



## NOT PROTECTIVELY MARKED

# MINUTES OF THE 195<sup>TH</sup> PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

**1000 HOURS ON WEDNESDAY 25 MAY 2022**

## MS TEAMS

### Present:

Board members: Tom Steele, Chair (Chair)  
 Julie Carter, Director of Finance, Logistics & Strategy  
 Stuart Currie, Non Executive Director  
 Pauline Howie, Chief Executive  
 Irene Oldfather, Non Executive Director & Vice Chair  
 Liz Humphreys, Non Executive Director and Whistleblowing Champion  
 John McGuigan, Non Executive Director  
 John Riggins, Employee Director  
 Carol Sinclair, Non Executive Director  
 Madeline Smith, Non Executive Director  
 Dr Francis Tierney, Non Executive Director  
 Dr Jim Ward, Medical Director

Regular attendees: Paul Bassett, Chief Operating Officer/Deputy Chief Executive  
 Matt Cooper, Director, National Operations  
 Frances Dodd, Director of Care Quality & Professional Development  
 Kenny Freeburn, Regional Director, East  
 Mark Hannan, Head of Corporate Affairs & Engagement  
 Avril Keen, Director of Workforce  
 Lindsey Ralph, Board Secretary  
 Milne Weir, Regional Director, North

In Attendance: Rebecca Board, Risk Manager (Item 06)  
 Karen Brogan, Associate Director of Planning, Performance and Strategy (Item 11)  
 Nicola Maher, member of the public

## WELCOME AND INTRODUCTION

The Chair welcomed everyone to the 195th Scottish Ambulance Service Board meeting. Apologies were noted from Cecil Meiklejohn, Non Executive Director.

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**ITEM 01 PATIENT STORY**

Mark Hannan introduced the patient experience story, viewed by Board members in advance of the meeting. A mother shared her experience of the Service when she suspected her 10 month old daughter was choking, after she had been alerted through the baby monitor and found her daughter struggling to breathe. She called 999 and was instructed by Ambulance Control Centre Call Handler, Andrew McNicoll, on what she should do until the crew arrived. The video also included feedback from Ambulance Control Centre Training Practitioners, Heather Tweedie and Paul Mackie, who had trained the Call Handler. The patient's mother thanked Andrew who she said was amazing and had kept her calm, assuring her help was on its way while taking her through the relevant questions. She described her experience when the crew, Carol Mackie and Tracy Dickson, arrived and expressed how grateful she was for the kindness, compassion and care they had shown throughout which had helped put her at ease in a very stressful situation.

Board members were delighted to hear about the family's experience of the care provided by the staff involved and the recognition of the role that non clinical staff within Ambulance Control Centres had in saving lives. They recognised the positive impact that the softer skills the crew had displayed had reassured the family and helped to build confidence and trust in an extremely stressful situation.

Following a point raised by John Riggins, Frances Dodd confirmed that she would explore further how stories were used as part of staff education and training and ensure these were being shared widely across the Service to inform developments.

On behalf of the Board, the Chair thanked the mother for sharing her story and Board members were pleased to hear that her daughter was doing well after their experience.

**Action:**

1. **Director of Care Quality & Professional Development** – to explore options for the use of patient stories to inform training, education and development programmes.

**ITEM 02 DECLARATION OF INTERESTS**

The following declarations were noted: -

- 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 and member of the Audit and Accountability Committee of the Police Investigations and Review Commission
- Stuart Currie, Non Executive Director, State Hospital

**ITEM 03 MINUTES OF MEETING HELD ON 30 MARCH 2022**

Board members approved the minutes.

**ITEM 04 MATTERS ARISING**

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Board members approved matters arising 193/7/8ii, 194/6/5i, 194/6/6i, 194/6/6i and 194/8/9iii for removal and agreed the extended target date of for item 193/7/8 to July 2022.

## **ITEM 05 BOARD QUALITY INDICATORS AND PERFORMANCE REPORT**

The Chair thanked the Executive Team for the continuation of the weekly Board reports that ensured members were kept informed and updated on current performance given the challenges the Service, and wider health and social care, had been experiencing for a sustained time.

Pauline Howie provided an overview of performance in the reporting period to end April 2022, during which time the Service had remained at its highest level of escalation at REAP Level 4. She reported that there had been a few occasions the Service had required to apply its escalated REAP Level 4.1 due to the extreme challenges being experienced across the health and social care system, and a further surge of Covid activity and workforce abstractions. In this context, she was pleased to report that clinical performance had remained high.

Board members noted that the initial learning from the European Emergency Medical Services Congress (EMS), Glasgow held in May showed many similarities were being experienced across the world in terms of how services had responded to cardiac and trauma conditions during Covid. This shared learning also supported the Service to continue to identify and make strong improvements in these areas as Scotland learned to live with Covid.

Board members were pleased to note that the Service had recently de-escalated to REAP level 3, and while the Service remained under significant pressure, Pauline Howie advised that there were indicators that it had been considered safe to do so, such as the additional investment in workforce capacity through the Service's Demand and Capacity programme, with 540 additional staff recruited during the last year. As a result of this, the Service was typically achieving around 40,000 filled shift hours in its Accident and Emergency service each week, and this had been sustained over recent weeks.

Pauline Howie advised that as a result of the additional capacity in the system, along with the revised shift rosters through the Service's demand and capacity programme, the Service was seeing improvements in response times to patients, in rest break compliance and end of shift overruns. The Service was continuing to invest in its demand and capacity programme and was on track for the west region to go live with its new shift rosters. There continued however to be hospital turnaround challenges, which significantly impacted on the Service's ability to respond to patients and on staff health and wellbeing, and this remained a priority area of focus for improvement to mitigate the associated risks.

Paul Bassett provided an update on the system pressures and hospital turnaround times, and Board members noted that there remained challenges at some hospital sites that consistently met the requirements for the Service to be at its highest escalation level of REAP level 4. Overall the Service was confident to de-escalate to REAP level 3 and manage those specific pressures through its dynamic escalation plans.

David Robertson reported that the Service was experiencing the highest median hospital turnaround time over the previous 3 years, with some marginal improvements made in April and in to early May. He described the actions in place with the hospital sites where the greatest challenges were being experienced and referred specifically to the sustained pressures in west region, with weekly meetings taking place at Chief Executive level and well defined joint improvement plans in place.

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Pauline Howie provided an update on the Service's work to enhance its Board reporting arrangements. Board members noted the Clinical Governance Committee had received an update on clinical performance reporting developments at its meeting on 16 May and the Director of Workforce was progressing work to enhance the Service's People vector of measures reporting to the Staff Governance Committee. An update report on Health and Wellbeing was now being reported to the Board as a standing agenda item. The Service would also enhance its specific Board Quality Indicators for its performance reporting to the Board and progress towards its 2030 strategy, following approval of the Service's Strategy and Delivery and Operational plans by the Board in July. Board members noted that an update would be provided at the August Board Development session to discuss timelines for reporting these wider balance of measures to the Board and its standing committees.

In response to a question from Carol Sinclair and Irene Oldfather about the Service's senior leadership intervention with those hospital sites that experienced the greatest challenges and the impact this had in terms of capacity and organisational risks, Paul Bassett described the joint escalation processes in place with hospital sites. He said that it was critical that these were triggered at the appropriate times and escalated to senior leadership level as required. He described actions that could be taken at each level of escalation and while these decisions and actions might help alleviate current pressures in the immediate term it would require whole system transformation to achieve longer term and more sustainable solutions.

Pauline Howie referred to the previous 2 years where the Service and its senior leadership team had been focused on the immediate pandemic response and operational pressures, with less time to focus on the strategic and organisational development. She advised that this was the work that was now being progressed to ensure a more sustainable model for the future.

Irene Oldfather referred to the role of Community First Responders (CFRs) and thanked them for their contribution to saving lives. Following her suggestion, it was agreed that it would be helpful for Board members to receive a patient experience story focused on the work of the CFRs.

Following discussion and points raised by Stuart Currie and John McGuigan about the need for whole system and collaborative working to address the challenges and ensure services were sustainable, particularly going in to the winter period, Pauline Howie described the context the Service was currently working in. She described the system challenges exacerbated by the pandemic with more acute workforce, financial, and health inequalities challenges now being experienced. She considered that while there were real opportunities for some improvements, particularly at a local level, it was clear that whole system reform was needed to ensure sustainable change, not only in unscheduled care but in the way that health services were delivered in Scotland and beyond. As was evidenced at the European Emergency Medical Services Conference, the issue related to hospital handovers, was not unique to Scotland or the UK and it was expected that these issues would continue due to the mismatch of demand and capacity across the system. She referred to NHS Scotland's Chief Executives group planning sessions planned with Scottish Government in June that would focus on the improvements required for sustainable change to improve population health and outcomes for patients.

Stuart Currie agreed that it was critical that the wider health and care system remained focused on sustainable change and improvements and did not revert back to pre-pandemic ways of working in its recovery from the pandemic.

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Board members received assurance that the Service continued to focus on the redesign of services in collaboration across the wider system and Pauline Howie reported that the Service would be presenting at an unscheduled care learning event, focused on high impact actions and areas for improvement, hosted by Scottish Government with representation from all NHS Scotland Health Boards and Integrated Joint Boards. The Service had maintained strong performance in its hear, see and treat activity, through the development of its staff and community pathways, many of which were being accessed through Flow Navigation Centres that were established in late 2020.

In response to a question from Madeline Smith about further opportunities to increase see and treat performance, David Robertson referred to the Service's work, where staff were now embedded in the Flow Navigation Centres, which was focused on the benefits of ensuring access to pathways was maximised to improve patient experience and avoid unnecessary attendance at A&E departments where it was safe to do so.

The Chair thanked Board members for their contribution and welcomed the discussion which was focused on addressing the Service's major risks and understanding the detail of the mitigating actions and improvements being progressed. He also supported reflections made by John McGuigan, that as the Service moved forward, it was important to clearly identify and communicate to the public, patients and staff the critical areas that would make the greatest difference to patient outcomes and staff experience, and continue to advocate for whole system change.

Board members **noted** the report.

#### **Action:**

- 2. Chief Operating Officer and Head of Corporate Affairs & Engagement** – to arrange for a patient experience story related to the work of the Community First Responders for a future Board meeting.

#### **ITEM 06 CORPORATE RISK REGISTER (PUBLIC)**

Rebecca Board, Risk Manager joined the meeting for this item and the Chair thanked her for her work on the presentation of the report following the Board Risk Workshop in April. Board members welcomed the new format for reporting the Corporate Risks as part of the Board's ongoing development and improvement of risk management and board assurance. The Board agreed this work included a clearer focus on the actions required to reduce the risk to within tolerance and the assurance and review groups for each risk.

Rebecca Board provided a summary of the main points and highlighted an error on page 6 of the report in relation to the Board's request to merge risks 4651 and 4638. She advised that risk 4651 had been incorporated in the description rather than 4638 as had been previously agreed and this would be amended for future reports.

Liz Humphreys noted the further risk assessment analysis work being progressed by the Executive Team related to the new proposed IR risk and welcomed further detail being presented to the Board for consideration at the next meeting.

In response to questions from Board members, it was agreed

- that the wording of Risk ID 4638 would be reviewed to be more patient focussed.

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- The risk associated with the Service not receiving funding for phase 3 of its demand and capacity programme was not captured on the risk register and this would be considered further by the Director of Finance, Logistics & Strategy.

In response to a request from Liz Humphreys to include an assessment summary to clearly show whether risks were within or out with the risk appetite tolerance levels, Julie Carter assured Board members that this work was being progressed as detailed in the actions in the paper.

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

#### **Actions:**

#### **3. Risk Manager**

- to amend the merged risks of 4651 and 4638 to reflect the description of Risk 4638.
- to review the wording of Risk 4638 to be more patient focussed.

4. **Director of Finance, Logistics & Strategy** – to consider how the risk of not receiving funding for phase 3 of the Demand and Capacity programme would be captured in the Corporate Risks.

### **ITEM 07 FINANCIAL PERFORMANCE**

Julie Carter provided a summary of the main points from the paper on the Service's financial performance to 31 March 2022. Board members noted the financial position was break-even with a surplus of £58,000 and this was subject to audit adjustment. The final position would be reported to the Board in June through the annual report and accounts 2021/22. Additional expenditure of £16.2m had been incurred as a result of the Service's COVID-19 remobilisation plan and this had been supported by full funding from Scottish Government. This included an estimate of £2m in respect of efficiency savings that due to operational pressures had not been realised and would be carried forward in to 2022/23.

The Chair requested an update on Scottish Government's spending review and Julie Carter confirmed that the official publication was expected on 31 May 2022. However given the uncertainties in the system, she highlighted it could be June before the Service received formal confirmation and the Service's 3 year financial plan presented to the Board in July 2022 would reflect the outcomes of this spending review.

Carol Sinclair, in her capacity as Chair of the Audit Committee, thanked the Director of Finance, Logistics & Strategy and her team for their work and the quality of information provided to the Audit Committee during the reporting year. She provided assurance to the Board that the Audit Committee would closely monitor the position regarding savings in 2022/23 given these were becoming increasingly challenging for NHS Boards to achieve on a recurring basis.

Board members **noted** the report and the Chair thanked the Executive Team and all staff for their work during the year to achieve a positive outturn at year-end, subject to audit adjustment.

### **ITEM 08 PERSON CENTRED CARE UPDATE**

Frances Dodd provided a summary of the main points from the paper and highlighted the high levels of engagement ongoing with members of the public through a range of mechanisms, including the draft 2030 strategy, air ambulance reprocurement, mental health initiatives and the CPR work that was going on across the country.

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Board members noted complaints stage 1 and 2 compliance and Frances Dodd reported that the volume of complaints and concerns had increased during the year with a similar position being reflected across the majority of health boards. The Service's most common complaint theme related to delayed response and Board members referred to the earlier discussion on the impact of hospital turnaround times on patient experience and the actions that were being put in place to try and mitigate against these delays as far as possible.

Francis Tierney and Irene Oldfather raised questions related to the attitude and behaviour complaints theme and Frances Dodd described the processes in place at a local level for reflective practice and learning for the individuals concerned. She also referred to the work that had commenced through the Care Quality Leads to identify any emerging themes and share the learning wider across the Service in a more structured way. She advised that a large proportion of complaints related to attitude and behaviour were upheld because that was the patient's perception about their experience and this provided opportunities for improvements to be made through individual reflective practice and shared learning across the Service. Jim Ward described the Service's work around realistic medicine with the focus on person centred care and shared decision making.

Liz Humphreys asked to what extent the Service was able to use the learning from events outcomes and the analysis of complaints to feed in to the wider consideration of reducing inequalities. Frances Dodd referred to the Service's work with public protection around vulnerable persons, mental health and reducing stigma and advised she would discuss this with her team to ensure this was considered as part of the work being progressed.

The Chair referred to the discussions on learning from complaints themes and specifically the complaints related to attitude and behaviour and welcomed the work that was being progressed. He requested that the Board were kept updated through the Clinical Governance Committee who would monitor the progress of the development work being described.

Board members **noted** the update.

## **ITEM 9 PATIENT AND STAFF SAFETY – HAI UPDATE**

Frances Dodd provided a summary of the main points from the paper. Board members noted the Service continued to maintain its performance above the targets for the Healthcare Associated Infection measures and the 2022/23 work plan was approved at the Clinical Governance Committee on 16 May. This would form the work plan for the basis of the updates provided to future Board meetings.

Board members **noted** the report.

## **ITEM 10 HEALTH AND WELLBEING UPDATE**

Avril Keen provided a summary of the paper and highlighted that this was a new standing item on the Board agenda given it remained a top corporate priority for the Service with a focus on recovery and stabilisation over the coming months.

Board members noted the update and priorities for 2022/23 and that the annual road map for the practical implementation of the strategy was being monitored by the Staff Governance Committee with bi monthly updates provided to the Board. A recommendation from a recent internal audit report related to the completion of an evaluation of the strategy and roadmap and this was being progressed and would be reported through the Staff Governance Committee.

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In response to a point raised by Carol Sinclair about the food products selected to ensure frontline staff continued to have access to refreshments, particularly when significant delays were experienced, Avril Keen agreed that going forward the Service would be more proactive in promoting its healthy eating corporate responsibility.

Liz Humphreys welcomed the update as a standing item at Board meetings and thanked the Director of Workforce and her team for their work to progress the delivery plan. She requested that consideration was given to expand the scope of the report to capture health and wellbeing improvements related to cultural matters such as staff feeling confident to raise issues at all levels, and related equality and diversity, respect and value issues that impacted on staff health and wellbeing.

In response to a question from Carol Sinclair, Julie Carter confirmed that she had met with the Service's Wellbeing Leads and a dedicated session was being organised to explore potential opportunities for funding streams, including the endowment funds where appropriate, to support health and wellbeing initiatives.

#### **ITEM 11 REMOBILISATION PLAN UPDATE**

Board members noted that future reports would be focused on the Service's 2022/23 delivery plan which would be presented to the Board for approval in July 2022. Board members noted that Scottish Government had changed the original timescale for the approval of NHS Health Board Delivery Plans from 30 June to 31 July 2022 and the Service would receive templates and guidance for completion from Scottish Government.

Board members **noted** delivery progress against the plan to April 2022.

#### **ITEM 12 ANNUAL REVIEW 2020/21 FEEDBACK LETTER**

Board members noted the feedback letter from the Cabinet Secretary for Health and Social Care from the Service's Annual Review held on 16 March 2022 and the actions which would be progressed by the Executive Team. The letter had been shared electronically with members on receipt from Scottish Government.

Board members welcomed the positive feedback from the Cabinet Secretary and his thanks to staff for the sustained professionalism and commitment in the face of unprecedented and unremitting pressures during the last 2 years. Board members noted the letter would be available on the Service's public facing website.

#### **ITEM 13 CHAIR'S VERBAL REPORT**

The Chair reported that the new Model Code of Conduct and guidance on a Once for Scotland approach had been shared with Board members electronically for approval to meet Scottish Government's requested timescale of 16 May. Following Ministerial agreement, Boards would receive a letter from Scottish Government confirming that the document could be published on individual Board websites by 10 June 2022.

The Chair provided an update on activity and recent meetings attended and Board members noted:

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- The Chair's membership of the newly established Scottish Government's Digital Data and Innovation Short Life Working group chaired by the Director General and of the Centre for Sustainability Delivery Strategy Board.
- A meeting of the Reform Collaboration Group held on 6 May where each Service had shared their strategies to ensure any further opportunities for collaborative working were considered and explored.
- His chairing of the National Volunteers Group meeting on 25 May where there had been increased activity around encouraging volunteering as a way of attracting people to work for the NHS.
- Non Executive Director appraisals would take place in June and July.
- His recent staff engagement visits to Skye and Fort William

The Chair had attended the EMS Conference held in Glasgow on 6-8 May and thanked Jim Ward for his work to organise and host the successful event.

#### **ITEM 14 CHIEF EXECUTIVE'S UPDATE**

Pauline Howie reminded Board members that as NHS Scotland came out of the first wave of Covid, NHS Scotland Boards had worked closely with Scottish Government to develop recovery and remobilisation arrangements in to four care and wellbeing portfolio programmes. This work had been paused in response to further waves of Covid and recently restarted, with the programmes refreshed to recognise the changing position as Scotland learned to live with Covid, and the ongoing threat of further variants emerging. Board members noted that the Chief Executive was directly involved in the Urgent and Unscheduled Care Programme, which was leading work to adopt innovation in to practice at pace and she had also attended the overarching Care and Wellbeing Programme Board, that brought together the four programmes to identify linkages, prioritisation and principles such as engagement with the public on the reform agenda.

Pauline Howie confirmed that the Service was aligning its thinking on how it would deliver its 2030 Strategy with the four national care and wellbeing programmes. These would be integrated planned care, integrated urgent and emergency care, place and communities, and preventive and proactive care, underpinned by workforce sustainability and value. She said that the Executive Team would present its proposals for discussion at the June Board Development session, prior to the Strategy being presented for approval by the Board in July 2022.

Pauline Howie advised that the Service had been engaging with new Deputy Director sponsors and other teams at Scottish Government around planning and strategy and had hosted visits to the Ambulance Control Centre. The Service had been through its strategy proposals with Scottish Government's Primary Care team and had incorporated their feedback. Board members noted that Scottish Government was keen for the Service to further develop its role in primary care given the Service's investment in Advanced Practice and to help build more sustainable solutions particularly around urgent and emergency care.

In terms of matters not covered on the agenda and recent meetings attending, Board members noted:-

- the Health and Justice Collaboration Board meetings had restarted with the focus on drugs harm reduction. The Service was part of the Drugs Harm Reduction Taskforce and was

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bringing its learning from this in to the wider work in prisons, custody suites and in other areas in the justice system.

- the Chief Executive had undertaken staff engagement visits to thank people personally and to listen to their ideas, concerns and suggestions for improvement.
- the Chief Executive attended the Global Resuscitation Alliance meeting in May 2022 which focused on the improvement of survival from cardiac arrests, and the EMS conference the following day. The Medical Director was collating all the learning from the EMS Conference and GRA and this would be incorporated in to the Service's future delivery plans.
- the Service had 2 spotlight sessions at the NHS Scotland event that was being held on 21 and 22 June in Aberdeen. These were the Service's role in urgent and emergency care and the Service's work around innovation.

## ITEM 15      **AUDIT COMMITTEE**

Board members noted the minutes of 19 January 2022 approved by the Committee on 20 April 2022. Carol Sinclair, Chair of Audit Committee provided an update of the meeting held on 20 April 2022.

Board members noted the Committee:-

- Approved the Committee Annual Report and reviewed its Terms of Reference with minor revisions. Both will be submitted to the Board for approval.
- Noted that following a tender exercise for external audit from 2022/23 – 2026/27 confirmation of an appointment would be confirmed by the Auditor General and Accounts Commissioner
- Reviewed the action tracker and approved the closure of 12 actions that had been progressed.
- Received quarterly Risk Management update and took assurance that no additional risks had been escalated to the Corporate Risk Register during the reporting period.
- Received an update on Corporate Risk 4640 ESN and noted the future controls in place to mitigate the associated risks to the Service.
- Reviewed the Board Standing Orders, Declaration of Interests and Gifts and Hospitality Register.
- Reviewed 3 internal audit reports; IT resource and capacity, staff wellbeing and workforce COVID-19 and discussed the findings along with the areas of good practice identified. Committee took assurance from the robust audit processes in place.
- Reviewed the internal audit follow up and status report.
- Noted the Internal Audit Charter and Audit Plan for 2022/23 which included a strategic internal audit plan 2019-2024 mapped to the Service's Corporate Risk Register which was welcomed by members.
- Noted the External Audit Plan 2022/23 and Informing Audit Risk Assessment Report
- Received a paper on Accounting Estimates which outlined the rationale and methodology being applied by the Service
- Noted the Audit Scotland NHS in Scotland 2021 report and a number of key messages and recommendations for the Scottish Government and NHS Boards and that the Board would receive a presentation from Audit Scotland at its April Development session.

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- Received updates on Information Governance, Prevention of Fraud, Best Value, Resilience Committee and Cyber.
- Reviewed Annual Reports from Information Governance and Resilience Committee.
- Received an update summary of the South East Payroll Consortium to April 2022 and the plans for consultation for the next stages of the new Payroll Service formation following the pause during the pandemic. They welcomed the planned work to develop key performance indicators to be reported through the Service's Performance and Planning Steering Group and Audit Committee as the new services go live.

## **ITEM 15 CLINICAL GOVERNANCE COMMITTEE**

Board members noted the minutes of 28 February 2022 approved by the Committee on 16 May 2022. Stuart Currie, Chair of the Clinical Governance Committee, provided a verbal update of the meeting held on 16 May 2022.

Board members noted the Committee:-

- Received a hot topic on Measurement Framework for Board Clinical reporting.
- Approved the Clinical Governance Annual Report 2021/22 and the Annual Reports from the Sub Groups.
- Approved the Annual Infection Prevention and Control work programme 2022/23.
- Reviewed the Patient Experience and Learning from Events update and welcomed the work underway to carry out a review of the SAER process.
- Reviewed the Clinical Risk Register.
- Received updates on Mental Health, Clinical Governance and Patient Safety, Infection Prevention and Control and Education.
- Reviewed and noted the Internal Audit Risks and Actions, the Committee's Work Plan 2022, Clinical Governance Effectiveness Review.
- Reviewed the Committee and its sub groups Terms of Reference and noted that the Research and Development Group was an evolving group and the Terms of Reference would be reviewed in detail at its next meeting and presented to the Committee for approval.
- Reviewed the Committee's action tracker and approved the closure of 1 item
- Noted minutes of the Clinical Assurance Group, Medicines Management Group, National Clinical Operational Governance Group, Public Protection Assurance Group and Research and Development Group.

## **ITEM 16 BOARD DEVELOPMENT REPORT – MARCH AND APRIL 2022**

Board members noted the reports.

## **ITEM 17 DATE OF NEXT MEETING**

10 am on Wednesday 27 July 2022.

The Chair closed the meeting and thanked members for their contributions.

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