NOT PROTECTIVELY MARKED

MINUTES OF THE 180TH PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

10.00 A.M. ON WEDNESDAY 27 MAY 2020

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
Lewis Campbell, Regional Director, East
Garry Fraser, Regional Director, West
Lyndsay Lauder, Director of Workforce
Frances Dodd, Director of Care Quality & Professional Development
Lindsey Ralph, Board Secretary (minutes)
Milne Weir, Regional Director, North

WELCOME AND INTRODUCTION

The Chair welcomed everyone to the 180th Scottish Ambulance Service Board meeting. There were no apologies noted. Due to the COVID-19 situation and social distancing measures, this meeting was not open to members of the public and the agenda and papers were available on the Service's website.

The Chair referred to the Service's revised governance arrangements during its response to the pandemic and recorded that Board members were invited to submit questions in advance of the meeting. Any questions raised, and the response provided by the Executive Team, would be appended to the minutes.

ITEM 01 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
- Madeline Smith – Non Executive Director and Vice Chair, NHS 24 and Non Executive Director, Digital Health and Care Institute
- Carol Sinclair - Associate Director, Public Health Scotland
- Liz Humphreys - Non Executive Director, Public Health Scotland

ITEM 02 MINUTES OF MEETING HELD ON 26 MARCH 2020

The minutes were approved.

ITEM 03 MATTERS ARISING

Board members agreed the following actions:-

Item 176/3/10 - to close this item and a detailed presentation to be provided to the Clinical Governance Committee on the estimated times of arrival.

Item 176/5/5(i) - to extend the target date to September 2020.

Item 179/4/5 - to extend the target date to September 2020.

Board members approved the removal of item 179/3/5.

ITEM 04 BOARD QUALITY INDICATORS AND PERFORMANCE REPORT AND TOWARDS 2020: TAKING CARE TO THE PATIENT

Pauline Howie invited Board members' feedback on the format of the combined report and provided a summary of the main points from the paper. She highlighted that Board members had been kept informed of the Service's response to the pandemic through the weekly Board reports which were introduced as part of the Service's revised governance arrangements in response to the pandemic.

Board members noted that the Executive Team would complete a further review of its 2020/21 Annual Operational Plan objectives and deliverables as part of the Service's recovery plans, with a particular focus on those objectives that were paused in March in response to COVID-19.

Board members noted performance against the Service's clinical, operational, scheduled care and staff experience measures. The Chair asked for further information about the ROSC rates which were returning to pre-pandemic levels. Jim Ward explained that the Service had seen a

reduction in the proportion of cardiac arrests at the end of 2019 and early in January 2020. This had started to increase in recent weeks and the data was currently being analysed. Board members noted that response times had been slightly impacted by the additional time required by staff to put on and remove enhanced personal protective equipment and complete vehicle cleaning infection control procedures. Pauline Howie added that with prolonged use of PPE and warm weather in recent weeks, staff wellbeing remained a priority to ensure crews maintained adequate hydration during their shift.

Referring to hospital turnaround times, Pauline Howie advised Board members that COVID-19 access changes in emergency departments varied across Scotland and this was being closely monitored locally with health boards to try and reduce the impact of increased turnaround times. Garry Fraser described work being progressed to review practices being used across the UK to address turnaround times and to apply any learning and good practice from this.

Board members were pleased to note improvements in the Service's sickness absence rates. Pauline Howie advised Board members that COVID-19 related abstractions were not recorded as sickness absence and whilst this had peaked in the early stages of the pandemic, it had reduced to below 5% in recent weeks.

In response to a question from Stuart Currie about the potential impact of increased staff abstractions following the introduction of Test and Protect, Pauline Howie confirmed that the Service's modelling work and assumptions were continuously being updated as further evidence and guidance became available.

The Chair highlighted that the Service had not been able to deploy Community First Responders (CFRs) since the COVID-19 restrictions were put in place and asked about the impact of this on operational response times. Jim Ward advised CFRs contribution was extremely valuable on an individual patient basis and it was a matter of significant regret that they could not be utilised at this time. He added that while there had been an increase in the average time to scene due to the non utilisation of CFRs, the impact on the national aggregated data for response times was not statistically significant.

The Chair noted that despite the assumed increase in demand levels predicted during the pandemic, levels had reduced and the Service's non conveyance rates had increased. He asked what the predicted impact on the Service was as Scotland eased out of lockdown. Jim Ward advised that the Service had considered all elements of its chain of response to continue to deliver the services required in terms of national obligations as a statutory provider during the pandemic. At the start of the pandemic, planning had been based on worst case scenario modelling that assumed that demand could have overwhelmed the Service's capacity to respond. These modelling assumptions continued to be refined based on national guidance and emerging intelligence about the virus. Turning to the increased non conveyance rates, he referred to the work of the Advanced Practitioners and advised that the establishment of NHS Scotland's Community Hubs ensured that when crews were assessing patients in the community they had the ability to access non-emergency pathways which reduced emergency department attendances where appropriate.

Board members noted the Service was progressing work to move from a COVID-19 response to recovery phase, with the aim to re-evaluate changes and initiatives that evidentially improved services. Jim Ward referred to the rotational model where the Service had envisaged Urgent Care Advanced Practitioners working in the Ambulance Control Centres and highlighted that this had been tested at scale during the pandemic with positive outcomes.

The Chair thanked Jim Ward for his response and the Board took assurance on the work being progressed and noted that further analysis of the impact of demand changes was ongoing.

Carol Sinclair commended the Service for its efforts to better understand patient outcomes and the impact of interventions through its analysis of data. She asked if the Service had support from academic colleagues to provide further opportunities around data analysis and outcomes. It was noted that the Service's Research and Development Group would meet in June and Jim Ward would arrange to meet with Carol Sinclair to discuss this in more detail prior to this meeting.

Board members were pleased to note that 999 telephone answering standards had been sustained despite the additional pressures related to the pandemic. Irene Oldfather asked if there was any evidence that the Service had received an increase in 999 calls from people would did not receive a timely response from NHS 24 due to demand pressures. Paul Bassett reported that there was no evidence of this and if a person's condition deteriorated while they were in the contact process for NHS 24 or NHS Inform, it was expected that they would access the 999 service. Madeline Smith added that where any spikes in demand occurred, either in the Service or NHS 24, it was normal practice for both organisations to check if a similar pattern was being experienced by the other.

Pauline Howie referred to the many new and innovative ways of working adopted across NHS Scotland that emerged during the pandemic, which would help inform the remobilisation plans for health and social care. Referring to the digital technology improvements that had been progressed at pace and scale, she acknowledged the significant input of the Service's technical team to achieve this throughout the Service. Board members noted the Service would build on these improvements as part of its recovery plan.

Board members discussed the Service's remobilisation plan and the aim to have a more sustainable future model to build on going forward to deliver the greatest benefit to patients, staff and the wider health and social care system. Board members agreed that it was critical that data intelligence, feedback and global learning informed the recovery plan and staff were at the heart of designing and implementing improved ways of working. Pauline Howie referenced a number of improvements in response to the pandemic which included the community hubs which provided direct access to pathways, increased mental health pathways, digital technology enhancements and potential options to be considered such as scheduled unscheduled care at emergency departments as far as possible.

Board members noted that the Service's Recovery Planning group would meet on 3 June 2020 to discuss how the Service recovered and renewed aligned with the Scottish Government's framework and how it would build in these new ways of working to the Service's developing strategy towards 2030.

Board members noted the Executive Team has agreed an Independent COVID-19 debrief process to ensure that lessons identified through personal experience contributed to the recovery and planning for the future.

Liz Humphreys referred to the Service's work in preparation of the launch of the new whistleblowing standards in 2021 and while national work had been paused in response to COVID, she was impressed with the wide range of comprehensive interactions across the Service to make sure staff were clear about the ongoing processes still available to them if they

need to raise concerns or report issues. Frances Dodd described a range of mechanisms in addition to the Service's existing arrangements, which included enhanced local leadership visibility, support to staff 24/7 through the national and regional COVID-19 tactical cells and regular conference calls with staff partners.

John Riggins informed Board members that staff partners joined a telephone call with the Director of Workforce 3 times a week. He advised that staff partners were reassured that any issues that were raised were dealt with promptly by the Executive Team with frequent updates provided. He said that the Service was consistently issuing clear communications to ensure staff were kept fully up to date and this had also provided reassurance about the levels of PPE which had been a significant concern for staff at the outset of the pandemic.

ITEM 05 CORPORATE RISK REGISTER (PUBLIC)

Julie Carter provided a summary of the main points from the paper.

Carol Sinclair referred to Risk No 4369 and informed Board members that the Audit Committee would complete a review of the mitigation actions and timescales related to cyber threats at its meeting on 11 June 2020.

Madeline Smith referred to Risk 4651 and it was agreed that the Director of Finance, Logistics and Strategy would review the wording to read "there is a risk that the Service cannot consistently deliver patient centred care where increasing demand exceeds available capacity, resulting in the potential for adverse patient outcomes"

Following discussion, Board members: -

1. Approved the updated Corporate Risk Register
2. Confirmed the risk profile and appetite status and noted this will be presented at each Board meeting
3. Noted the work required from each assurance group or committee to routinely report on actions and risk ratings.
4. Noted the COVID-19 Risk Register would be reviewed at the private board meeting. Agreed that consideration would be given as to whether the risk would sit in the public or private risk register.
5. Agreed the next steps that included a future Board risk workshop to review the Service's risk appetite.

Board members noted that the COVID-19 risk register was a dynamic risk register that was currently being reviewed and updated by the Executive Team on a daily basis. Martin Togneri asked the Executive Team to consider whether this should be included in the public Corporate Risk Register for future meetings.

Action:

1. **Director of Finance, Logistics & Strategy -** to amend the wording of risk 4651 to read "there is a risk that the Service cannot consistently deliver patient centred care where increasing demand exceeds available capacity, resulting in the potential for adverse patient outcomes"

ITEM 06 REVISED GOVERNANCE ARRANGEMENTS

Board members noted the revised governance arrangements which were reviewed by the Audit Committee on 22 April and recommended to the Board for approval.

The Chair suggested one further change to paragraph 2.4 which related to the weekly report to Board members. It was agreed that wording would be added to confirm that depending on the level of stability of operations, the frequency of the reports could be varied from weekly to monthly, mid-way between Board and Board Development session meetings.

Board members approved the revised governance arrangements and the inclusion of the additional wording requested by the Chair. A further review would be completed at the meeting in July 2020.

Action:

2. **Board Secretary** to update the paper to reflect the agreed changes to the revised Board governance arrangements.

Committee membership

Board members approved the appointment of Liz Humphreys to the membership of the Clinical Governance Committee. The Clinical Governance Committee Terms of Reference would reflect this change to Non Executive Director membership.

ITEM 07 FINANCIAL PERFORMANCE

Julie Carter provided a summary of the main points from the paper.

Board members noted: -

- The financial position to 31 March 2020 was break even (reporting a £34,000 surplus) which was subject to audit adjustments. The final audited position would be reported through the Service's annual accounts.
- Efficiency savings target of £12.7 million was fully achieved.
- Additional income had been received from Scottish Government to cover additional expenditure of £1.7 million had been incurred as a result of the Service's COVID-19 mobilisation plan from mid February to end March.

Julie Carter highlighted the Service had submitted weekly updates to Scottish Government on the associated financial implications related to COVID-19 and these were a key feature of the Service's weekly Board updates during the pandemic.

Stuart Currie asked the Director of Finance, Logistics and Strategy how robust the Service's income assumptions were. Julie Carter referred to events income and the work that had started pre-Covid and advised that as the Service was not incurring associated costs with events at this time it had not experienced any significant loss related to this.

ITEM 08 PERSON CENTRED CARE UPDATE

Frances Dodd provided a summary of the main points from the paper and Board members welcomed the increase in compliments and appreciation for the dedicated work of staff in response to the pandemic.

Liz Humphreys referred to the SPSO table and asked for further information about the process where individuals progressed their complaint to SPSO after it had been upheld by the Service. Frances Dodd advised that there were occasions when an individual would not be completely satisfied with the Service's response and would refer their complaint to the SPSO and it was important the Service captured any learning from this. The role of the newly formed Learning from Events group, which she chaired, was to increase organisational understanding of learning from events to strengthen, enhance o redesign the system. It was noted that the first meeting of the group would take place in June 2020.

Irene Oldfather advised that she had raised questions related to the SPSO information at the most recent Clinical Governance Committee which had been robustly answered. She thanked the team for taking forward her previous request in relation to improvements in the presentation of the report to include the feedback loop which provided further assurance to the Board on actions being taken. Martin Togneri, Chair of the Clinical Governance Committee supported this view and welcomed the improvements being made.

Madeline Smith asked for further information about the increase of 46 complaints compared to the same period in the previous year and suggested that it would be helpful to see if this was reflective of a similar increase in demand levels. Frances Dodd confirmed that this would be included for future reports. Pauline Howie reported that emergency demand was 3% higher than the previous year and the majority of complaints related to delayed responses which resulted when demand levels outstripped capacity. She reminded Board members that there was a mismatch between demand and capacity in some areas and even with a reduction in demand there would still be delays as a result of this. She assured Board members that the Service continued to progress its workforce plans and the Service was considering options to restart its Paramedic training programme, paused in response to the pandemic, to address these challenges.

ITEM 09 PATIENT AND STAFF SAFETY - HEALTHCARE ASSOCIATED INFECTION REPORT

Board members noted the report and that compliance with infection control standards was being sustained. Frances Dodd reported that the main focus of activity during the reporting period was the Service's response to the pandemic with the team focused on informing infection control guidance, contextualising national guidance to be ambulance specific, education for staff on changing guidance and the impact on how services were delivered.

Carol Sinclair thanked the team for the comprehensive report. She noted that while some stations had sustained performance there were others than had not and this presented disrupted datasets. She asked if there was any learning that could be applied to support those stations. Board members noted that the team had taken the opportunity during its response to COVID-19 to reflect on opportunities for learning and improvement which included wider peer audit and review at local level and Frances Dodd provided assurance that the learning from recent events would be progressed.

Francis Tierney asked about the PPE infographic re cardiac arrest and if there had been feedback from staff about its usability. Jim Ward referred to the challenges in the early stages around changing guidance for PPE when carrying out CPR and the Service's efforts to ensure a consistent approach. The infographic was based on a version shared by the London Ambulance Service and feedback from staff had been positive. He highlighted that in the early

stages of the pandemic, guidance about PPE and case definition had changed rapidly and staff had found this challenging. Infographics had proved a helpful way to demonstrate a vast range of information in a succinct and easy to understand format.

ITEM 10 CHAIRS VERBAL REPORT

The Chair reported on recent meetings attended and Board members noted: -

- weekly meetings were taking place with the Minister for Public Health, Sport and Wellbeing and Chairs of National Boards focused on NHS Scotland's response to COVID-19.
- The NHS Chair's meeting on 18 May was chaired by the Cabinet Secretary with the main topics focused on being care homes, wellbeing of staff and planning for the recovery phase.
- The Chair had a daily call with the Chief Executive to discuss any matters related to NHS Scotland and the Service's response to the pandemic.
- The Chair had held individual meetings with Non Executive Directors and Executive Directors during the reporting period.

ITEM 11 CHIEF EXECUTIVE'S VERBAL REPORT

Pauline Howie referred to virtual meetings attended at a national and local level in response to the Pandemic and recovery and renewal.

Board members noted that the Service's Remobilisation Plan to 31 July 2020 would be submitted to Scottish Government for feedback and it focused on the 5 main areas of unscheduled critical and emergency care and winter planning, elective care, community pathways, mental health and intelligence and data. The plan would be shared with Board members and the June Board Development session would be focused on the Service's recovery plan.

Board members noted that the only area of the Service's emergency demand activity that had been rising over the previous 10 weeks was calls related to mental health and welcomed the additional pathways introduced in recent weeks and the Service's efforts to roll out its Distress Brief Intervention pilot work at scale.

Pauline Howie conveyed her thanks to the Board, Executive Team, staff and partners for their outstanding contribution and ongoing commitment to the Service's response during the pandemic.

ITEM 12 AUDIT COMMITTEE

Board members noted the approved minutes of 22 January 2020. Carol Sinclair, Chair of Audit Committee provided the main points from the meeting on 22 April 2020. Board members noted the Committee:

- Approved the Audit Committee Annual Report, Terms of reference and draft work plan 2020/21
- Reviewed the Internal Audit Strategy and Plan and Internal Audit Charter.
- Reviewed the revised COVID-19 Board Governance arrangements and recommended these to the Board for approval

- Received assurance that the outstanding internal audit actions were being addressed through the Executive Team. Work in relation to the open action regarding assurance mapping had paused pending the review of the policies compliance framework.
- Received 3 internal audit reports - Review of ICT Continuity and Resilience, Review of Financial Controls and the Review of the Blueprint for Good Governance. Due to the COVID-19 priorities, the SPiNE report was deferred to the June meeting and it was noted that there had been no adverse event from the outstanding actions.
- Noted with assurance the progress report update from the external auditors on the 2019/20 audit and timeline.
- Received quarterly update reports on information governance, fraud and risk. Amendments to the risk register were proposed and submitted to the Board for approval. The Committee was assured that the high level risks continued to be reviewed by the Executive Team and the Performance and Planning Steering Group.
- Received and noted the Information Governance Annual Report
- Received a presentation on the Payroll Consortium Business Case which was approved by the Board in March. As part of the assurance process, the Committee noted the governance approach.

ITEM 13 STAFF GOVERNANCE COMMITTEE

Board members noted the approved minutes of 11 December 2019. Madeline Smith, Chair of Staff Governance Committee provided the main points from the meeting held on 16 April 2020. Board members noted the Committee: -

- Received a special topic on COVID-19 Staff Governance Committee Response to provide assurance to the committee on the range of actions being taken to ensure the staff governance standards were informing the response to the pandemic.
- Noted the annual reports from the Remuneration Committee and Health and Safety & Wellbeing Group and approved the Staff Governance Committee Annual Report.
- Approved the 2019/20 closing reports for the Staff Governance Action Plan 2019/20, Wellbeing Implementation Plan and Organisational Development Plan.
- Agreed the Staff Governance Action Plan 2020/21 would be deferred to the meeting in June 2020.
- Noted updates on the Workforce Planning Framework, Staff Experience, Paramedic Education, Demand and Capacity Programme.
- Noted the Workforce Risk Register and that this would be reviewed and updated to reflect the current position for the meeting in June.
- Approved Health and Safety Policies related to Allergy and Anaphylaxis, Personal Protective Equipment, First Aid Arrangement and Guidance on Inadvertent Exposure to Asbestos.

ITEM 14 CLINICAL GOVERNANCE COMMITTEE

Board members noted the approved minutes of 20 February 2020. Martin Togneri, Chair of the Clinical Governance Committee provided the main points from the meeting held on 18 May 2020. Board members noted the Committee: -

- Received assurance on the Service's clinical response to the pandemic with a special topic which provided a detailed update on clinical service transformation to support COVID-19 response.
- Approved the Terms of Reference and Clinical Governance Committee Annual Report 2019/20 for submission to the Board.

- Homologated the decision to introduce a temporary Significant Adverse Event Review process during the Service's response to the pandemic and asked the Medical Director to consider the timescales that this arrangement would remain in place and report back to the Committee in August.
- Noted update reports which provided assurance on patient experience and learning from adverse events, clinical governance and patient safety, public protection assurance group, infection prevention and control and education.

The Chair recorded his thanks to the Committee Chairs and Lead Directors for their efforts to ensure essential Committee business was progressed to maintain an appropriate level of governance during the Service's response to the Pandemic.

ITEM 15 - BOARD DEVELOPMENT REPORT

Board members noted the report.

ITEM 16 - ANY OTHER BUSINESS

No items were raised.

DATE OF NEXT MEETING

The Board will meet in private on 24 June 2020 to approve the Service's Annual Report and Accounts. The next public meeting will be held at 10.00 a.m. on Wednesday 29 July 2020.

Appendix 1 - Questions from Board members in advance of meeting

Appendix 1 - Questions received from Board members in advance of the meeting

Board member & Item	Question	Response
Martin Togneri Item 08 Person Centred Care	In the SPSO section, with respect to SPSO 201801934, there are five recommendations but there appears to be confirmation only that the first has been implemented. Am I correct and if so, what about the others?	**Response from Director of Care Quality & Professional Development** In response to the question asked around the Person Centred Care update, in relation to the SPSO report with outstanding actions, the actions relating to communicating with the family have been completed, the remaining actions relate to reflection by staff and these have been delayed due to Covid and one of the staff being unwell. The Patient Experience Manager is aware of these and is chasing down a response, now that things have settled down slightly in the current pandemic situation. I will keep you updated, these are out with our normally accepted timeline for completion, however we are aware staff have been occupied in the pandemic and the ombudsman has communicated with us at the beginning of the pandemic expressing an understanding around the situation and the additional pressures that it put on business as usual.
Liz Humphreys Minutes of meetings	Minutes of the public and private meetings of 26/3 and the private meeting on 15 April - could all three documents please reflect that I was present (I didn't say much but was definitely in attendance!);	Minutes have been amended to include attendance
Liz Humphreys Item 04 Quality Indicators Performance report	p8: the increase in survival rates looks very positive. I am keen to understand more about the further work referred to. For example, what additional clinical needs and associated interventions do we think there might be? Is it that we are always looking for additional needs, even though we may not know if any exist?	**Response from Medical Director** This is where we look at the clinical detail in more detail. For example, looking at specific codes to understand whether additional clinical interventions could have been more effective. There are different routes to a patient deteriorating to cardiac arrest so we need to understand how we can identify and respond to these in a timely fashion e.g. management of long term conditions, improved anticipatory care planning, naloxone availability for patients at risk of accidental drug OD, early identification and intervention re deteriorating patients. Add to this the potential to utilise artificial intelligence to support accurate triage and there are multiple opportunities to continually test ways to improve care and associated outcomes.
Liz Humphreys Item 04 Quality Indicators Performance report	p10: how is compliance with the use of the PVC insertion care bundle monitored? There is mention of software - does this record use automatically or is any input required by crews? If the latter, how do we check for accuracy of inputting?	**Response from Medical Director** Monitoring is by data analysis, disaggregated to regional/ board / IJB level. The compliance figures are based on the direct input of front line crews. Checking the accuracy of this is a challenge as by definition our staff generally work out with a supervised healthcare environment.

Liz Humphreys Item 04 Quality Indicators Performance report Quality Indicators Performance report	p16: re the increase in average time to scene (and response times generally) - how do we match this data with eventual patient outcome information to understand the clinical implications and knock-on effects of response times?	**Response by Medical Director** We review a number of sources of data in order to understand the impact of delays on care outcomes. These include complaints, incident reports and feedback from territorial boards' governance systems. On a weekly basis we look at longest delays by response categories and align these to management actions. We link data to 24 hour and 30 day survival; for all code categories and we are developing enhanced linked data sets for patients affected by major trauma, stroke and heart attacks to understand our role in optimising the whole system
Liz Humphreys Item 04 Quality Indicators Performance report	p24-25: reduction in PTS demand and consequent reallocation of resources - what is involved in switching PTS resource to A&E activity? Are there restrictions in the range of work that can be undertaken, or can adaptations be made if necessary. And if yes to the latter, are there any implications for retracting back out of providing that assistance in due course?	**Response from Medical Director** Many patients moved by A&E resources have no specific clinical requirement and are within the skill set of PTS who are fully trained in moving and handling and the compassionate care of vulnerable and frail people. What is needed is clinical oversight of such conveyance decisions to ensure that the correct skill set / resource is applied in relation to the needs of the patient. These are often made by GPs (Non emergency admissions) and also many patients being discharged from hospital to home or supported accommodation are helped by PTS. It could be within the remit of a strengthened ACC clinical hub to extend such decision support to 999 calls.
Liz Humphreys Item 05 Corporate Risk Register	And in Appendix 1, we don't get the impact and likelihood numbers for either the risk level or the tolerance. The Covid-19 register includes the former, and Julie said to me in our recent risk discussion that she would add the latter. It would be very helpful to see both pairs of scores because that aids with understanding the anticipated journey between the two. (Same also for the private CRR)	Director of Finance, Logistics and Strategy provided a response to Liz Humphreys confirming future Board risk papers will include both the impact and likelihood numbers for the risk level and tolerance
Liz Humphreys Item 09 HAI report	similar to the compliance question above - how do we capture compliance with hand hygiene?	**Director of Care Quality & Professional Development** Hand Hygiene compliance is captured through the Infection Control team auditing practice at hospitals and in stations. These results are fed back to the teams. I have had the opportunity to discuss this approach with Sarah Freeman, Head of Infection Control and we would plan to support team leader and peer auditing to understand results and to feed these back and use improvement methodologies to support developments in practice and improve patient care and outcomes. The current auditing arrangements are being reviewed to ensure the audit process is not influencing observed practice and that there is a clearer understanding of actual practice.