



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



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MINUTES OF THE 191ST PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

10.00 A.M. ON WEDNESDAY 29 SEPTEMBER 2021

VIRTUAL MEETING BY MS TEAMS

To observe Scottish Government guidelines on social distancing and protect public health, the Board meeting is being held virtually. 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
Irene Oldfather, Non Executive Director & Vice Chair
John Riggins, Employee Director
Carol Sinclair, Non Executive 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
Frances Dodd, Director of Care Quality & Professional Development
Kenny Freeburn, Regional Director, East
Mark Hannan, Head of Corporate Affairs & Engagement
Lyndsay Lauder, Director of Workforce
Lindsey Ralph, Board Secretary
David Robertson, Regional Director, West
Milne Weir, Regional Director, North

In Attendance: Sarah Stevenson, Risk Manager (Item 06)
Rebecca Board, Risk Manager (Item 06)
Karen Brogan, Associate Director of Strategy, Planning & Programmes (Item 13)
Donna Fleet, Member of Public

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WELCOME AND INTRODUCTION

The Chair welcomed everyone to the 191st Scottish Ambulance Service Board meeting and apologies were noted from Cecil Meiklejohn, Non Executive Director. Board members noted that Operational Directors would leave the meeting after item 5.

ITEM 01 PATIENT STORY

Board members viewed the video in advance of the meeting and discussed the patient story as described by Neil Hardy, Emergency Call Taker based in the East Ambulance Control Centre. Neil described his role in saving the life of a new born baby, after a mother went in to labour in the car on the motorway while being driven to the hospital by the father. He had given instructions over the phone to the father while also helping him to remain calm. There were added complications in that it was a breech birth and the baby was not breathing when delivered. The father, following clear instructions from Neil until the crew arrived, administered CPR which the baby had responded to.

Board members were delighted to hear that both baby and mother made a full recovery and recognised the essential role ambulance control centre staff played in patient outcomes. They recorded their congratulations to Neil and were delighted to note that he was awarded the UK Emergency Dispatcher of the Year following his involvement in helping to deliver the baby safely.

Paul Bassett described the Ambulance Control Centre training and accreditation and was pleased to inform Board members that the Service was on track to apply to the Standards Board and achieve the Centre of Excellence accreditation.

In response to a question from Francis Tierney, it was noted that the next televised series of Paramedics on Scene which would be broadcast early in 2022, would include the Ambulance Control Centre to further raise awareness about the essential and critical role of the staff to patient experience and outcomes.

In response to a question by Stuart Currie, it was noted that staff and patient experiences were used as a recruitment tool for Ambulance Control Centre staff and it was agreed that the Head of Corporate Affairs and Engagement would arrange for videos to be edited to include a timeline of events from receipt of the call until the ambulance arrived on scene as without this it did not clearly convey the sense of urgency that the dispatcher had been responding to.

The Chair asked Mark Hannan to convey the Board's thanks to Neil for sharing his experience and Board members passed on their congratulations to him on his recent award.

Action:

1. **Head of Corporate Affairs & Engagement** – to arrange for videos to be edited to include a timeline of events from receipt of call until the ambulance arrived on scene.

ITEM 02 DECLARATION OF INTERESTS

The following declarations were noted: -

- Martin Togneri - Non Executive Director, NHS 24

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- Irene Oldfather - Director of Scotland's Health and Social Care Alliance and Member, Flu Vaccination and Covid-19 Vaccination Programme Board (FCVC)
- Madeline Smith –Board member, Digital Health and Care Innovation Centre
- Carol Sinclair – Chief Officer, Public Health Scotland and Trustee, Scotland's Charity Air Ambulance
- Liz Humphreys - Non Executive Director, Public Health Scotland
- Stuart Currie, Non Executive Director, State Hospital

ITEM 03 MINUTES OF MEETING HELD ON 28 JULY 2021

Board members approved the minutes.

ITEM 04 MATTERS ARISING

Board members approved the removal of matters arising 184/7/6iii, 188/6/6, 190/5/6, 190/6/8, 190/7/10, 190/8/12ii, 190/8/13.

ITEM 05 BOARD QUALITY INDICATORS AND PERFORMANCE REPORT

The Chair referred to the detailed update provided by the Chief Executive at the July Board meeting on the whole system pressures which were increasing across the health and care system and the Service's contribution to mitigate against these as far as possible. He referred to the additional funding received from Scottish Government and progress updates against the agreed action plan would be shared with members through Board weekly reports. As Board members were aware, the Service remained at REAP4, its highest level of escalation and he invited Pauline Howie to provide an update to the Board on the current position related to system pressures.

Pauline Howie described the ongoing sustained pressures which were common across the health and care sector in Scotland and the UK and had been building as Covid-19 restrictions had eased. She referred to the four main factors that were impacting on the Service's response to patients and staff experience which included an increase in unscheduled demand, a significant increase in patient acuity which was double the percentage of ILT calls pre-pandemic, increased staff abstractions and longer hospital turnaround times. She advised that despite the sustained pressures, the Service continued to save more lives with 30 day survival performance to 31 May 2021 (the latest data available) showing the highest rate of survival for the most critically unwell patients that the Service had ever reported at 53.4%.

Pauline Howie reported that the Service was implementing a range of enhanced measures around the four factors referred to above. In terms of managing demand, the Service was looking to continue to develop through the redesign of urgent care programme alternatives to hospital and had been doing work around interface care. The Service had also introduced more senior clinical decision makers in to its Ambulance Control Centres with the aim to reduce delays for patients and improve staff rest break compliance and shift overruns. In terms of capacity, the Service was on track for the 296 additional staff related to the demand and capacity programme and was also aiming to bring forward part of the phase 3 additional staffing that the original Demand and Capacity proposal had set out. In addition to this, the Service was receiving short term support from a range of partner agencies including British Red Cross, Scottish Fire and Rescue Service and the Military. There was a renewed focus on hospital turnaround times by health boards, with local action plans being provided to Scottish Government and the Service's Regional Directors had been engaged at a local level. Further

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short term measures for additional assessment areas within hospitals where particular challenges were being experienced were being considered and in the medium term, further measures that would contribute to the improvement of patient flow both in and out of hospitals were being progressed.

Jim Ward provided an update on the redesign of urgent care programme and described the emerging concept of the interface care initiative. Board members noted the whole system challenges and the work the Service was progressing to optimise its senior clinical decision making with a view to reducing longer delays to patients where it may be possible to expedite an alternative, more appropriate response earlier in the patient journey.

Francis Tierney referred to the highest rate of 30 day survival for critically unwell patients reported and acknowledged the remarkable efforts of staff given the environment the Service had been operating in during the pandemic.

Board members discussed the Service's hear, see and treat performance with over 45% of patients being cared for in local community settings, and discussed the Service's increasing contribution to avoiding emergency department attendances and hospital admissions where this was the best outcome for the patient.

Carol Sinclair welcomed the accelerated approach adopted to implement changes at pace and scale. In her role as Chair of the Audit Committee, she confirmed that she had offered to work with the Director of Finance, Logistics and Strategy on the dynamic risk register as the Service navigated through these difficult times and the Chair thanked her for her support.

Liz Humphreys welcomed the efforts of the Executive Team to ensure Board members were kept updated on the fast changing situation and wide range of challenges being experienced. She said it was important for the Board to note the variety and wide ranging measures being put in place and the efforts of the Executive Team to respond to these challenges, which were fast moving. She asked how the Executive and Senior Leadership Team kept informed about the impact of the changes being made and the internal assurance mechanisms in place for this.

Pauline Howie described the internal assurance mechanisms in place which included the establishment of the Incident Management Team, which was linked in with the Regional Tactical cells that were operating for extended hours, with daily updates being provided on progress against the action tracker agreed with Scottish Government. The National Command and Co-ordination Centre was managing performance in real time to identify issues as these happened. There were twice weekly system pressures Executive Team meetings to track progress against the action tracker and to address any emerging issues as quickly as possible. The Service's business intelligence team were modelling the estimated impact of the changes being put in place to track whether these were having the intended impact. She said that this modelling would be shared with Board members through the Board weekly report.

Following a point raised by Stuart Currie regarding the impact the current situation had on staff morale and wellbeing, Pauline Howie advised that this was a real concern for the Service and wider health and care system. The Service was keeping staff updated about all the measures that were being taken to improve patient and staff experience, and as it was introducing new ways of working for staff at rapid pace, it continued to engage with partnership colleagues and had extended and visible leadership in place at stations and Ambulance Control Centres to support and coach staff through those changes. She said that there had been positive feedback from the most recent weekly staff engagement session with the opportunity to talk in more

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detail about the changes and communications would continue through the weekly Chief Executive bulletins, team briefings and staff engagement sessions.

In response to a question from Stuart Currie about the need for a whole system approach to address the challenges, Pauline Howie referred to the Scottish Government's System Response Group, which had been established and had representation from primary care, social care, local government and IJBs, territorial boards and national boards. This looked across the whole system to optimise all parts both in terms of immediate short term measures and more sustainable medium term measures.

Regional Directors described actions that were being taken in each region related to the significant pressures being experienced by increased turnaround times, and supporting flow across the hospitals which included the appointment of additional dedicated Hospital Ambulance Liaison Officers in some sites experiencing the longest delays. Milne Weir referred to the joint work that was taking place between the Service and Aberdeen Royal Infirmary with two tests of change now in place related to the flow navigation centres with early indications that this was having a positive effect to reduce conveyance to the emergency department when this was considered the best outcome for patients.

Madeline Smith referred to the temporary admission areas in hospital sites and asked for further information about this given the potential impact this could have to free up ambulances more quickly to respond to patients. Pauline Howie confirmed that Aberdeen Royal Infirmary had a post assessment area in place which was being utilised for surge capacity and discussions with territorial boards were taking place to build on this model.

In response to a question from Martin Togneri about the timing of the Ambulance Control Centre telephony upgrade given the current pressures on the Service, Pauline Howie referred to ACC resilience which was one of the Service's highest corporate risks and confirmed that this work was essential as there were a series of actions that the Service required to have in place ahead of COP26 and winter.

In response to a further question from Martin Togneri related to the scheduled care section of the report, Pauline Howie confirmed that cancellations were now starting to come down and the narrative on page 8 related to earlier performance in the year and this would be amended for future reports.

Madeline Smith referred to the demand and capacity additional staff recruitment plans and suggested that it would be helpful for the Board performance data to include information on the resources in place against targeted numbers, and confirmed that this data would also be reviewed by the Staff Governance Committee at its meetings.

Irene Oldfather welcomed the wide range of actions that were being progressed and the Service's contribution to the wider health and care system pressures. She was pleased to note that the Service was maintaining a preventative approach through its Covid booster and flu vaccination programme despite its focus on these immediate pressures which she considered was extremely important for public health protection going in to the winter period.

Board members thanked the Executive Team for the comprehensive report and updates and for ensuring the Board had been fully briefed as matters developed. The Chair confirmed this provided a further level of assurance to the Board of the priority actions being progressed to mitigate risks.

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Action:

- 2. Director of Workforce** – to include reference to the demand and capacity recruitment plans with data on the resources in place against targeted numbers in the Board performance data.

ITEM 06 CORPORATE RISK REGISTER (PUBLIC)

Sarah Stevenson and Rebecca Board joined the meeting. Board members welcomed Rebecca Board who had been appointed as Risk Manager to cover Sarah Stevenson’s maternity leave. The Chair thanked Sarah Stevenson for her contribution to enhance the Service’s risk management and Board reporting arrangements and wished her well for her maternity leave.

The Chair advised that the report being presented to the Board provided further assurance that the Executive Team remained focused on the priority areas of work to mitigate against the corporate risks.

Board members welcomed the inclusion of the risk dashboard and following feedback from Martin Togneri and Liz Humphreys, it was agreed that the Risk Manager would add the risk appetite levels to the dashboard and consider the presentation of these, and the risk levels, in a column rather than a line graph format.

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

Action:

- 3. Director of Finance, Logistics and Strategy - Risk Manager** to include risk appetite levels in the dashboard and consider the presentation of these, and the risk levels, in a column rather than a line graph format.

ITEM 07 SUSTAINABILITY STRATEGY

Julie Carter provided a summary of the main points from the paper and highlighted the reasons for the revised timescales. Board members noted the final strategy would be presented to the Board early in 2022 and would include the final roadmap to net zero, the delivery plan and the alignment to the NHS Scotland Carbon and Sustainability Strategy, which was in the final stages of completion.

Board members **noted** the paper and welcomed sight of the early draft. The Chair invited Board members to provide their feedback on the draft strategy to the Director of Finance, Logistics and Strategy to be reflected in the final version presented to the Board in early 2022.

Action:

- 4. Board members** – to provide any feedback on the draft strategy to the Director of Finance, Logistics and Strategy for this to be reflected in the final version presented to the Board in early 2022.

ITEM 08 PATIENT EXPERIENCE ANNUAL REPORT 2020/21

Frances Dodd provided a summary of the main points from the paper. Board members noted that the annual report was approved by the Clinical Governance Committee at its meeting on

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16 August 2021 and recommended to the Board for approval, subject to minor refinements which had been incorporated in the version being presented to the Board for approval.

Madeline Smith referred to section 5 and requested that information was included about the work the Service had progressed during the reporting year related to learning from events. It was agreed that the Director of Care Quality and Professional Development would make this amendment before the publication of the report. Subject to this amendment, Board members **approved** the report which set out the latest developments, key statistics and performance for the year 2020/21.

Action:

5. Director of Care Quality and Professional Development – to include reference in Section 5 of the work that the Service had progressed during the reporting year related to learning from events.

ITEM 09 SCOTTISH AMBULANCE SERVICE FRAMEWORK DOCUMENT

Julie Carter provided a summary of the key points and highlighted that the framework document was drawn up by Scottish Government in consultation with the Service and it required to be refreshed every 2-3 years. Board members noted the framework was reviewed by the Audit Committee at its meeting in June and recommended to the Board for approval, subject to minor amendments which had been reflected in this version.

Following a point raised by the Chair, Julie Carter confirmed that she would revise section 6 to make specific reference to Integrated Joint Boards and Health and Social Care Partnerships. Subject to this amendment, Board members **approved** the framework which would be submitted to Scottish Government to go through the final clearance stage before it was placed in the Scottish Parliament's Reference Centre and published on the Service's website.

Action:

6. Director of Finance, Logistics & Strategy – to include reference to Integrated Joint Boards and Health and Social Care Partnerships in the framework document.

ITEM 10 FINANCIAL PERFORMANCE

Julie Carter provided a summary of the main points and Board members noted the financial position reported to 31 August:-

- Showed a deficit of £1.2 million against a trajectory deficit of £2 million, which was in line with the Service's financial plan
- Additional expenditure of £7.7 million has been incurred in this period as a result of the Service's COVID-19 remobilisation plan and offset against the funding received to date. Funding for COVID-19 to support the first quarter activity was received in June.
- Efficiency savings of £2.2 million have been delivered against a target of £5 million for the period.
- The expenditure also includes an estimate of £1.7 million in respect of efficiency savings that due to operational pressures have not been realised and are likely to slip into 2022/23.
- A detailed year end financial forecast demonstrated a year end balance position in line with the Service's financial plan.

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Board members discussed the full financial impact of Covid which was being closely monitored and noted the Service continued to assume that all additional Covid related expenditure would be funded for the remainder of 2021/22.

In response to questions from Board members, Julie Carter confirmed that efficiency savings remained a significant risk and there was continued focus to ensure delivery of the Service's best value programme through quality improvements and innovation aligned to the Service's current sustained operational pressures.

In response to a question from Stuart Currie about the risk of non recurring savings, Julie Carter confirmed that a budget planning 2022/23 paper would be brought to the Board in November. She said there were 2 risks, the non recurring element from 2021/22 and confirmation of a firm commitment re recurring funding 2022/23, and the Service working closely with Scottish Government on the assumptions that were being made for next year. Stuart Currie welcomed the prospect of a multi year approach which he considered provided boards with further flexibility related to its financial planning and efficiency savings.

Board members **noted** the financial position.

ITEM 11 – PERSON CENTRED CARE UPDATE

Frances Dodd provided a summary of the main points from the paper. Board members noted complaints compliance and that it was anticipated that managing complaints would remain a challenge. Board members received assurance from the Executive Team that the additional resources in the Ambulance Control Centre were already making the intended impact to improve compliance and the quality of response and the Service continued to seek to resolve complaints as effectively as possible and ensure learning is captured and acted upon.

Francis Tierney asked for further information about the NHS Western Isles and patient participation group in Uist and Frances Dodd confirmed she would gain further information about this group and report back to Francis Tierney.

Carol Sinclair thanked Frances Dodd and her team for the wide reaching and helpful report. She was pleased to see the emphasis on mental health and noted the initiatives put in place to meet local needs in Forth Valley and Lothian. She asked if there were any particular initiatives that were sufficiently generic and scalable that could be impactful across the whole of Scotland. Frances Dodd described the work that was being progressed in partnership with the mental health organisation, See Me across Scotland to understand not only national issues but also the discrete needs of local communities, particularly in relation to remote and rural areas.

Board members **noted** the report.

Action:

7. Director of Care Quality and Professional Development – to provide Francis Tierney with further information about the patient participation group in Uist.

ITEM 12 – PATIENT AND STAFF SAFETY – HAI UPDATE

Board members noted performance and that overall compliance with PVC insertion care bundle was consistently sustained about the quality indicator aim of 95%. Frances Dodd highlighted

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the work being progressed by the team to actively support recovery from the pandemic and the prevention and control of healthcare acquired infections.

At the request of the Board, the Clinical Governance Committee had received a report highlighting the outstanding deliverables of the 2020/21 Infection Prevention and Control Programme in more detail. Martin Togneri confirmed that the Committee had received assurance that these did not impinge on the safety of patients or place staff or patients in an unsafe IPC environment. Progress and outcomes were being monitored by the Infection Control Committee.

Board members **noted** the report.

ITEM 13 – REMOBILISATION PLAN UPDATE

The Chair thanked Julie Carter and Karen Brogan for the detailed report which highlighted the immediate impact of the actions being taken by the Service and they provided a summary of the main points from the paper.

Pauline Howie drew Board members' attention to the section on workforce capacity and Board members welcomed the recent announcement by the Cabinet Secretary for Health and Social Care regarding the elimination of on call working in Fort William, Kirkwall and Broadford and the reduction of on call working in Campbeltown. These locations were in the highest priority category for elimination of on call working and through the Demand and Capacity programme, on call working was reducing on other locations. She thanked Milne Weir, Regional Director, West and John Riggins, Employee Director for their work leading the Service's National On Call Working Group.

John Riggins advised that the Service's On Call Working Group had met recently and the priority list had changed slightly for some places due to progress being made with the demand and capacity programme. He said that local staff partners were represented on the group and there were regular communications provided to ensure staff were kept up to date with developments.

In response to a question from Francis Tierney about the 10 new station locations referred to in the paper, Pauline Howie confirmed that these were mainly new co-located static sites with Scottish Fire and Rescue Service and other parts of the health and social care system.

Stuart Currie highlighted that he was reassured when reviewing the remobilisation plan, while focussed on the issues related to the pandemic, it clearly reflected the delivery plan and ongoing improvement work and developments the Board had been discussing over a wider period of time.

Board members **noted** delivery progress against the plan.

ITEM 14 – CHAIR'S VERBAL UPDATE

The Chair referred to his work co-chairing the National Innovation Steering Group and advised Board members that while the national group had not met on a regular basis due to the pressures on the system, work had progressed through the sub groups. It was expected that a new governance system, with a central approach, would be introduced around research and development and innovation and he would keep Board members updated on any developments.

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Board members noted recent meetings attended by the Chair which included

- visits to staff at ambulance stations in Dumfries and Galloway, East Lothian, Borders and to the Service's COP26 Planning Team.
- NHS Chairs meetings
- National Group for Volunteering
- The NHS Chairs and Chief Executives were meeting weekly with the Cabinet Secretary for Health and Social Care regarding the system pressures
- Director of Workforce interviews

ITEM 15 – CHIEF EXECUTIVE'S UPDATE

Pauline Howie provided an update on matters not covered on the agenda. Board members noted:

- Avril Keen had been appointed as Director of Workforce and would start with the Service on 15 November 2021.
- The Chief Executive had recent meetings with staff on visits to ambulance stations and the Ambulance Control Centres and with MSPs.
- Increased engagement with the First Minister and Cabinet Secretary for Health and Social Care around system response and plans
- The System Response Group, chaired by John Burns, Chief Operating Officer, NHS Scotland was meeting on a weekly basis. Alongside this, and looking innovatively at the longer term, an Integrated Unscheduled Care Programme Board had been established and it had met on 3 occasions to date.
- The Service's resilience work around cyber security and COP26 and the potential concurrent risks going in to the winter period.
- The Executive Team's focus on the Demand and Capacity programme which remained a key priority for the Service which continued to move at pace.
- The Chief Executive's attendance at
 - the Service's BAME forum, with discussions on more targeted recruitment plans to attract a more diverse ethnic mix of staff to the Service. The Service also had representation on the NHS Scotland BAME group that had recently been established.
 - The restarted Health and Justice Collaboration Board to look to see how improvements could be made for citizens in terms of the National Performance Framework. The immediate focus was on what system leaders could do to support a further reduction in drugs deaths.

ITEM 16 – STAFF GOVERNANCE COMMITTEE MINUTES

Board members noted the minutes of 14 June approved by the Committee on 1 September 2021. Madeline Smith gave a verbal update of the meeting held on 1 September. Board members noted the Committee:-

- Approved the Workforce Risk Register, ICT Security Policy and the Workforce Equality Monitoring Report 2020/21 for publication subject to minor amendments.
- Agreed the Committee meeting dates for 2022 which would be presented to the Board for approval in November.

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- Reviewed the Staff Governance Standards Annual Monitoring return prior to submission to Scottish Government.
- Received a comprehensive presentation which detailed the work being undertaken to recommence the Leadership and Management Development Programme. This had subsequently been overtaken by events related to the Service operating at its highest escalation level and regular updates would be provided to the Committee on the impact of this.
- Discussed Rest break compliance and risks added around fatigue.
- Received an update on the Demand and Capacity programme which was the key programme for additional resource in to the Service.
- Received an update on the Staff Governance Action Plan September 2021 – March 2022.
- Discussed Workforce Vector of Measures and agreed a deep dive in to turnover figures. A review of vectors would be discussed at the December meeting.
- Received a progress update on the Service’s Health and Wellbeing Roadmap 2021/2022 and noted that the Stirling University evaluation of health and wellbeing work would be presented to the December meeting.
- Received an update on the Service’s Fatigue Management Framework which was being reviewed by the Policy Review Group as part of the consultation process
- Received updates on the Service’s Workforce Plan Steering Group and Acuma Review of Workforce data.
- Received progress updates on OD Plan and Staff Experience, Whistleblowing and data measurement plan, partnership working and the activity of the Service’s Learning from Events group.
- Reviewed the workforce communications and engagement update
- Noted the Committee work plan

Madeline Smith recorded her thanks to lead Director, Lyndsay Lauder who would retire from the Service in December 2021 and Board members noted the plans in place to ensure continuity when Avril Keen’s appointment as Director of Workforce with the Service commenced in November 2021.

The Chair thanked Lyndsay Lauder for her contribution as lead Director of the Committee and for the progress she had made to progress and enhance the Staff Governance Committee agenda and reporting mechanisms despite the challenges of the pandemic.

ITEM 17 – CLINICAL GOVERNANCE COMMITTEE

Board members noted the minutes of 17 May 2021 approved by the Committee on 16 August 2021. Martin Togneri provided a verbal update of the meeting held on 16 August. Board members noted the Committee

- Received a hot topic on changes to the Whistleblowing process within the Service
- Approved the Patient Experience Annual Report 2020/21 subject to minor amendments
- Approved the Clinical Risk Register, Controlled Drugs Annual Report (subject to amendment) and Duty of Candour Annual Report.
- Approved the Annual Reports for sub committees with an amendment requested to the Medicines Management Group annual report.
- Endorsed the Terms of Reference for the Infection Prevention and Control Committee and Public Protection Assurance Group

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- Received a report on the Mental Health Hub evaluation and noted reduction in the number of mental health incidents being referred to emergency departments.
- Discussed the patient experience and learning from adverse events report and welcomed the revised structure of this paper which provided a clear overview and enabled thematic analysis.
- Received updates on Infection Prevention and Control, the Service’s Clinical Services Transformation Programme and an overview and assurance of the current clinical governance and patient safety activities.
- Received an update on Education and Professional Development and a request that this was cross referenced with the demand and capacity report.
- Reviewed clinical governance internal audit risks and actions
- Noted minutes of clinical assurance group, medicines management group, research and development group, national clinical operational governance group and public protection assurance group.
- Noted the work plan and agreed the Whistleblowing Annual Report would be added to the work plan for 2022.

ITEM 18 BOARD DEVELOPMENT REPORT

Board members noted the report of August 2021.

ITEM 19 ANY OTHER BUSINESS

No items of business to be discussed.

ITEM 20 DATE OF NEXT MEETING

10 am on Wednesday 24 November 2021.

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