



NOT PROTECTIVELY MARKED

MINUTES OF THE 188TH PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

10.00 A.M. ON WEDNESDAY 26 MAY 2021

VIRTUAL MEETING BY MS TEAMS

To observe Scottish Government guidelines on social distancing and protect public health, the Board meeting is being held by videoconference. The agenda and papers are available on our website www.scottishambulance.com

Present:

Board members: Tom Steele, Chair (Chair)

Julie Carter, Director of Finance, Logistics & Strategy

Stuart Currie, Non Executive Director Pauline Howie, Chief Executive

Liz Humphreys, Non Executive Director Cecil Meiklejohn, Non Executive Director

Irene Oldfather, Non Executive Director & Vice Chair

John Riggins, Employee Director Carol Sinclair, Non Executive Director Madeline Smith, Non Executive Director Dr Francis Tierney, Non Executive Director Martin Togneri, Non Executive Director

Dr Jim Ward, Medical Director

Regular attendees: Paul Bassett, Director, National Operations

Garry Fraser, Regional Director, West

Mark Hannan, Head of Corporate Affairs & Engagement

Lyndsay Lauder, Director of Workforce

Frances Dodd, Director of Care Quality & Professional Development

Lindsey Ralph, Board Secretary

David Robertson, Regional Director, East Milne Weir, Regional Director, North

In Attendance: Sarah Stevenson, Risk Manager (Item 06)

Karen Brogan, Associate Director, Strategy, Planning & Programmes (Item

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WELCOME AND INTRODUCTION

The Chair welcomed everyone to the 188th Scottish Ambulance Service Board meeting and no apologies were noted.

ITEM 01 PATIENT STORY

Board members received a link to a video of a patient story in advance of the meeting. The patient, described how her quick thinking son Shaun, aged 9, who has Trisomy 8 mosaicism, a rate condition which symptoms can include speech or learning delays, had called an ambulance after she had a seizure. She explained that although he must have been terrified, he managed to speak to the Ambulance Control Centre and get help for her and words could not describe how proud she was. She commended the Ambulance Control Centre staff and responding crews who had helped calm her son down while they took care of her.

Board members agreed it was a remarkable story, which demonstrated person centred and inclusive care. There followed a wide ranging discussion and in response to a point raised by Stuart Currie about the changing dynamic of people with learning disabilities now living longer and more independently, Frances Dodd described initiatives the Service was progressing to enhance its services for vulnerable people. This included adopting work on learning disabilities that had been introduced by the Welsh Ambulance Service and developing more dementia friendly elements of care.

In terms of building on the Service's cultural learning and development, Board members recognised the skills and professional and empathic approach of the ambulance control centre staff and crews responding to the patient and her son. Irene Oldfather referred to the Health and Social Care Alliance Scotland's sessions based on the principles of intelligent kindness and advised that she would share this information with Frances Dodd.

Board members were delighted to hear that Shaun had been awarded a bravery award from the Service and noted that Mark Hannan would pass on the Board's thanks for sharing their insightful story.

Action:

1. Irene Oldfather, Non Executive Director – to share information on the Health and Social Care Alliance Scotland's sessions based on Intelligent Kindness with the Director of Care Quality and Professional Development.

ITEM 02 DECLARATION OF INTERESTS

The following declarations were noted: -

- Martin Togneri Non Executive Director, NHS 24
- Irene Oldfather Director of Scotland's Health and Social Care Alliance and Member, Flu Vaccination and COVID-19 Vaccination Programme Board (FCVC)
- Madeline Smith Non Executive Director and Vice Chair, NHS 24 and Board member, Digital Health and Care Innovation Centre
- Carol Sinclair Associate Director, Public Health Scotland and Trustee, Scotland's Charity Air Ambulance
- Liz Humphreys Non Executive Director, Public Health Scotland
- Stuart Currie, Non Executive Director, State Hospital

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ITEM 03 MINUTES OF MEETING HELD ON 31 MARCH 2021

The minutes were approved.

ITEM 04 MATTERS ARISING

Board members approved the removal of Matters Arising 187/7/10 and for item 184/7/6iii agreed an extension to the target date to July 2021.

ITEM 05 BOARD QUALITY INDICATORS AND PERFORMANCE REPORT

Pauline Howie advised Board members that as restrictions eased, and as expected, both unscheduled care and scheduled care activity had increased during the reporting period. Despite these increases, she was pleased to report that the Service had maintained stable clinical performance and there were signs of improving response times in the purple, red and amber categories. Hear, see and treat performance continued to be stable, with more pathways being developed around mental health, falls and breathing difficulties.

Board members heard about the progress with the Demand and Capacity programme to increase the Service's workforce and redesign shift rosters to better match demand. Pauline Howie advised that there continued to be challenges around capacity, particularly in the PTS service with the physical distancing measures in place. She said the Service was working closely with Boards around their plans for elective activity.

Pauline Howie reported that the Service had positive discussions with Scottish Government about the enhancement of its performance framework. Following a presentation at the Clinical Governance Committee in 17 May, on the specific clinical performance indicators, the proposed framework was shared with the Service's sponsor team at Scottish Government. The Service remained on track for presenting its case for enhancing its performance arrangements to the new Cabinet Secretary for Health and Sport and following approval, the next steps would be to agree the performance metrics that would be reported and monitored through the Board, Governance Committees and internal operational and regional management functions.

Pauline Howie explained that the Service was cautiously focusing on building its resilience for the future and taking a risk based approach around capacity management, redesigning the system and managing cyber and concurrent risks over the coming months. With the Service's workforce being at the frontline of the pandemic over the last 15 months, a high level of attention would continue to be focussed on health and wellbeing.

Turning to technology, Pauline Howie referred to the significant and innovative redesign work that was being progressed at pace across the Service. Paul Bassett provided an update on the improvement work within the Ambulance Control Centre in relation to the roll out of Auto Dispatch and the intended improvements to purple and red response times, the availability and placement of ambulance resources and improvements in call handling arrangements related to the pre entry questions.

Noting the number of improvement programmes of work that were ongoing, the Chair asked how the benefits realisation of these was being monitored and reported. Paul Bassett advised that tracking of improvements had been in place since Auto Dispatch had gone live and this was being reported through the Performance and Planning Steering Group. Pauline Howie

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added that the most recent weekly performance charts reviewed by the Executive Team showed improvement in purple response times, with the previous week reporting a median of 6 minutes 14 seconds.

Garry Fraser provided an update on recent challenges experienced in Glasgow and described the dynamic nature and pressures of the events over the weekend of 15/16 May in George Square and the concerns for staff safety when accessing patients. Referring to the work the region was doing to support hospital sites that were extremely busy, he confirmed that the hospital arrival screens had gone live in Ayr and would be introduced in Lanarkshire and Glasgow in June 2021 which would provide more granular data to help make improvements in turnaround times.

The Chair thanked Garry Fraser for his update and all staff who were involved in the Service's response to the events over an extremely challenging weekend.

Madeline Smith asked if the hospital arrival screens would enable the Board to have more visibility about the extra time being lost due to delays in turnaround times. Pauline Howie confirmed that the data would help the Service and receiving hospitals to understand where the blockages were to identify improvements.

Liz Humphreys asked whether it would be helpful for the Board to have more detailed information about the number of hospital turnaround times in excess of 30 minutes given the impact this had on the Service's ability to respond. Pauline Howie confirmed that this was actively monitored by the Service and suggested that the more granular level data would be reported through the Clinical Governance Committee.

Carol Sinclair raised her concern that the factors that resulted in longer response times for purple and red category incidents, were amplified across all other categories. Pauline Howie referred to the impact on performance aims and advised that the Service, through its Demand and Capacity Programme Board, had asked ORH to do further modelling work in light of the changing position over the last year in response to the pandemic and to reflect that the increase in turnaround times was continuing this year. This modelling would also provide performance indications at various key milestones throughout the year as the Service brought in additional capacity.

In response to questions from Board members about the direct correlation with increased hospital turnaround times and the Service's ability to respond, Pauline Howie and Milne Weir provided an update on the improvement actions being progressed with Aberdeen Royal Infirmary, following a sustained increase in hospital turnaround times being experienced at this site.

In response to feedback from Board members, the Chair confirmed that a more in depth review of the hospital turnaround time challenges would be scheduled for a Board Development session.

In response to a question from Martin Togneri about the definition of utilisation rates, Pauline Howie confirmed that 55% was based on best practice across UK ambulance services. It was noted that the proposed performance measurement framework would be discussed at a Board Development session, and members would be provided with detailed information on the Service's baseline assumptions and definitions for the indicators.

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Stuart Currie referred to the performance charts and highlighted that it was important for the Board to be constantly looking forward in relation to risks and opportunities that could impact the Service. He used the Demand and Capacity programme as an example where tracking best and worst case scenarios over a 6 month period, would provide the Board with the opportunity to cast ahead and apply scrutiny to some of the assumptions being made about performance/potential performance, and the potential impact from pressures being experienced across the system.

Following a question from Stuart Currie about the covid seasonally adjusted position of the Service, Pauline Howie described the work the Service was actively doing to address the concurrent risks following its winter debrief, such as surge capacity, and the demand and capacity forecasting work that was being progressed. She advised the baseline assumptions that would be shared with the Board included information about the pre-covid assumptions from 2019/20, that the Service would assess its likely demand on coming out of the restrictions and beyond. For all those reasons of uncertainty regarding demand levels and the future health needs of the population, she reminded Board members that the Service had agreed with Scottish Government that the Demand and Capacity business case would be updated again later in the year.

The Chair thanked Board members for the focussed discussion and stated that the Board could take assurance that while the Service was operating in a very uncertain time with covid-19 being so dominant, work was being progressed to identify and make improvements across the whole system. A key part of this would be the performance framework for 2021/22 and he looked forward to the Board receiving a further update on this.

ITEM 06 CORPORATE RISK REGISTER (PUBLIC)

Sarah Stevenson joined the meeting.

The Chair thanked Board members for their participation in the Board risk workshop held in April and Sarah Stevenson provided a summary of the main changes in the paper.

Board members welcomed the work that had been progressed to enhance the Board's risk management arrangements and following feedback, it was agreed

- Risk ID 4368 would be reviewed to reflect that the risk of longer turnaround times was a live issue and the improvement actions being progressed would be captured in the mitigation of this risk
- Risk ID 4639 risk description would be amended to reflect that the risk was the Service could not mitigate the loss of ICT systems sufficiently to avoid disruption and reputational damage.
- The Performance and Planning Steering Group would consider if a separate risk issues log should be developed to sit alongside the Corporate Risk Register to ensure the Board understood the most critical factors that would have an impact on performance.
- Risk ID 4637 would be managed through the Staff Governance Committee with recognition that it would be escalated to the Board Corporate Risk Register if the risk level changed.

In response to a question from the Chair about recent cyber attacks in Scotland, Julie Carter described the work that was being progressed which including a live exercise, review of the ICT

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work plan, internal audit review and the recent NIS audit which provided further assurance to the Board on the Service's arrangements.

Board members approved the Corporate Risk Register.

Action:

2. Director of Finance, Logistics and Strategy – Risk Manager to progress the actions requested by Board members related to risks 4368, 4369 and to consider if a risk issues log should be developed to sit alongside the Corporate Risk Register.

ITEM 07 SUSTAINABILITY PLAN - ANNUAL UPDATE

Julie Carter provided a summary of the paper and described the work required over the next 3 months to refresh the Service's sustainability plan and develop a strategy for presentation to the Board in September 2021.

Board members noted the update on the sustainability actions, the Scottish Government targets and legislative responsibility for the public service and the work in the programme of work being progressed by September 2021, in advance of the COP26 summit.

Pauline Howie referred to the paper which set out clearly the climate change risks, which were on the National Risk Register. She referred to the Service's role as a category 1 responder and the major role it would have supporting the COP26 event in Glasgow in November. The Service was aiming to have its strategy approved by the Board in advance of this as there was a huge appetite within the workforce to do things differently now, building on the learning and experience of the pandemic. The Strategy would then be updated post COP26 to reflect Scottish Government's agreed commitments.

Board members welcomed the paper and in response to questions raised, the following points were noted:-

- A staff engagement session to generate further feedback and ideas would take place on 27 May, which Non Executive Directors had an open invitation to attend
- The Senior Leadership Team had met and identified and agreed 'quick win' areas that would be discussed at the session and shared with Board members.
- The Service's detailed assessment provided more information on the Service's ambition in relation to the Gold, Silver and Bronze award
- The Service's Health and Wellbeing strategy was identified and several areas of the sustainability plan were being measured and evaluated as part of the strategy action plan.
- There was a robust and stable national process in place with Health Facilities Scotland auditing self assessments every 2 years.
- An update from Lyndsay Lauder related to the Service's agile working arrangements and Scottish Government's Once for Scotland consultation.

Board members noted the paper and welcomed the work being progressed to prepare the strategy for approval by the Board in September 2021.

Action:

3. Director of Finance, Logistics & Strategy – to circulate the sustainability 'quick wins' identified by the Senior Leadership Team to Board members.

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ITEM 08 FINANCIAL PERFORMANCE

Julie Carter provided a summary of the main points and Board members were pleased to note the year-end draft financial position. This position was subject to audit adjustments and the final position would be reported through the Service's Annual Report and Accounts to the Board in June 2021.

Madeline Smith and Martin Togneri sought assurance that the increase in overtime was being closely monitored in 2021-22 to ensure it did not impact on the intended benefits of the additional demand and capacity investment. Julie Carter assured Board members that this was being kept under constant review as one of the Service's main cost pressures, along with the delivery of efficiency savings, which was reflected in the risks.

Francis Tierney welcomed the year end position regarding recurring savings and the percentage related to the decrease in travel expenses during the pandemic. He asked how this would be sustained as restrictions eased. Julie Carter referred to the best value programme and delivery of efficiency savings and confirmed that discussions had taken place with delegated budget holders with extra controls related to travel put in place.

Board members **noted** the report and the Chair thanked the Executive Team for their work during the year to achieve a positive outturn.

ITEM 9 PERSON CENTRED CARE UPDATE

Frances Dodd provided a summary of the main points from the paper.

Liz Humphreys advised that the Clinical Governance Committee meeting in May had a detailed discussion about the variability in complaint handling processes and the role the new Clinical Quality Leads would have in relation to improvement work. She thanked the Executive Team for the openness and transparency provided to the Board in the narrative related to the lower levels of performance in complaints compliance. Following on from this point, Martin Togneri considered that the narrative should also make reference to the fact the volume of complaints had decreased during the pandemic.

Irene Oldfather referred to the complaints themes and when comparing the data from the previous year, she was surprised to note given the positive feedback the Service had received during the pandemic from members of the public, that the biggest increase related to staff attitude and behaviour. Frances Dodd advised that the Learning from Events group discussed the complaints theme related to attitude and behaviour and there was a system approach being taken to understand if there were any elements of this that were contributory factors and any areas that could be improved to support staff in their roles.

Irene Oldfather was concerned to note the SPSO case where the incident had taken place in January 2018 and the review by SPSO had not started until June 2020. Francis Dodd advised she would review the details of the case and highlight any issues to the Board. She reminded members that where the Service upheld a complaint, people could still progress this through SPSO at a later stage.

The Chair thanked Frances Dodd for the report and the assurance provided to the Board on the work plan to improve complaints compliance. Board members **noted** the report.

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Action:

4. **Director of Care Quality & Professional Development –** to review the SPSO case and highlight any issues to the Board.

ITEM 10 PATIENT AND STAFF SAFETY - HEALTHCARE ASSOCIATED INFECTION REPORT

Frances Dodd provided a summary of the key points from the paper and highlighted the work being progressed by the Service related to High Consequence Infectious Diseases.

Carol Sinclair noted in the conclusion of the paper, it mentioned that work was being undertaken to mitigate the risk. She suggested it would be helpful to Board members if this related to a specific risk, it was cross referenced to where the risk was held, managed and mitigated in future reports.

Board members **noted** the report and the work being progressed through the work plan.

ITEM 11 REMOBILISATION PLAN 2021/22 AND UPDATE

Board members noted the final version of the Service's Remobilisation plan approved by the Board on 31 March 2021 and the letter confirming the plan had been signed off by Scottish Government for publication.

Julie Carter and Karen Brogan provided a summary of the work being progressed and the Chair asked how this was being linked in to the review of the clinical outcomes indicators and discussions with Scottish Government. Julie Carter described the aims and measurement framework that had been presented to the Recovery Planning Group for discussion on 25 May 2021.

Pauline Howie reminded Board members that the there was a wide range of measures in addition to clinical indicators and response times, such as those associated with staff health and wellbeing. She said that it was important that the high level performance framework for Board reporting focused on the 'so what' measures to ensure these were having the intended impact, with more detailed reporting to the Board's Governance Committees and internal governance groups who would monitor a wide range of indicators. If Scottish Government's route map progressed as planned, she expected the Service would be in a position to present the August Board Development session with a comprehensive suite of the proposed measures.

Liz Humphreys noted that Pauline Howie had touched on the point she was going to raise about whether the plan was to break down the deliverables and distribute them across governance committees for monitoring which she agreed would be helpful.

Madeline Smith said that it was useful for the Board to hear about the proposed measures and discussion with Scottish Government to demonstrate the value the Service was adding to the wider NHS system. Referring to emerging priorities, she suggested the Service should be drawing out hospital turnaround times as a priority area of focus as it was explicit in the Service's recovery plan.

Karen Brogan referred to a point raised by Stuart Currie about the Service's ability to flex its plan for any changing priorities across the Service and wider health and social care system.

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She confirmed that one of the reasons Scottish Government has continued to ask for further iterations of Board's remobilisation plans was to address this point. In September, Boards would be asked to critically review their plans in recognition of continuous change within the system and uncertainty of future waves of Covid-19.

Board members **noted** the paper and that the approved plan had been published on the Service's website.

The Chair thanked Karen Brogan for her participation and she left the meeting.

ITEM 12 CHAIR'S VERBAL REPORT

The Chair gave a verbal update on recent meetings and activity during the report period. Board members noted that the recent National Corporate Governance Group meeting had looked closely at the next phase of implementing a refreshed Blueprint for Good Governance, with more focus on active governance and this would be issued by a Scottish Government Director Letter in due course.

Board members noted the work the Chair was leading on behalf of the NHS Chairs group to develop an NHS Scotland innovation framework and related meetings attended in the reporting period.

Board members noted that Martin Togneri would reach the end of his appointment term with the Service in December 2021 and a joint Non Executive Director recruitment process was ongoing with NHS 24 and NHS Lanarkshire.

The Chair and Chief Executive had shared with Board members their welcome letter to the new Cabinet Secretary for Health and Sport and summarised the Service's ambitions.

ITEM 13 CHIEF EXECUTIVE'S VERBAL REPORT

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

- The Chief Executive was in the process of completing the end year reviews for the Executive Team and objective setting for 2021/22 which would be presented to the Remuneration Committee.
- Garry Fraser, Regional Director, West would leave the Service on 30 June to take up a new position with NHS Tayside and David Robertson, Regional Director would move from East Region to take up the vacant position in the West. Interviews for the interim Regional Director, East vacancy would be held on 28 May.
- Lyndsay Lauder, Director of Workforce would retire from the Service towards the end of 2021 and a recruitment process was underway.
- The Chief Operating Officer/Deputy Chief Executive post would be advertised week commencing 1 July.
- The Executive Team had met with new members of the Scottish Government sponsor team
- In terms of Recovery, Remobilisation and Redesign and Renewal, the Chief Executive had been invited to be a member of the Integrated Unscheduled Care Programme Board.

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- A meeting would be held with Scotland's Charity Air Ambulance ahead of the Service's preparations of its reprocurement of the publicly funded air ambulance service.
- As part of the Service's remobilisation, the Board had approved the Service's strategic framework for innovation and the Service had been developing its Innovation, Research and Development strategy which would be brought to the Board for approval.
- The new Cabinet Secretary for Health and Sport would attend the NHS Chief Executives meeting on 3 July.

ITEM 14 AUDIT COMMITTEE MINUTES OF 20 JANUARY 2021 AND VERBAL UPDATE OF 21 APRIL 2021

Board members noted the approved minutes of 20 April 2021. Carol Sinclair, Chair of the Committee provided verbal feedback from the meeting on 21 April 2021. Board members noted the Committee:-

- In agreement with the Audit Committee Chair, had deferred 2 items of business to the June meeting (fleet management arrangements, internal audit charter and whistleblowing update).
- The General Manager, NRRD had given a presentation on strategic risk mapping. The Committee had taken assurance from the ongoing work and requested a future update to quantify impact.
- Reviewed changes to section 6, 7 and 13 of the Service's Standing Financial Instructions and recommended these to the Board for approval.
- Approved the Service's Credit Card Policy and Income General Policies.
- Approved the Committee's Annual Report for 2020/21
- Received an update on the East Region Recruitment Transformation Programme and noted that a future internal audit would be undertaken on the recruitment service to provide assurance.
- Reviewed and noted the Board Declarations of Interests and gifts and hospital register.
- Reviewed the Service's Standing Orders with no recommended revisions and the Committee Terms of Reference which would be presented to the Board for approval.
- Reviewed and discussed internal audit reports on Clinical Governance Falls Pathway and Organisational Change PPE Stock Management and noted the recommendations.
- Received the outputs from the IT Risk Universe Review and the top five risks identified by the review.
- Noted progress against the Internal Audit Action Plan.
- Noted Internal Audit Plan 2021/22 update and External Audit Plan for the year ending 31 March 2021
- Received quarterly updates on Information Governance (including Annual Report 2020/21), Fraud, Risk Management, Best Value and Resilience Committee.

The Chair thanked Carol Sinclair for her report and Board members **noted** the update.

ITEM 15 CLINICAL GOVERNANCE COMMITTEE

Board members noted the approved minutes of 15 February 2021. Martin Togneri provided a verbal update of the meeting held on 17 May 2021. Board members noted the Committee: -

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- Received a special top on the proposed clinical performance framework that would be submitted to Scottish Government for agreement and presented to the Board in due course.
- Received an update on the Service's mental health provision ahead of the strategy being presented to the Board for approval later in the year.
- Received a quarterly update on the Service's learning from adverse events. The Committee had previously sought assurance on improvements being made to the reporting and a meeting was being arranged with the representation of 2 Non Executive Director members in early June.
- Reviewed a comprehensive report on significant adverse events reviews and requested improvements in areas related to thematic analysis of the recommendations, improved resolution timescales, improved patient/family engagement and for the report to be presented in plain English to ensure it could be understood by the reader.
- Reviewed complaints compliance and requested an additional chart was included in future reports to show demand and allow triangulation of data and an additional level of oversight.
- Reviewed risk register and the Committee was content it understood the risks it had oversight responsibility for.
- Reviewed the Clinical Risk Register and quarterly clinical governance and patient safety reports and received an update on the Covid-19 vaccination work in the community.
- Approved the IPC work programme for 2021/22.
- Received a quarterly update on developments within the Education and Professional Development Department and updates on the Service's Clinical Services Transformation Programme and Drug and Alcohol Partnerships in Scotland and SAS relationship.
- Approved the Committee's Annual Report 2020/21 and Terms of Reference for submission to the Board.
- Noted the current position with progress against the Clinical Governance Internal Audit Risks and actions.
- Noted minutes from the Clinical Assurance Group, Medicines Management Group, Research and Development Group, Public Protection Assurance Group and National Clinical Operational Governance Group.

The Chair thanked Martin Togneri for his report and Board members noted the update.

Item 16 - BOARD DEVELOPMENT REPORT - APRIL 2021

Board members **noted** the report.

ITEM 17 ANY OTHER BUSINESS

The Chair confirmed there were no items to be raised.

ITEM 18 DATE OF NEXT MEETING

The Board will meet at 10.00 a.m. on Wednesday 30 June 2021 for the private annual accounts meeting.

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