



NOT PROTECTIVELY MARKED

MINUTES OF THE 164TH MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

**9.30 A.M. ON THURSDAY 29 MARCH 2018
CLYDE ROOM, GOLDEN JUBILEE CONFERENCE HOTEL, BEARDMORE
STREET, GLASGOW, G81 4SA**

Present:

Board members: David Garbutt, Chairman (Chair)
Moi Ali, Non Executive Director
Neelam Bakshi, Non Executive Director
Eddie Frizzell, Non Executive Director/Vice Chair
Pauline Howie, Chief Executive
Cecil Meiklejohn, Non Executive Director
John Riggins, Employee Director
Esther Robertson, Non Executive Director
Dr Francis Tierney, Non Executive Director
Martin Togneri, Non Executive Director
Dr Jim Ward, Medical Director

Regular attendees: Lewis Campbell, Regional Director, East
Julie Carter, Interim Director of Finance and Logistics
Linda Douglas, Director of HR and Organisational Development
Garry Fraser, Regional Director, West
Mark Hannan, Head of Corporate Affairs and Engagement
Pat O'Connor, Director of Care Quality and Strategic Development
Lindsey Ralph, Board Secretary (minutes)
Milne Weir, Regional Director - North

In Attendance: Shy Das-Bharadwa, PA to Chair and Chief Executive
Alan Martin, Patient Experience Manager
Maria McFeat, Deputy Director of Finance & Logistics (Item 8 - 18)
Sarah Stevenson, Risk Manager (Item 8)

WELCOME AND INTRODUCTION

The Chair welcomed everyone to the 164th Scottish Ambulance Service Board. There were apologies noted from regular attendee, Paul Bassett, National Operations Director.

Board members congratulated John Riggins, Employee Director, on his presentation of the Queen's Long Service Good Conduct Medal.

| | | |
|---|------------|-------------------------|
| Doc: 2018-03-29 Public Board minutes _ approved | Page 1 | Author: Board Secretary |
| Date: 2018-03-29 | Version 01 | Review Date: |

ITEM 1 PATIENT STORY

Board members were shown a film in which a patient shared her experience after she slipped on an icy pavement, dislocating and fracturing her ankle. The patient was advised by the Service not to move and after an extended wait, and advice from an off duty Ambulance Technician, had made her own way to hospital in extreme pain. An ambulance crew were at the hospital on her arrival, providing pain relief before helping to move her to the Accident and Emergency Department.

The patient had expressed her disappointment in the Service. While the care she had received from the off duty Technician and the crew on her arrival at the hospital was excellent, the length of time she had spent waiting was unacceptable. She understood the Service was facing a high level of demand at the time but the impact of this had not been communicated to her and she continued to be advised by the Ambulance Control Centre that an ambulance would arrive. If she had been made aware of this, she would have made arrangements to make her own way to hospital immediately.

Board members were pleased to hear the patient had recovered at home and discussed the levels of demand the Service faced on the day, with over 400 calls received in one hour. They discussed the learning from the patient's experience and improvements that could be made in the Ambulance Control Centres during times of extreme pressure to ensure clear communication to patients.

The Service discussed the benefits of the use of social media and broadcasting channels to keep the public informed during times of extreme pressure on the wider health system. Pauline Howie advised that the Scottish Government would be collating winter reviews, part of which would include public messaging.

The Chair asked if there had been any progress about Ambulance Control Centres receiving photographs direct from patients from mobile devices. It was noted this would be discussed by the Service's Enabling Technology Group.

On behalf of the Board, the Chair thanked the patient for sharing her experience to help improve services.

ITEM 2 MINUTES OF MEETING HELD ON 31 JANUARY 2018

The Board approved the minutes, subject to the following changes:-

- Page 1 - add Julie Carter, Interim Director of Finance and Logistics to the attendees list.
- Item 8, para 4 – change first sentence to “Moi Ali asked for further information about the need to cancel several patients in rural areas, in order to transport one patient who required to travel a longer distance for an essential appointment”.
- Page 3 – Item 5 - Insert a new paragraph - Eddie Frizzell asked about the unprecedented increase in demand and requested a full analysis to understand all of the factors that contributed to this. This should not only focus on the presenting reasons but the demographics underlying it. This would include joining up data with other parts of the health and social care system to identify learning that could be taken forward to inform future planning.

| | | |
|---|------------|-------------------------|
| Doc: 2018-03-29 Public Board minutes _ approved | Page 2 | Author: Board Secretary |
| Date: 2018-03-29 | Version 01 | Review Date: |

ITEM 3 APPROVAL OF MATTERS ARISING

Board members approved the removal of items 161/3/5ii, 161/3/5iii, 163/4/5 and 163/5/7.

Item 163/5/4 - Pat O'Connor confirmed that the analytical team was in the process of reviewing the Service's vector of measures, with the aim to standardise the presentation of all charts. Following discussion about the presentation of the vector charts, it was noted the Service had included additional charts for the Board's information as it transitioned to the new clinical response model. For future reports, the charts will be refined to focus on the performance aims for 2018-19 and these would be presented in clusters.

ITEM 4 DECLARATION OF INTERESTS

There were standing declarations of interest noted from members:-

- Esther Roberton, in her capacity as Chair of NHS 24;
- Moi Ali, in her capacity as Board member of the Professional Standards Authority for Health and Social Care; and
- Martin Togneri as Trustee, Scotland's Charity Air Ambulance.

Pat O'Connor declared a standing declaration of interest in her capacity as ISQua Expert, International Society for Quality in Healthcare.

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

Pauline Howie highlighted the main points from the paper and Board members noted the:-

- Service had maintained a good response to its highest acuity patients, despite the continuing weather and demand challenges in February.
- Strong performance with the Hyper Acute Stroke Bundle and PVC insertion bundle with stretch targets now included in the Operational Delivery Plan for 2018-19.
- Initial outputs from the Demand and Capacity Review will be discussed at the Board Development session in April.
- Emergency Service Network Programme timescales were still unclear due to significant timescale slippage in the GB-wide Emergency Service Mobile Communications Programme. The UK Government Full Business Case was being refreshed, with HM Treasury approval planned for Autumn 2018.

Saving more lives

Board members were pleased to note that VF/VT ROSC rates had been retained above the Service's aim at 41.5%, despite the recent challenges. The Service's all rhythm ROSC, which included non-shockable rhythms, was currently around 22-23% which was good performance.

Board members discussed the improvement work to save more lives and the Service's co-response with partners. Jim Ward highlighted that the Scottish Fire and Rescue Service (SFRS) was consulting on a new vision which included co-responding to out of hospital cardiac arrests. To set the context of the co-response trial that had taken place with SFRS, between October 2015 and April 2017, he explained that a trial ran in West Lothian, responding to over 100 cardiac arrests. The overall ROSC rates from this trial were similar to those seen elsewhere in the Service. During the same timeframe, the Service activated SFRS co-response 330 times

| | | |
|---|------------|-------------------------|
| Doc: 2018-03-29 Public Board minutes _ approved | Page 3 | Author: Board Secretary |
| Date: 2018-03-29 | Version 01 | Review Date: |

throughout Scotland to suspected cardiac arrest patients, with 170 arrivals on scene. The ROSC rate for 100 patients who were treated was 9.7%, and this lower level could be reflective of the fact that many of the calls were in extremely rural locations. Board members noted for around 85% of suspected cardiac arrest calls, the Service sends a double or triple response and they recognised the benefits of co-response models to support this model of delivery.

Jim Ward reported on a number of resuscitation intervention tests that the Service was progressing. These included improving recognition for call handlers, improvement of bystander rates and high performance CPR training for frontline crews.

Enabling Technology

Board members noted the SAS app issues that had been identified were now resolved and a small scale pilot had started with the full roll out planned in April 2018.

Following the decision made by the Board to consider the options on the preferred procurement route for the Integrated Communications Control System, Board members noted discussions had commenced and information was being gathered to inform a final decision. In the meantime, work on the business case had commenced and will be presented to the Board for approval in September 2018.

Moi Ali referred to the Emergency Service Network Programme and asked if there were any risks associated with the hand held devices failing, given the requirement to extend the Airwave contract. Board members noted the Service had technology refresh built in to its contract and the ESMCP team was addressing any issues and risks as a result of the slippage.

Workforce Developments

Board members noted the Service's turnover rate had fallen over the last quarter and at 5.3% for January 2018 was within the 6% tolerance. Linda Douglas assured Board members that this was a reasonable position given the seasonality and this would continue to be monitored to ensure workforce forecast numbers did not require additional adjustment.

Martin Togneri asked if there was any evidence of a correlation between sickness absence and the uptake of the flu vaccination in the Service. Linda Douglas confirmed that there was no evidence of this. To ensure the Service was as prepared as it could be for winter 2018, a planned health and wellbeing promotion would take place from the autumn. The Service continued to proactively encourage staff to have the vaccination, to protect themselves and reduce the risk to patients.

Neelam Bakshi referred to the improvement work and further support mechanisms that had been put in place to reduce the levels of absence. She asked the Board to consider whether it was being resourced sufficiently to make a shift in the absence levels as these had not reduced for a number of years, despite the improvements being made.

Board members noted the iMatter single cohort plans for April 2018 launch were complete.

Board members noted performance against the targets and the specific actions taken by the Service to continue to build on improvements.

| | | |
|---|------------|-------------------------|
| Doc: 2018-03-29 Public Board minutes _ approved | Page 4 | Author: Board Secretary |
| Date: 2018-03-29 | Version 01 | Review Date: |

ITEM 6 REVIEW OF CORPORATE RISK REGISTER 2017-18

Sarah Stevenson, Risk Manager joined the meeting. Board members noted the Corporate Risk Register had been reviewed by risk owners and updated to reflect progress.

Following a question from Francis Tierney, it was noted the comprehensive plan referred to in the actions to mitigate risks section of Risk 3962, would be updated to refer specifically to the National On Call Working Group report.

With the above change, Board members approved the Corporate Risk Register.

Action:

1. **Risk Manager** to amend wording of the actions to mitigate risk section of Risk 3962.

Sarah Stevenson left the meeting.

ITEM 7 SCOTTISH AMBULANCE SERVICE OPERATIONAL PLAN 2018-19

Pat O'Connor reported that Scottish Government had asked NHS Boards to prepare Operational Plans for 2018-19, aligned to the Health and Social Care Delivery Plan and the developing regional and national board collaborative plans. At the February Board Development session an action was taken to circulate the draft Operational Delivery Plan, when it was available, for comment. The draft plan was emailed to Board members on 13 March 2018 and their feedback was incorporated in this final draft version.

Board members reviewed the plan and it was agreed a descriptor would be added to the Ambulance Control Centre Call Handler assisted telephone CPR section on page 3.

Eddie Frizzell asked if Scottish Government was supportive of the performance targets in the draft plan and if the Service was moving too far ahead of the public's understanding. Pat O'Connor reported discussions were ongoing with Scottish Government and, in general, it was supportive of the Service's aims. There was a strong message, as highlighted in Sir Harry Burns' review of targets and indicators in health and social care, about moving to a system which allowed improvements across a whole system of care to be tracked. She confirmed there was further work to do in relation to the public's understanding of moving away from a single percentage time target, to a range of measures, and this would be supported by ensuring patient experience was reflected in all Service communications.

Board members discussed progress with work to create an improved experience for mental health patients across NHS Scotland and support for frontline staff and Ambulance Control Centre Staff dealing with patients who presented to the Service in mental health related distress.

Pauline Howie informed Board members that Scottish Government would provide feedback on the draft plan and the Service would then use posters and patient stories to ensure the key messages were meaningful to staff and external audiences it engaged with.

Board members approved the draft Operational Plan for submission to Scottish Government subject to the change on page 3.

Action:

2. **Director of Care Quality & Strategic Development** to add a descriptor to the Ambulance Control Centre Call Handler assisted telephone CPR section on page 3.

| | | |
|---|------------|-------------------------|
| Doc: 2018-03-29 Public Board minutes _ approved | Page 5 | Author: Board Secretary |
| Date: 2018-03-29 | Version 01 | Review Date: |

ITEM 7.1 NATIONAL BOARD COLLABORATIVE SUMMARY PLAN

Pauline Howie provided an outline of the emerging plan, which is being presented to the eight National Board meetings, prior to its submission to Scottish Government by 31 March 2018.

Board members discussed the plan and:-

- Highlighted that it did not include a vision statement or any reference to strategic objectives.
- Noted the timescales for approval of the final plan continued to be adapted.
- Requested further work to develop the governance arrangements and noted more clarity around this was expected following feedback from Scottish Government on the draft plan.
- Noted it referred to a framework which will outline the consolidated financial position of the national boards over the next five years and the economic impact of delivering the work in this plan.

Martin Togneri referred to the reference in the paper “to sign off at future Board meetings to ensure the appropriate governance of investment and resource decisions”. As the Board’s role was also about setting the strategic direction, an explicit reference to strategy should be included in this statement, with a requirement for individual boards to sign off.

Board members confirmed that while they were supportive of the direction of travel and endorsed the principles of the plan and the general timescales. Board members were however concerned that the strategic objectives and governance arrangements remained unclear and further clarity was required before the final plan was presented to the Board for approval.

ITEM 8 FINANCIAL PLANNING 2018/19

Julie Carter highlighted the main points from the paper and Board members noted:-

- The financial plan had been developed with plans to secure financial stability and recurring balance over the next 12 months.
- The Service’s Core Revenue Resource Limit uplift of £2,293 million.
- The additional Scottish Government funding of £6.3 million awarded recurrently from 2017-18.
- A baseline cash releasing efficiency savings requirement of £9.940 million.
- The Service’s contribution to an overall Special Health Board requirement for £15 million cash return to Scottish Government to be delivered through collaborative working.
- The proposed capital budget of £14.457 million.
- Following the issue of the paper to Board members, Scottish Government had confirmed
 - An additional £6.7 million for 2018-19 to progress the Service’s Strategy, Towards 2020: Taking Care to the Patient.
 - The staff pay award will be fully funded.

Board members welcomed the additional strategy investment from Scottish Government and noted that implementation plans were being developed by the Executive Team.

Board members discussed the unidentified savings of £3.64m and the new approach that will be overseen by the Service’s Best Value Group, to develop a three year work plan. John Riggins asked for further information about the reference on page 8 to workforce schemes and Julie

| | | |
|---|------------|-------------------------|
| Doc: 2018-03-29 Public Board minutes _ approved | Page 6 | Author: Board Secretary |
| Date: 2018-03-29 | Version 01 | Review Date: |

Carter confirmed that any proposed schemes would be progressed within the Service's partnership working arrangements.

The Chair referred to the recent announcement by the Prime Minister to look at a multi-year funding plan for NHS in England and Wales and asked if this was likely to follow in Scotland. Julie Carter reported that no similar announcement had been made by Scottish Government.

Eddie Frizzell referred to the Service's statutory obligations in relation to its financial targets and efficiency savings. Board members agreed that the terminology used would be amended to read "the statutory obligation for the Service was year on year to deliver a break even position against a challenging efficiency programme". Julie Carter confirmed she would make this change and ensure it was also reflected in future papers.

The Board approved the revenue and capital budget proposals and agreed the required efficiency savings target for the financial year.

Action:

3. **Director of Finance and Logistics** to amend the wording of the Service's statutory financial obligation in this paper.

ITEM 9 WORKFORCE PLANNING 2018-19

Linda Douglas provided a summary of the main points and Board members discussed the proposed workforce plan intentions, noting the key considerations that will inform the Service's workforce plan for 2018-19 and the timeline for approval by the Board.

Neelam Bakshi asked if there was any independent evidence to support the use of values based recruitment to underpin the Service's leadership development arrangements. The Chair referred to Scottish Government's work to support a talent pipeline and visible succession planning for the most senior roles within NHS Scotland, demonstrating the importance of values and insight as well as ability and ambition. The Golden Jubilee Foundation was leading on the values based recruitment work and it was agreed this would be an item at a future Board Development session.

Action:

4. **Board Secretary** to add Values Based Recruitment to the Board Development session work plan.

ITEM 10 FINANCIAL PERFORMANCE

Julie Carter provided a summary of the main points and Board members noted the reported financial position of £304,628 over budget at month 11 was in line with the Service's trajectory. Board members noted the strict year end measures in place that included a critical review of stock levels and spend and the deferral of non essential spend into 2018-19.

Board members continued to be concerned that the Service faced a considerable challenge to identify and manage ways to deliver recurrent cost savings this year and in future years.

ITEM 11 PERSON CENTRED CARE UPDATE

On behalf of the Board, the Chair recorded his thanks, to all staff and volunteers for their dedication during the recent adverse weather conditions experienced. On behalf of NHS 24, Esther Robertson thanked the Service for its support to ensure key staff could attend their place of

| | | |
|---|------------|-------------------------|
| Doc: 2018-03-29 Public Board minutes _ approved | Page 7 | Author: Board Secretary |
| Date: 2018-03-29 | Version 01 | Review Date: |

work during the disruption to travel. Board members noted many of the 91 compliments received from patients, via social media channels, related to the time of the red weather warning.

Mark Hannan provided a summary of the paper highlighting the trends, themes and mitigating actions from patient and carer feedback, performance against the complaints handling standard and the outcomes of the SPSO cases.

Board members:-

- Discussed the dip in Stage 1 and Stage 2 complaints compliance which had been anticipated due to the exceptional pressures faced.
- Requested that the Service review the current contact process for Care Opinion and refine it so an individual is not asked to make separate contact with different people in the Service after sharing their story.

Moi Ali welcomed the improvement work in relation to complaints received about attitude and behaviour of crews.

Action:

5. **Head of Corporate Affairs and Engagement** to review the current contact process for Care Opinion and refine it so an individual is not asked to make separate contact with different people in the Service after sharing their story.

ITEM 12 PATIENT AND STAFF SAFETY – HEALTHCARE ASSOCIATED INFECTION REPORT

Pat O'Connor provided a summary of the main points and Board members noted:-

- The Service's overall compliance with Standard Infection Control Precautions continued to be sustained at a high level, with results in the range of 95-97% over the last year.
- Performance for the recording of the Peripheral Venous Catheter insertion bundle, which showed an increase from 92.4% in December to 94.9% in February.
- The Service had informed staff of updates to the National Infection Prevention and Control Policy Manual by Health Protection Scotland.

Following a request from Esther Robertson, it was agreed that the charts in future reports would include an arrow to highlight which direction was improvement.

Action:

6. **Director of Care Quality and Strategic Development** to review the charts in future reports to include an arrow to highlight which direction was improvement.

ITEM 13 VERBAL UPDATE FROM CHAIR

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

- A Reform Collaboration Group meeting with Scottish Fire and Rescue Service and Police Scotland to develop an action plan. The Service will chair this group for the next two years.

| | | |
|---|------------|-------------------------|
| Doc: 2018-03-29 Public Board minutes _ approved | Page 8 | Author: Board Secretary |
| Date: 2018-03-29 | Version 01 | Review Date: |

- The NHS 70th anniversary steering group have developed a template for Boards to use for the activities they were undertaking. The National Event will be held in the Royal Scottish Museum and all Boards will be asked to nominate staff to attend this event.
- A National QI Masterclass on 26 February 2018.
- A QI event in Cardiff to give a presentation to Board members on how quality improvement had been introduced in the Scottish Ambulance Service Board.
- A visit to the Lothian Flow Centre.
- A meeting with the Chief Scientific Officer regarding an academic health science network being developed in Scotland.
- The Out of Hospital Cardiac Arrest Reference Group.
- Meeting re GSAS helicopter in Glasgow – first helicopter of its type to achieve 2,500 hours of operation (T145).
- The Board and Senior Leadership Team workshop to discuss the Service’s strategy beyond 2020.
- The NHS Scotland Chairs meeting had discussed a wide range of issues including proposals for a new governance document for NHS Scotland.

ITEM 14 CHIEF EXECUTIVE’S VERBAL REPORT

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

Board members noted:-

- The overall response from staff during the recent adverse weather had been commendable. The efforts that staff went to maintain service delivery was outstanding with excellent examples of staff going way beyond expected levels of innovation and commitment to deliver services to patients.
- The work progressing with the National Board collaborative. The Service will start to see its contribution recognised in Regional Plans as these emerge;
- The outcome letter from the Service’s mid-year review with Scottish Government on 8 February had been shared with Board members.
- The Chief Executive’s visit to Monifieth Station and the new direct admission arrangements being tested at Ninewell’s Hospital.
- Meeting with TASC, the ambulance services charity, to compliment the work of the Benevolent Fund.
- The Service had co-hosted the 999 EMS Research Forum in Stirling. There was an opportunity through the UK ambulance services to support and co-ordinate this work more.
- The Director of Care Quality and Strategic Development was retiring from the Service in October 2018.

ITEM 15 CLINICAL GOVERNANCE COMMITTEE – MINUTES OF 9 NOVEMBER 2017 AND VERBAL REPORT OF 15 FEBRUARY 2018

In compliance with the Service’s Standing Orders, the approved Committee minutes were submitted to the Board for information and consideration of any recommendations that have been made by the Committee.

Board members noted the minutes of 9 November 2017 and Moi Ali provided an update of the meeting held on 15 February 2018. The main points were the Committee:-

| | | |
|---|------------|-------------------------|
| Doc: 2018-03-29 Public Board minutes _ approved | Page 9 | Author: Board Secretary |
| Date: 2018-03-29 | Version 01 | Review Date: |

- Received an update on the clinical response model.
- Received a presentation on the Service's Mental Health Strategy
- Approved its Annual Report 2017-18 and Work Plan 2018-19.
- Raised concerns that a patient representative had not been confirmed and this should be addressed as a priority.
- Continuity was required in attendance from the internal auditors.

The Board noted the paper and verbal update.

ITEM 16 BOARD DEVELOPMENT REPORT – FEBRUARY 2018

Board members noted the report.

ITEM 17 ANY OTHER BUSINESS

a. National On Call Working Review

The Chair advised that the full report will be emailed to Board members and a report will be brought back to a future meeting for consideration.

b. Board members appointments

On behalf of the Board, the Chair recorded thanks to Moi Ali, Non Executive Director who will reach the end of her appointment with the Service on 31 March 2018. He thanked her for her dedication and integrity during her eight year appointment. As Chair of the Service's Clinical Governance Committee, she had made an excellent contribution to the development of the Service's clinical governance strategy, with an extensive review of accountability and governance, to bring a clearer focus to reporting arrangements.

The Chair reported the following changes to Non Executive Director appointments:-

- Irene Oldfather will join the Board from 1 April 2018 (4 year appointment).
- Esther Robertson will reach the end of her appointment on 30 June 2018
- Madeline Smith, will join the Board from 1 July 2018 (4 year appointment).

The Chair congratulated Martin Togneri on his appointment as Non Executive Director of NHS 24 from 1 April 2018.

ITEM 18 DATE OF NEXT MEETING

The next meeting is on Wednesday 30 May 2018.

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

| | | |
|---|------------|-------------------------|
| Doc: 2018-03-29 Public Board minutes _ approved | Page 10 | Author: Board Secretary |
| Date: 2018-03-29 | Version 01 | Review Date: |