis of planning, with the above points agreed by Board members reflected in the final plan presented to the Board in March for approval.

The Chair informed Board members that the Executive Team met with the Scottish Government Sponsor team on 22 January 2019. Pauline Howie reported that it was agreed at the Service's mid-year review in November 2018 that a follow up workshop would be held in January 2019 to discuss the Service's strategic intentions beyond 2020. This had been a positive meeting with discussion focused on primary care, collaboration and workforce opportunities and challenges beyond 2020.

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ITEM 09 FINANCIAL PERFORMANCE

Julie Carter provided a summary report of the Financial Performance to 31 December 2018 and confirmed that the Service remained on track to deliver its financial targets at year end. Overtime costs continued to reduce, savings were in line with the revised forecast and no additional cost pressures had been identified.

Francis Tierney asked how the Service had reduced its overtime costs and whether there had been any negative impact on staff to achieve this. Julie Carter and Garry Fraser confirmed this related primarily to improvements with shift rostering and a focus to reduce the number of vacancies. John Riggins confirmed that he was not aware of any negative impacts for staff.

Martin Togneri referred to the capital budget and the Service's expenditure plans which were heavily focused on the majority of its capital spend being in the last quarter of the financial year. Julie Carter confirmed she remained confident the Service would achieve its forecast of break even by year-end and described additional capital expenditure governance measures that had been introduced in-year including the requirement for mini business cases, the expansion of the membership of the Capital Group to provide further scrutiny.

Madeline Smith referred to the delivery of efficiency savings forecast which was reliant on an increased pace towards the end of the financial year and asked if this would be realised. Julie Carter confirmed that good progress had been made which was being monitored by the Executive Team on a weekly basis. The reliance on the increased pace at year end to achieve the savings would be taken in to account during the financial planning phase for 2019/20.

The Board noted the assurance provided to achieve the financial targets at year end and the Chair thanked members of the Executive Team for the focused work undertaken to reach this position.

ITEM 10 PERSON CENTRED CARE UPDATE

Alan Martin presented the paper and Board members noted the latest data on compliments, the Service's Patient Focus Public Involvement work, complaints compliance, themes and improvement actions and Scottish Public Services Ombudsman cases.

Board members noted improvements with Stage 2 complaints compliance which was 68.7%. Alan Martin informed the Board that the most recent data available had seen an increase in January to above 70%.

In response to questions from Board members, the following points were noted:-

- The Service had its own patient representatives, one of whom was a member of the Clinical Governance Committee. The membership of the PFPI group had extended and now included representation from the third sector.
- More detailed work had commenced to ensure that the Service captured and shared the learning from complaints that were not upheld by the Service and subsequently upheld by SPSO.

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- There had been an increase in the number of MSP complaints related to the patient transport service with a particular issue in West Region as a result of vacant posts which had now been filled.
- Following a request by the Chair, the format of this paper was being reviewed by the Director of Care Quality and Strategic Development.

Lewis Campbell left the meeting.

ITEM 11 PATIENT AND STAFF SAFETY – HEALTHCARE ASSOCIATED INFECTION REPORT

Susan Wilson joined the meeting for this item.

Board members noted the planned change from 1 April 2019 to the HAI e-learning resources that were currently updated by NHS National Education Scotland on Learnpro. The Executive Team provided assurance that this transition would be closely monitored by the Service’s HR, Education and Infection Control teams.

Following a question from Martin Togneri, it was noted that the Service had not achieved Scottish Government’s target for 70% of frontline staff to be vaccinated against influenza. 1,541 staff had been vaccinated and for future years the Service would aim to capture the number of staff who had received a vaccination outwith the Service.

The Board noted the paper and was pleased to see that overall hand hygiene compliance improved in November to 93%, the highest recorded since March 2018. Compliance with all other elements of Standard Infection Control Precautions remained strong. The monitoring results for cleanliness of the healthcare environment continue to be maintained above the 90% target.

ITEM 12 VERBAL UPDATE – CHAIR

Board members received a report from the Chair on meetings attended and recent developments across NHS Scotland which included:

- The Service’s Annual Staff Awards event and the Penicuik First Responders Long Service Awards
- Visits to the Specialist Operational Response Team and Ambulance Control Centre on 31 December
- A shift with an A&E crew
- Quarterly meeting with Police Scotland and Scottish Fire and Rescue Service where good progress was being made on joint projects.
- A meeting with the Cabinet Secretary for Health and Sport which was focused on the Service’s New Clinical Response Model. A follow up meeting was arranged in February.
- NHS Chairs meeting on 28 January. The Cabinet Secretary had highlighted reputational management following recent infection control issues in NHS Scotland and requested all Board chairs were assured they had proactive communication arrangements in place for dealing with expected events.

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The Chair informed Board members that a Scottish Government Director's Letter would be issued around the Good Governance Blueprint. The Board will complete a self assessment, the results of which will be used to develop an action plan and report for the Cabinet Secretary.

The Chair informed Board members that the recruitment process had started for two Non Executive Directors to be appointed from 1 July 2019.

The Board noted the update.

ITEM 13 VERBAL UPDATE – CHIEF EXECUTIVE

Board members were provided with an overview of matters not covered elsewhere on the agenda and recent meetings attended by the Chief Executive. Board members noted:-

- A workshop with representatives from Integrated Joint Boards will be held on 7 February to which all Board members were invited.
- There would be an update on the Service's preparations for EU withdrawal at the February Board Development session.
- The Chief Executive had attended the AACE meeting where the main themes discussed included the evidence emerging that there was strong consensus that the rotational model for paramedics working in primary care was an effective and attractive model.
- NHS England had published its 10 year plan for Health and Social Care with a real focus on clinical integrated services, resourced by a mix of health care professions operating within a hub. The Service will capture any learning from this.
- The Service will attend an evidence session with the Health and Sport Committee on 26 February.
- The Service's Ministerial Annual Review with the Cabinet Secretary for Health and Sport will take place on 25 March 2019 in Glasgow.

The Board noted the update.

ITEM 14 STAFF GOVERNANCE COMMITTEE – MINUTES OF 20 SEPTEMBER 2018 AND VERBAL REPORT OF 11 DECEMBER 2018

Board members noted the minutes of 20 September 2018. Neelam Bakshi provided a verbal update of the meeting held on 11 December 2018 which included:-

Governance items:-

- Reviewed Terms of Reference for SGC, Remuneration Committee and Health, Safety and Wellbeing Group.
- Considered the Staff Governance Committee's draft work plan for 2019/20
- Received progress reports and draft 2018/19 plans for comment
 - Staff Governance Action Plan (SGAP)
 - Organisational Development (OD)
 - Wellbeing Implementation Plan

Standing items

- Partnership Update Report

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- Approved HR Policies (all PIN) – Annualised Hours, Shared Parental Leave
- Approved Health & Safety No Smoking Policy
- Promoting Attendance – noted downward trend continued and discussed benchmarking information. The Action Plan would be updated.
- Health and Safety Update
- Workforce information and scorecard - Vector of measures continued to be applied across variety of HR, OD and H&S measures.
- Internal Audit Tracker – Audit Committee re-categorised one item to HR.

Special Reports

- Paramedic Education – Future Model Workforce - Noted risks arising because of a number of inter-dependencies. Highlighting for board to consider within Risk Register and Business case in due course.
- Annual Report – Strategic Recruitment
- Staff Experience Thematic Feedback
Noted SAS Engagement - 67% reflected organisational culture and perceptions of SAS as an employer, not just engagement. Themes were broadly the same as those for NHS Scotland.
- Brexit - Preparation in relation to workforce issues.
- Equality Reports – for assurance and to meet legislative requirements (mid-cycle reporting).
 - Mainstreaming Report 2017/19.
 - Equality Outcomes Progress
The Committee had requested clarity on targets and rationale when the paper was presented to the Board for approval in March.
- Once for Scotland briefing. NHS Scotland moving to provide nationally negotiated and agreed HR policies for adoption by SAS Board. Assurances sought in relation to implications for SAS as employer. Awaiting statement.

The Board noted the paper and verbal update.

ITEM 15 AUDIT COMMITTEE – MINUTES OF 25 OCTOBER 2018 AND VERBAL REPORT OF 16 JANUARY 2019

Board members noted the minutes of the meeting held on 25 October 2018.

Eddie Frizzell, Chair of the Committee, provided a verbal update of the meeting held on 16 January 2019 and Board members noted the Committee:-

- Received, and accepted, three Internal Audit Reports related to Workforce Planning, Property Transaction and Professional Paramedic Accreditation. A summary of the main findings from these reports was provided to the Board with assurance that the Committee was content with the management actions in place.
- Reviewed the follow up of Internal Audit actions and agreed these would be monitored closely to ensure the good progress made to close listed actions was sustained.
- Received a report after the meeting from the Director of Finance and Logistics to provide assurance on the further progress that had been made to address the cyber security actions.

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- Received an update to provide assurance on the Service's information governance, anti-fraud and risk management arrangements and progress with the Best Value Group.
- The procurement for Internal Audit was discussed in private with recommendations made to the Board.

The Chair sought assurance that all Paramedics working in the Service were fully registered. Linda Douglas advised that it was the individual's responsibility to register every two years and there were a small number of instances where an individual had missed their reminder which had been quickly picked up. The Service was strengthening its controls further and this would include new reporting arrangements to the Staff Governance Committee to provide assurance.

The Board noted the paper and verbal update.

ITEM 16 ANY OTHER BUSINESS

The Chair confirmed there were no items of business.

ITEM 17 DATE OF NEXT MEETING

The next meeting will be held at 9.30 a.m. on Thursday 28 March 2019 in Glasgow.

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