



NOT PROTECTIVELY MARKED

MINUTES OF THE 200TH PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

1000 HOURS ON WEDNESDAY 25 JANUARY 2023

MS TEAMS

Present:

| Board members: | Tom Steele, Chair (Chair) Irene Oldfather, Non Executive Director & Vice Chair Julie Carter, Director of Finance, Logistics & Strategy Stuart Currie, Non Executive Director Pauline Howie, Chief Executive Liz Humphreys, Non Executive Director Whistleblowing Carol Sinclair, Non Executive Director John Riggins, Employee Director Madeline Smith, Non Executive Director Dr Jim Ward, Medical Director |
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| Regular attendees: | Paul Bassett, Chief Operating Officer/Deputy Chief Executive Kenny Freeburn, Regional Director, East Mark Hannan, Head of Corporate Affairs & Engagement Stephen Massetti, Director, National Operations Lindsey Ralph, Board Secretary David Robertson, Regional Director, West Emma Stirling, Director of Care Quality & Professional Development Milne Weir, Regional Director, North |
| In Attendance: | Karen Brogan, Associate Director of Strategy, Planning and Programmes (Item 06) Graeme Ferguson, Deputy Director of Workforce Sarah Stevenson, Risk Manager (Item 07) Tom Bell, Member of Public Fiona Kirk, Member of Public |

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WELCOME AND INTRODUCTION

The Chair welcomed everyone to the 200th Scottish Ambulance Service Board meeting. Apologies were noted from Non Executive Directors, John McGuigan, Francis Tierney and Cecil Meiklejohn and regular attendee, Avril Keen, Director of Workforce.

The Chair welcomed Graeme Ferguson, who was deputising for Avril Keen at this meeting.

ITEM 01 PATIENT STORY

Board members viewed the patient experience video in advance of the meeting that shared the story of Penney, who has Dravet Syndrome, and the care she received from staff members, Kerry Sweeney, Paramedic Team Leader and Scott Denny, Trainee Technician. Her parents described the seizures that Penney experienced as a result of Dravet, a rare form of intractable epilepsy that begins in infancy. After experiencing a prolonged seizure an emergency ambulance response was dispatched to Penney and her parents spoke about the level of care, compassion and professionalism shown to their family by the attending crew during a frightening situation.

Board members welcomed the story which demonstrated a collaborative and person centred approach by the crew working with the parents, and their knowledge about Penney's rare condition, to ensure the best care was provided.

In response to questions from Liz Humphreys and Stuart Currie, Jim Ward described the Service's developing work related to anticipatory care plans and the sharing of patient information between health providers, to ensure crews were as informed as they could be when attending patients where information about their fixed diagnosis or condition was known.

Jim Ward suggested that it would be helpful for the Board to receive an update on digital activity and data sharing between health providers. The Chair confirmed that this would be helpful and added to the work plan for a Board Development session. As the Service became ever more part of the wider urgent and emergency care system, the interaction between clinicians involved in the care of a patient was critical to ensure the best patient experience and outcome.

The Chair asked Mark Hannan to convey the Board's thanks to the family for sharing their valuable experience with the Service.

Action:

1. **Board Secretary** – to add an update on digital activity and data sharing to a future Board development session.

Members of the public joined the meeting.

ITEM 02 DECLARATION OF INTERESTS

The following standing 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) and Vice Chair,

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Domestic Advisory Group (DAG), Trade and Cooperation Agreement with the European Union.

- Madeline Smith Board member, Digital Health and Care Innovation Centre
- Carol Sinclair Strategic Data Adviser, Digital Health and Care, Scottish Government 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 and Vice Chair of the Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland by SG.
- Paul Bassett Trustee, Scotland's Charity Air Ambulance

ITEM 03 MINUTES OF MEETING HELD ON 30 NOVEMBER 2022

Board members approved the minutes.

ITEM 04 MATTERS ARISING

Board members approved the removal of matters arising 198/9/15, 199/6/07i, 199/6/07ii and 199/10/15.

ITEM 05 BOARD QUALITY INDICATORS AND PERFORMANCE REPORT

The Chair expressed the Board's thanks to all staff for their professionalism and commitment during the significant pressures experienced by the Service and the wider health and social care system. He commended the Executive Team for their leadership efforts and for providing high quality Board reports despite the pressures of the Service being at its highest level of escalation during the reporting period. He welcomed the inclusion of further outcome measures in the paper which reflected the excellent development work that was being progressed by the Service during this time.

Pauline Howie confirmed that December 2022 had been the most challenging month that the Service had experienced with a significant increase in demand, caused by adverse weather and a spike in flu and covid cases that had resulted in many people experiencing respiratory problems and contacting the Service. She recorded her thanks to staff and volunteers for their fantastic efforts and to the Executive Team for their outstanding support and leadership, which was evidenced in the results that were being reported to the Board across the Service's range of activities.

Pauline Howie reported the wider health and social care workforce had experienced a considerable increase in absence during the reporting period, which led to capacity challenges. She referred to the extreme challenges related to delayed discharges, which impacted on the Service, as the lack of flow in hospitals meant that ambulance crews struggled to timeously handover patients at hospital sites and impacted on the availability to respond to patients in communities who required an emergency response. For all these reasons, the Service had escalated to its highest level of REAP 4 in the reporting period, as had the majority of health boards in mainland Scotland, with many remaining at this level in January.

Pauline Howie informed the Board that she was attending weekly Scottish Government Resilience Committee meetings established by the First Minister in early January. The overarching consensus was the single most important issue to be solved in terms of health and

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social care was delayed discharges, which were being experienced not only in Scotland but across the wider UK.

Board members noted in addition to the work the Service had been progressing to support the wider system with hospital discharge and flow, specific work around safety standards for hospital handover was being progressed. The Service was actively engaged in this work which was being led by the Associate Medical Director of NHS Greater Glasgow & Clyde and it was expected that this group would be reporting imminently on how the Service and wider system safely managed patient hospital handover. Pauline Howie reminded Board members that the Service currently had a safety standard of 30 minutes from the time the crew arrived at hospital to the time available to attend the next call, and 15 minutes of this related to the crew handover to the hospital clinician.

Despite the issues described, Pauline Howie was pleased to report that the Service continued to save more lives and ROSC rates had been maintained. The Service had enhanced its Integrated Clinical Hub with additional staff and processes, and it had managed more patients at the point of call and at scene through its work in establishing flow navigation centres and referral to alternative pathways of care for those patients who did not require to attend an emergency department. The Service was keen to expand its Integrated Clinical Hub and a business case would be presented to the Board for approval in March.

Pauline Howie referred to the Service's work to develop further its Board reporting clinical process and outcome measures and Jim Ward provided a summary of the work being progressed. He explained that the proposed Board measures were aligned to the priority strategic health and care priorities, mapped to the Service's clinical response categories and framed within the Service's 2030 strategic aims. The measures would demonstrate the Service's contribution to the wider system through the use of linked data and the improvements in saving more lives, reducing health inequalities and improving health and wellbeing.

In response to points raised by Carol Sinclair regarding disaggregated data and how the Service could best develop its geographical and socio-economic views of the communities it served and tailor its communications accordingly, it was agreed that Jim Ward, Carol Sinclair and Liz Humphreys would meet to discuss this further.

Pauline Howie was pleased to inform Board members that challenges had eased in recent weeks with a decrease in demand levels. While this had been expected, demand was lower than had been forecast in the Service and other parts of the emergency and urgent care system, and the Service's Business Intelligence team was reviewing the reasons for this. Board members noted there had been significant media and communications and engagement related to the challenges across the system and information about how people could access the most appropriate care. Based on forecasting, it was expected that demand levels would start to increase again in the coming weeks. The Service was in the final quarter of implementing its Demand and Capacity review and expected to see further improvement in resourcing and in operational performance over the coming weeks and months.

Referring to the work that the Service had been progressing to support the wider system, Pauline Howie explained that with the continued focus on delayed discharges, it was expected that patient flow would improve and there had been recent improvement with turnaround times at most hospital sites experiencing the greatest challenges. While the outlook was more positive, the key overall risk for the Service remained hospital handover delays and the Service continued to actively engage with the whole system. She assured Board members, as

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described earlier, this was getting the highest level of attention by Scottish Government, in terms of trying to improve flow across the system.

David Robertson referred to the specific challenges in the West region that were reported to the Board leading up to the winter period and described the actions that had been taken to resolve issues to stabilise performance and shift coverage.

Following observations from Stuart Currie on the challenges experienced across the wider health and social care system and the impact of delayed discharges and extended turnaround times, the Chair agreed it would be helpful for Board members to receive an update from Jim Ward on the specific work being done at a national level around safety standards for hospital handover once this work had been completed.

In response to a question from Madeline Smith related to the people measures that were being developed for Board and Governance Committee reporting, Pauline Howie was pleased to report that Chris Carron, Head of Workforce Planning and Analytics had started in January 2023 and was progressing work to ensure a priority focus on reporting accurate and timely workforce data and further development of the people measures.

In response to questions from Madeline Smith and Liz Humphreys related to sickness absence and staff health and wellbeing, Pauline Howie confirmed that the Service had received the latest sickness absence data to end November 2022 after the paper was issued to Board members, and this was 9.58%. Board members discussed the actions being taken to reduce sickness absence and improve staff health and wellbeing and Pauline Howie reported that the TRiM programme would be launched across the Service on 1 April 2023 and this had been positively received by staff following discussion at a recent staff engagement session.

The Chair thanked the Executive Team and their teams for the extensive planning and preparation work undertaken during the reporting period related to the potential Industrial Action during the pay negotiation discussions between the Trade Unions and Scottish Government.

Board members **noted** the report.

Actions

- 2. Medical Director and Non Executive Directors Carol Sinclair and Liz Humphreys to meet outwith the meeting to discuss disaggregated data.
- 3. Medical Director to provide an update to the Board on the specific work being done at a national level around safety standards for hospital handover once this work had been completed.

ITEM 06 DEVELOPING OUR 2030 STRATEGY – PORTFOLIO UPDATES

Karen Brogan joined the meeting. Pauline Howie reported that as the Service had been at its highest level of escalation during the reporting period some of the programmes had been paused, and she thanked the teams involved for their efforts to try and mitigate delays and minimise the disruption that the system pressures had caused. Work was being progressed on the impact assessment and benefits realisation and she welcomed Board members feedback on any further improvements to the format and presentation of the paper.

Board members noted, as detailed in the Service's 2030 strategy, the Service could not deliver its aims in isolation and was collaborating with a wide range of partners. As an example of this work, Pauline Howie described the joint work with NHS 24 and confirmed that the Service's

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developing annual operational plan and 3 year delivery plan, would be explicit about those areas of collaboration. The Service was also doing significant work around digital enablement and the link between sustainability and value.

Karen Brogan provided a summary of the main points from the paper and following feedback from Madeline Smith, Liz Humphreys and Carol Sinclair, it was agreed the following actions would be progressed:

- 6-12 month timeline was being developed and would be included in the March Board paper.
- For those timelines marked 'to be advised' it should be more explicit to separate out those that were still at the planning stage (e.g., National Care Programme).
- Updates should be more explicit about the collaborative work with partners required/being progressed to achieve the strategic aims and the inter dependencies, risks and mitigations associated with the delivery of this.
- More information to be included in the cover/summary paper about the overall strategic impact and benefits realisation.
- To consider whether the inclusion of the risks added any value as these were already reflected in the Service's Corporate Risk Register.
- The presentation of information in pie chart format should be reviewed as this did not add value.
- The 2 month forward look could be reviewed and presented in a different way as it was not considered to be user friendly in this format.

The Chair invited Carol Sinclair and Liz Humphreys to engage directly with Karen Brogan if they wished to discuss in more detail the point they had raised about risk and the inter dependencies with partners on the delivery of the Service's strategic aims and how this could be best presented in the report.

Board members noted that Scottish Government had issued its response to the Drugs Harm Reduction Taskforce in recent days and the Service was reviewing that response and developing its proposals for making further improvements in its contribution to reduce drug harm in Scotland.

Board members **noted** the report.

Action:

- **4.** Director of Finance, Logistics & Strategy Associate Director, Strategy, Planning and Programmes to reflect the feedback from Board members in future reports.
 - 6 12 month timeline was being developed and would be included in the March Board paper.
 - For those timelines that were marked 'to be advised' it should be more explicit to separate out those that were still at the planning stage (e.g., National Care Programme).
 - Updates should be more explicit about the collaborative work with partners required/being progressed to achieve the strategic aims and the inter dependencies, risks and mitigations associated with the delivery of this.
 - More information to be included in the cover/summary paper about the overall strategic impact and benefits realisation.
 - To consider whether the inclusion of the risks adds any value as these were already reflected in the Service's Corporate Risk Register.

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- The presentation of information in pie chart format should be reviewed as this did not add value.
- The 2 month forward look could be reviewed and presented in a different way as it was not considered to be user friendly in this format.

ITEM 07 CORPORATE RISK REGISTER (PUBLIC)

Sarah Stevenson, Risk Manager, joined the meeting for this item and provided a summary of the main points from the paper.

Julie Carter and Sarah Stevenson recorded their thanks to Liz Humphreys, Non Executive Director for meeting to discuss in more detail how further assurance could be provided to the Board on the effectiveness of the actions in place and how these required to be prioritised to reduce the risk levels. It was agreed that Carol Sinclair, as Chair of Audit Committee, would also be involved in any future related discussions. Board members noted that this work was being progressed in conjunction with risk owners and action leads and would be presented to the Audit Committee and Board when completed.

The Chair referred to the wording of Risk 4640 ESMPC and Sarah Stevenson confirmed that this risk had been reviewed with the General Manager, ICT following the issue of the Board paper and had been reworded to reflect the current nature of the risk. The revised risk would be progressed through the Service's Performance and Planning Steering Group meeting in February for review.

Following points made by the Chair and Madeline Smith related to the risk tolerance levels, it was noted that a further review of all risk tolerance levels would be completed following the Board's approval of its risk appetite statement.

Carol Sinclair advised that she was keen to understand how other sectors, beyond health, used mitigating actions and controls when there was a static view of where the risk score was sitting and the tolerance level was set. It was noted that the Audit Committee would explore benchmarking options as a hot topic at a future meeting.

The Chair welcomed the feedback from Board members which ensured that the Service was effectively using its risk register as part of the Board's overall assurance framework. He thanked Julie Carter and Sarah Stevenson for their work to continue to refine the paper based on Board members' feedback and to ensure it was as dynamic a risk register as possible.

Stuart Currie welcomed the dynamic nature of the risk register which supported the Board in its scrutiny and decision making role and was encouraged when undertaking staff engagement visits, the main challenges being raised by staff reflected the Service's highest corporate risks. He suggested it would be helpful for the Board to consider how it could show its journey towards improving risk as a result of, for example, decisions made by the Board or matters influenced by external factors. Julie Carter confirmed that she would reflect this in the work being progressed with the risk owners.

Board members **approved** the CRR and noted the actions in place and the assurance being received that risks were being controlled effectively.

The Chair thanked Sarah Stevenson who left the meeting.

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ITEM 08 DRAFT ANNUAL CLIMATE EMERGENCY AND SUSTAINABLITY REPORT

Julie Carter provided a summary of the main points from the paper. Board members noted that all Boards were now required to publish an annual report summarising progress against the aims of the policy.

Board members welcomed the paper and Irene Oldfather, as the Board Non Executive Champion, thanked the Director and team for their work to produce the report which focused the Board's attention on the main priority areas.

Julie Carter confirmed that the Service's Climate Emergency and Sustainability action plan would be presented to the Board in March 2023, with planned actions also reflected in the Board's delivery plan.

Board members **approved** the Annual Report and noted it would be submitted to Scottish Government and published on the Service's website on 31 January 2023.

ITEM 09 FINANCIAL PERFORMANCE TO END DECEMBER 2022

Julie Carter provided a summary of the main points from the paper and Board members noted the financial position which showed a deficit of £7.2 million against a trajectory deficit of £1.4 million.

Board members discussed the shortfall in COVID-19 funding and the additional fuel costs which had contributed to the current financial position. Board members noted the local efficiency savings of £5.9 million delivered against a full year plan of £6.4 million, the use of non recurring savings/slippage actioned to date, and the total savings delivered to date of £10 million against a target of £10.2 million, which included those that were non recurring.

The Chair thanked the Director of Finance, Logistics and Strategy for the detailed report which clearly set out the position and he asked for further information about the flexibility in the 3 year approach. Julie Carter confirmed that Scottish Government had advised that if the year end deficit was within 1% of the Service's revenue resource limit this could be carried forward to the next year, however, Board members agreed that while this approach was welcomed, it had the negative impact to potentially increase cost pressures for future years.

Board members **noted** the current financial position and updated forecast, which was primarily driven by ongoing COVID pressures and reduced funding, the key risks and the actions being implemented in line with the Service's financial plan.

ITEM 10 PERSON CENTRED CARE UPDATE

Emma Stirling provided a summary of the main points from the paper and Board members noted the update on patient experience activity, performance against the complaints handling standard and themes, improvements in Stage 1 and Stage 2 complaints compliance in the reporting period, PFPI activity and the outcome of the SPSO cases.

Board members welcomed the considerable effort that had been made to maintain and improve performance, with the complaints compliance rate the highest it had been since the introduction of the NHS model for complaints handling. They recorded their thanks to all staff involved for their efforts to achieve this position.

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Following a point raised by Liz Humphreys, it was agreed that the Director of Care Quality and Professional Development would consider how the Service could better reflect patient safety learning in the report. While the detail of this was progressed through the Clinical Governance Committee, Liz Humphreys considered it would be helpful for the strategic element of this to be reported at Board level.

Carol Sinclair welcomed the growth in the Service's public engagement and involvement and the Chair agreed that it would be helpful for the Board to hear directly from the people the Service was engaging with at a future Board Development session. Emma Stirling advised that she would also be considering how this engagement linked into the Service's Quality Strategy that was currently under development.

Pauline Howie informed Board members that the Service's refreshed Communications and Engagement strategy would be presented to the Board for approval in March and would have a strong focus on public and partner engagement. Mark Hannan provided a summary of the work being undertaken to refresh the strategy and informed Board members that the Service had expanded its reach, particularly across third sector organisations, recognising the benefit and learning this brought to the Service.

Following a point made by Liz Humphreys about options for the Board to widen its external engagement with local groups and communities, it was agreed that this would be considered further once the guidance for the arrangements of the Service's Annual Review process for 2023/24 was issued by Scottish Government. The Chair highlighted that this previously provided the opportunity for public engagement prior to the arrangements for this being altered in response to the pandemic.

Board members noted the report.

Actions

- 5. Director of Care Quality and Professional Development to consider how the Service could better reflect patient safety learning in the Board level report.
- 6. Director of Care Quality & Professional Development and Head of Communications and Engagement to consider options for the Board to hear directly from people the Service was engaging with at a future Board Development session.
- 7. Chair and Chief Executive to consider options for the Board to widen its external engagement with local groups and communities following guidance on the Annual Review process for 2023/24.

ITEM 11 PATIENT AND STAFF SAFETY HAI UPDATE

Emma Stirling provided a summary of the main points from the paper.

Board members noted performance against the HAI standard and overall compliance with the Standard Infection Control Precautions continued to be sustained and the Service review and update of its Infection Prevention and Control policies/guidance remained on target for completion by end March 2023.

Board members **noted** the report.

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ITEM 12 HEALTH AND WELLBEING UPDATE

Graeme Ferguson provided a summary of the main points from the paper and Board members noted activity during the reporting period, recognising that this had been an extremely challenging time for staff.

In response to a question from Liz Humphreys related to the interconnectivity with the data provided in Board Quality Indicators and Performance report, Graeme Ferguson provided assurance that this was being reviewed and was a priority area of work to ensure that the information was clearly joined up, with accurate and timely data provided.

Madeline Smith highlighted that two Wellbeing Leads had returned to their substantive posts and provided assurance to the Board that the ambitions and objectives were being revisited to ensure that these were refocused on the areas that would have the greatest impact. She advised that this linked back to the discussion at the Staff Governance Committee about how the Service was evaluating the benefits realisation to ensure that other staff experience work, such as the benefits from additional resources through the demand and capacity programme, would also be reflected.

Liz Humphreys referred to the healthy culture section of the update and noted that she had previously requested that this reflected the Service's ambitions that it was a place where people felt comfortable and confident about speaking up. She requested that this was further reviewed as she considered that it was an important part of the cultural work, and there were actions in place to achieve this that should be added in. Graeme Ferguson confirmed that he would progress this for the next report to the Board.

Following a point made by Stuart Currie about the importance of continued good relationships with staff partners, Graeme Ferguson and John Riggins provided assurance to the Board that the Service had been successful in maintaining positive relationships throughout the potential Industrial Action discussions related to pay negotiations.

Board members **noted** the report.

Action

8. Deputy Director of Workforce – to ensure that the report better reflected the Service's ambitions in the healthy culture section that it was a place where people felt comfortable and confident about speaking up and ensure the actions that were in place were added into the report.

ITEM 13 CHAIR'S VERBAL REPORT

The Chair provided an update on activities within the reporting period and as reported to the Board in early January 2023, Pauline Howie, Chief Executive would retire from the Service on 30 June 2023 and the recruitment process for her replacement was underway.

Board members noted the update and

- the rescheduled joint Board workshop with NHS 24 would be held in March and a date would be confirmed by the Board Secretary.
- A joint Board workshop with NHS Lanarkshire would be arranged in April/May and a date would be confirmed by the Board Secretary.

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• The Chair's feedback from his leadership role in the work of the National Innovation group and the National NHS Volunteering Group.

ITEM 14 CHIEF EXECUTIVE'S UPDATE

Pauline Howie provided an update on matters not covered on the agenda and recent activity which included

- The Executive Team had met to discuss strategic development in the context of the
 pressures that the system would continue to be under and the desire to transform service
 delivery across health and social care services. Related to emergency and urgent care
 work, the Service had been successful in introducing various models to support urgent care,
 in primary care settings and beyond and the Chief Executive was keen to explore with
 partners what more could be done. Board members noted this would be a key feature of
 discussions with NHS 24 and NHS Lanarkshire at the joint Board workshops.
- The Chief Executive and Director of Finance, Logistics and Strategy had met with the Scottish Government Infrastructure Planning Team, with positive discussions related to infrastructure, digital transformation, the Service's role as a mobile provider in every community across Scotland and how it could contribute to a whole system infrastructure plan for Scotland.
- The Chief Executive had visited Queen Margaret University in December and the Service was working up a series of options for the progression of Technicians to Paramedics. The options appraisal is being completed and will be brought to the Board in due course.
- The Chief Executive, Director of Workforce and Head of OD had met with the Cabinet Secretary for Health and Social Care to discuss wellbeing support for staff. As part of this meeting, equality and diversity matters were discussed and Coralie Colburn, HR Manager was leading on this work for the Service, with staff networks now being reinvigorated and a new gender equality network being established.
- The Service held an event with the University of Glasgow publicising the strategic partnership and there were five related workstreams being reported through the Service's Communities and Place Workstream portfolio and Data Digital, Research and Innovation Programme Board.
- The Service hosted a visit from the Cabinet Secretary for Health and Social Care to its Ambulance Control Centre prior to Christmas and invited media channels to talk about the Service's preparedness for winter and its new ways of working in the integrated clinical hub.
- The Director General and Chief Executive, NHS Scotland had visited the Ambulance Control Centre on Christmas day to thank teams for their work.

ITEM 15 STAFF GOVERNANCE COMMITTEE

Board members noted the minutes of 14 November 2022, approved by the Committee on 15 December 2022 and the key points from the meeting held on 15 December 2022 which included: -

The Committee

• Received a special topic update on rest break compliance and took assurance from the work being undertaken in partnership as a priority. Work planned included a review of the findings from the trial of the interim rest break standard operating procedure and alternative rest break locations proposed through the Short Life Working Group.

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- Approved policies Document Classification, Freedom of Information, Accident Reporting and Investigation, Data Protection, Documents Storage, Retention and Disposal, Information Governance, Records Manager, Physical Security and Security framework.
- Received a workforce update and welcomed the reduction in sickness absence and the employee relations activity being undertaken.
- Received a detailed update on the evaluation of the Health and Wellbeing Strategy and noted that a working group had been established, outcome measures had been agreed and the planned reporting measures in place for the evaluation work.
- Discussed and noted updates on the Health and Wellbeing Roadmap 2022/23, Health and Safety, Demand and Capacity Programme, OD Plan progress, Education, Learning from Events, Communications and Engagement, Recruitment Shared Services and Partnership.

ITEM 16 AUDIT COMMITTEE

Board members noted the minutes of 13 October 2022 approved by Committee on 13 January 2023 and the key points from the meeting on 13 January 2023.

The Committee

- Approved the revised Standing Financial Instructions (Section 15),
- Approved the draft Audit Committee Work Plan and Assurance Mapping for 2023/24
- Received an update on risk management and discussed a number of actions agreed to improve the focus for Audit Committee on SAERs, Rest Breaks and Hospital Turnaround Times and the flow of assurance between the governance committees.
- Noted and discussed the findings of the Internal Audit report on Core Financial Controls and GRS Resource Planning and Advisory report on Business Continuity Plan and Cyber Incident Response Plan lessons learned.
- Noted Internal Audit follow up and status report.
- Received an introductory paper which was presented by the newly appointed External Auditors which set out the delivery of the Audit strategy for 2022/23 and outlined changes to the Code of Practice and auditing standards.
- Received updates on Information Governance, Fraud Prevention and Best Value.

ITEM 17 DATE OF NEXT MEETING

10 am on Wednesday 29 March 2023.

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

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