



**Scottish
Ambulance
Service**
Taking Care to the Patient



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MINUTES OF THE 190TH PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

10.00 A.M. ON WEDNESDAY 28 JULY 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: Kenny Freeburn, Regional Director, East
Mark Hannan, Head of Corporate Affairs & Engagement
Lyndsay Lauder, Director of Workforce
Lindsey Ralph, Board Secretary
Milne Weir, Regional Director, North

In Attendance: Matt Cooper, Deputy Regional Director, West
Sarah Stevenson, Risk Manager (Item 06)
Sarah Freeman, Head of Infection, Prevention and Control (Item 13)

WELCOME AND INTRODUCTION

The Chair welcomed everyone to the 190th Scottish Ambulance Service Board meeting and apologies were noted from Frances Dodd, Director of Care Quality & Professional Development, Paul Bassett, Director, National Operations and David Robertson, Regional Director, West.

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ITEM 01 PATIENT STORY

Board members discussed a patient video showing the life-saving interventions and actions from the crew to help a young baby, Finlay, who was in cardiac arrest. The Board were delighted to hear Finlay's story from his parents and the crew involved in his treatment and care. Board members agreed that their experience was an example of the extended skills and extreme professionalism of all parts of the Service working together to save his life.

Jim Ward described the obstetrics training and actions taken by the crew and the advice and support provided by the Ambulance Control Centre responding to the call. He advised that no matter how well prepared and trained crews were, obstetric care was a standing issue on the Clinical Governance Committee agenda because of the inherent risks associated with it.

Pauline Howie referred to the extreme challenges in the system in response to the pandemic which were resulting in longer delays for those patients in the lower acuity categories and Board members agreed that this story demonstrated how the response model worked to ensure those patients with immediately life threatening and time critical conditions were prioritised to receive the right care at the right time.

The Chair asked Mark Hannan to convey the Board's thanks to the family for sharing their experience and the crew involved and the valuable learning this provided to the Service.

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

ITEM 03 MINUTES OF MEETING HELD ON 26 MAY 2021

Board members approved the minutes.

ITEM 04 MATTERS ARISING

Board members approved the removal of matters arising 188/2/1, 188/7/7, 188/7/9 and agreed to extend the target date for item 184/7/6ii to August 2021. It was noted that an update would be provided on matters arising 188/6/6 under the Corporate Risk Register discussion at Item 06.

ITEM 05 BOARD QUALITY INDICATORS AND PERFORMANCE REPORT

The Chair referred to the pressures in the health and social care system and the Board's role in holding the Service's executive team to account while governing in unprecedented times. He

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said that the Service's performance targets reflected the aims set during normal times and with the current pressures and increased risk in the system, it was important that the Board focused on the impact this had on patient safety and staff experience. He advised that it was in this context that the Board operated to seek assurance that the Service was doing everything that it could to ensure patient safety and staff wellbeing remained its priority focus in such difficult circumstances.

Pauline Howie provided an overview of performance and the current challenges during the reporting period. Board members noted:

- The paper reported to 30 June and the system pressures across NHS Scotland and the wider UK had not eased in July.
- As shown in the charts, unscheduled care demand was at pre Covid-19 levels, and in particular, call volume was at its highest ever level.
- The acuity of patients presenting through the unscheduled care system was higher than pre Covid-19 and there was an increase in hospital admissions.
- The Service was increasing its hear and treat rates which meant that incidents attended remained stable, however, alongside the increase in demand, there was less capacity within the Service and overall system due to increased workforce abstractions.
- Service time was increasing, with a particular pressure on hospital handover times, with the highest ever average time being recorded, which was reflective of the wider health and social care system being under extreme stress.
- Workforce challenges had increased with Covid-19 related absence in July around 5%, however, the number of staff who were off due to household contacts testing positive had started to reduce during the school holiday period.
- Non Covid-19 related absence was increasing and the Service was at its peak annual leave period and had actively been encouraging staff to take annual leave to ensure they were appropriately rested.
- It had been an extremely challenging time for staff who continued to be incredible in their response - the Service's average utilisation rate was currently at 69%, against a best practice standard of 55%. This had an obvious negative impact on staff receiving their rest breaks and finishing their shifts on time.
- The Service was reviewing its escalation arrangements, working closely with staff partners and partners across the wider health and social care system to share information and intelligence about what was happening in the wider systems. This collaboration had continued to strengthen through all waves of the pandemic.
- The Service escalated on a daily basis through its response model to ensure the highest clinical acuity patients were prioritised and as evidenced in the data charts, clinical performance was being maintained despite those longer response times. Nevertheless there were too many patients waiting too long for ambulances and the Service was trying to address this as a priority.
- The Scottish Fire and Rescue Service was supporting the Service, during peak times, to provide emergency driving assistance for clinicians where there were shift vacancies.
- The Service was working as part of the wider system and Scottish Government had provided additional funding of £750,000 for the Service to support flow through emergency departments and improvements in ambulance turnaround times.
- The Service's ambitious Demand and Capacity recruitment, training and education programme remained on track.
- The Service was starting up phase 2 of the Redesign of Urgent Care which included pathway development and, NHS Boards were scheduling urgent care where possible, to avoid peaks in attendances at emergency departments. A paper was being presented to

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the Health and Social Care Management Board on hospital handovers and the development of a clinical quality standard aim across NHS Scotland.

- Recent changes to social distancing measures had enabled the Service to slightly increase capacity on its PTS vehicles where this was clinically suitable for patients.
- It was in the above challenging context that the Executive Team was working to try and maintain safe services for patients and to focus on staff health and wellbeing with the available resources that it had.

Board members welcomed the additional funding received from Scottish Government and discussed the range of pressures in the system affecting response times which included service time, extended hospital turnaround times, an increase in emergency demand and workforce abstractions. Matt Cooper, Regional Director, West provided a summary of the actions being taken to progress this work at pace which included more dedicated Hospital Ambulance Liaison Officers at key hospital sites.

In response to a question from Stuart Currie about how quickly the Service could make an impact with this additional funding, Pauline Howie advised that the Service had suggested to Scottish Government that this additional funding might be required beyond March 2022, as it was unlikely that the Service would see significant reductions in high acuity patients requiring unscheduled care in the shorter term given the backlog of health needs within the population. The Service continued to recruit resources as quickly as possible and if funding was not recurring then the Service would be required to absorb those additional costs within its normal budgeting arrangements.

In response to a question from Liz Humphreys about how the Service was communicating with the public and staff about the range of improvements that were being progressed, Board members noted the public campaign, Right Care, Right Place, which had been set up through the National Redesign of Urgent Care Programme, was being promoted through the Service's internal and external communication channels.

In response to a supplementary question from Liz Humphreys about the actions being taken by the Service to safety net patients in the lower acuity categories who were experiencing longer delays, Jim Ward referenced the improvements being progressed to mitigate delays. This included safety netting interventions to detect any clinical deterioration that were in place and the review of specific codes to identify those patients who could safely be managed through alternative care pathways as an alternative to the emergency department.

At the Chair's request, Kenny Freeburn provided an update on the Service's Demand and Capacity shift roster work and assurance to the Board that this work was progressing well and remained on track. Jim Ward provided an update on phase 2 of the Redesign of Urgent Care work, which was closely aligned to the work the Service was progressing to develop its 2030 strategy.

Irene Oldfather noted that not all Boards had minor injury units and she said it would be helpful to understand the impact of this on the Service. Jim Ward confirmed that every Board had processes for managing minor injuries and larger Boards had the volume of patients to set up separate units for this. The Redesign of Urgent Care was focused on the scheduling of minor injuries in to the various configurations at hospital sites and he confirmed that the only minor injuries presentations that would be referred on to the Service by 111, were those patients who were identified as being in emergency circumstances after triage.

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In response to a question from Carol Sinclair about how the Service reviewed what it had to be doing differently now to make the biggest impacts for patient safety and staff health and wellbeing, Pauline Howie advised that this was being done on a daily basis at all levels within the organisation and she gave an example of the mental health initiatives, and rapid cycle tests of change, with constant adaptation based on the learning and availability of the workforce, to develop models that were sustainable and realisable in the short term.

In response to a question from Irene Oldfather about Covid-19 related absence and whether fully vaccinated NHS staff would still be required to isolate when a household member tested positive, Pauline Howie confirmed that the Service was working through revised guidance issued by Scottish Government on 23 July.

The Chair referred to the levels of assurance being provided to the Board through the Board reports and thanked the Executive Team for their detailed updates on the challenges being experienced and the actions being progressed to mitigate risk to patient safety and staff wellbeing.

ITEM 06 CORPORATE RISK REGISTER (PUBLIC)

Sarah Stevenson joined the meeting.

The Chair referred to Risk ID 4638, which related to increased service pressures on the Service due to changes in other parts of the whole system. He informed Board members that he had discussed this risk with the Director of Finance, Logistics and Strategy as an element of it related to longer turnaround times at hospitals which was having a sustained and significant impact on the Service's ability to respond. Julie Carter referred to the Service's remobilisation plan and Covid-19 risk registers which all linked to the pressures being discussed at this meeting. She reported that the Service's Recovery Planning Group meeting, had reviewed this risk at its meeting on 27 July, and increased it to very high based on likelihood and impact. Board members agreed that this change reflected the continued pressure on the Service.

Liz Humphreys considered that Risk IDs 4638 and 4651 covered the same issues from a different perspective and suggested that there required to be sufficient clarity if these remained as two separate risks. Board members agreed that that these risks should remain separate as they were valid from a different perspective, however, it was noted that the Director of Finance, Logistics and Strategy and Risk Manager would review the wording with the risk owners to ensure there was sufficient clarity on this.

Liz Humphreys referred to Risk ID 4639 and requested that the mitigating actions were strengthened to draw out the controls that focussed on recovery from a cyber attack, applying the learning from recent events experienced by other services.

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

Action:

- 1. Director of Finance, Logistics & Strategy and Risk Manager** – (i) to review the wording of Risk IDs 4638 and 4651 with the risk owners to ensure there was sufficient clarity of why these were recorded as two separate risks and (ii) to strengthen the mitigating actions on Risk ID 4639 to draw out the controls that focused on recovery from a cyber attack, applying the learning from recent events experienced by other services.

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ITEM 07 BOARD STANDING ORDERS

Board members reviewed the Standing Orders which were recommended to the Board for approval by the Audit Committee.

Board members **approved** the Standing Orders.

ITEM 08 STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION REVIEW

Julie Carter advised Board members that the paper was considered by the Audit Committee at its meetings on 21 April 2021 and recommended to the Board for approval.

Board members noted the proposed changes and following a point raised by Martin Togneri it was agreed that the wording in section 9 would be revised to record that the Remuneration Committee reported to the Staff Governance Committee.

Board members **approved** the revised Standing Financial Instructions and Scheme of Delegation.

Action:

2. **Board Secretary** – to review the wording in Section 9 to record that the Remuneration Committee reported to the Staff Governance Committee.

ITEM 09 BOARD STANDING COMMITTEES – TERMS OF REFERENCE

Board members noted the paper and **approved** the refreshed Terms of Reference for each Committee.

ITEM 10 RISK MANAGEMENT POLICY – REVISED

Board members noted that the policy approved by the Board in January 2020 had been further reviewed and the Audit Committee had recommended it to the Board for approval after its meeting in June 2021. The Chair stated he was pleased with the enhancements made over the last 16 months to the Service's risk management arrangements and invited Board members to approve the revised policy.

Sarah Stevenson confirmed that following a point raised by Carol Sinclair at the last meeting about whether an issues log should be developed for the Corporate Risk Register, the Performance and Planning Steering Group had recommended that the Service tested this out through its Operational Leadership Team and feedback would be reported back to the PPSG and Audit Committee for recommendations to be made to the Board. Carol Sinclair welcomed this approach. Julie Carter added that if issues were already covered through board discussions, it would be important to realise the added value of introducing an issues log.

Following points made by Martin Togneri and Liz Humphreys it was agreed the policy would be revised to:-

- amend the glossary to include reference to the 'just culture' definition

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- Update the culture section on page 10 to reflect that it was everyone’s responsibility to manage risk within their roles supported by a culture that allows staff to speak up when they have concerns.

In response to a question from Martin Togneri about the recruitment of a Chief Operating Officer role to the Service and the responsibilities of this role, Julie Carter confirmed that a whole system review of policies would be required and this would be picked up as part of a wider exercise following appointment to the role.

Board members **approved** the Risk Management Policy subject to the changes requested by Board members being made prior to publication.

The Chair thanked Sarah Stevenson who then left the meeting.

Action:

- 3. Risk Manager** – prior to publication, amend the policy to reflect the requested changes from Board members to
 - review the glossary to include the Just Culture definition
 - Update the culture section on page 10 to reflect that it was everyone’s responsibility to manage risk within their roles supported by a culture that allows staff to speak up when they have concerns.

ITEM 11 FINANCIAL PERFORMANCE

Julie Carter provided a summary of the main points and Board members noted the financial position reported to 30 June:-

- A deficit of £0.9m against a trajectory deficit of £1.5m
- Funding for Covid-19 to support the first quarter activity was received this month.
- Efficiency savings of £1.1m have been delivered against a target of £3m for the period
- Additional expenditure of £5m has been incurred in this period as a result of the Service’s Covid-19 remobilisation plan and offset against the funding received to date. The expenditure also includes an estimate of £1m in respect of efficiency savings that due to operational pressures have not been realised.

Board members noted the report and that the Service’s efficiency savings remained a significant risk given the gap of plans still be identified with the current operational pressures. The Board received assurance that the Director of Finance, Logistics and Strategy was chairing weekly delivery group meetings to ensure a high level of focus was maintained on the best value programme.

ITEM 12 – PERSON CENTRED CARE UPDATE

In Frances Dodd’s absence, Mark Hannan provided a summary of the main points and Board members noted the Service’s latest data on compliments, Patient Focus Public Involvement work, complaints compliance and SPSO cases.

Board members discussed complaints compliance and noted the efforts of the Service to triage complaints to ensure those appropriate for Stage 1 reviews, and early resolution, were identified. Given the increase in the volume of complaints and the context in which the Service was currently operating, Board members considered that with the current demand and wider

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service issues, complaint review timescales would continue to be adversely affected and received assurance that the Service would strive to ensure the quality of the reviews remained a key focus.

Following a request by Irene Oldfather about whether complaints could be themed and categorised, it was agreed that the Chair of the Clinical Governance Committee would arrange for the Committee to undertake a review of the complaints process to determine if this work could be progressed.

Martin Togneri noted the increase in the volume of complaints received by the Service over the last four months and Mark Hannan advised that the Service was waiting on feedback from other NHS Boards about whether similar levels were being experienced across NHS Boards. Board members noted this information would be shared with them when it was available.

Following a prior request from Irene Oldfather about SPSO case timelines related to Datix 4331, the Head of Corporate Affairs and Engagement confirmed he would review the detail of the case and provide an update to Board members.

Actions:

- 4. Chair, Clinical Governance Committee and Medical Director** – to arrange for the Clinical Governance Committee to undertake a review of the complaints process to determine if complaints could be themed and categorised.

- 5. Director of Care Quality and Professional Development** – Head of Corporate Affairs and Engagement to provide Board members with further information on the timelines related to SPSO case (Datix 4331).

ITEM 13 – PATIENT AND STAFF SAFETY – HAI UPDATE

In Frances Dodd's absence, Sarah Freeman, Head of Infection, Prevention and Control joined the meeting for this item and provided a summary of the main points.

Board members noted the report which highlighted the challenges delivering the annual IPC programme of work due to the ongoing pandemic, and were pleased to hear that the IPC Audit Programme 2020/21 had been completed as planned.

The Chair referred to the 2021/22 Annual Infection Prevention and Control Programme of work and requested that the Clinical Governance Committee seek more detailed assurance at its meeting on 16 August on the outstanding deliverables from 2020/21 that had been transferred to the programme of work for the current year to ensure there was no direct patient impact as a result of this.

The Chair thanked Sarah Freeman who then left the meeting.

Action:

- 6. Chair, Clinical Governance Committee** – will seek more detailed assurance at the Committee meeting on 16 August to ensure there was no direct patient impact from the outstanding deliverables from 2020/21 being transferred to the 2021/22 programme of work.

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ITEM 14 – REMOBILISATION PLAN UPDATE

Julie Carter provided the key highlights from the paper.

Board members noted the delivery progress and that there were no key issues or risks to escalate to the Board around delivery of the plan. The timeline for Remobilisation Plan version 4 which would be presented to the Board at its meeting in September for approval, before submission to Scottish Government. The plan would act as a transition towards a proposed 3 year outcome based plan for 2022-25.

Madeline Smith noted the update included a summary on health and wellbeing and requested more detailed assurance on progress with the implementation of this strategy in future reports. Julie Carter confirmed that a detailed report on progress was presented to the Service's Recovery Planning Group meeting and would be reflected in future reports.

Board members **noted** the update.

Item 15 – CHAIR'S VERBAL UPDATE

The Chair reported on meetings attended during the reporting period which included the National Innovation Steering Group meetings that he chaired and his attendance at the National Group for Volunteering, aimed at raising the profile of volunteering across NHS Scotland.

The Chair was pleased to report that John McGuigan had been appointed as Non Executive Director with the Service on a 4 year term of appointment with effect from 1 October 2021 and he looked forward to welcoming him to the Service.

Board members noted that the Chair had reviewed the Chief Executive and Executive Directors appraisals, prior to these being presented to the Remuneration Committee on 20 July 2021.

The Chair referred to the visit of Humza Yousaf, Cabinet Secretary for Health and Social Care, to Dundee Ambulance Station on 1 July and the welcomed announcement of bursaries award for paramedic students.

Item 16 – CHIEF EXECUTIVE'S UPDATE

Pauline Howie provided an update on meetings attended during the reporting period and ministerial visits to the Service.

Board members noted the continued focus on staff wellbeing and the Service was seeking additional funding from Scottish Government to progress initiatives at pace.

Board members noted the Service's significant planning, exercising and testing for the COP 26 event in November, which was the largest event ever held in the UK.

Item 17 – AUDIT COMMITTEE MINUTES

Board members noted the minutes of 21 April 2021 and an update on the meeting held on 9 June 2021. In consultation with Committee Chair the Internal Audit Charter item had been deferred to October 2021. Board members noted the Committee:-

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- Received an update on the Service’s whistleblowing processes related to the new legislation, which would report through the Clinical Governance Committee and Staff Governance Committees to the Board.
- Reviewed and noted the Endowment Fund Annual Accounts 2020/21 which were presented to the Trustees on 30 June 2021.
- Reviewed the Draft Annual Report and Accounts 2020/21 and recommended these to the Board for approval, noting that further work was being progressed regarding Covid-19 PPE however this was not expected to impact on the financial outturn for the Service.
- Reviewed the amended SFIs and Scheme of Delegation and recommended these to the Board for approval.
- Reviewed the draft SAS Model Framework Document which would be presented to the Board for approval following feedback from the Scottish Government sponsor team.
- Received Internal Audit Reports on Fleet Management arrangements and noted the positive report and assurance provided that the recommended actions were underway.
- Received Internal Audit Report on ICT Resilience and assurance that all learning and improvement work carried out would be replicated across all ACC sites.
- Reviewed the Internal Audit Annual Report 2020/21
- Discussed Internal Audit Follow Up and Status report and progress against the actions.
- Received External Audit draft Annual Report 2020/21 with some minor wording adjustments requested prior to it being presented to the Board
- Received update on information governance which outlined progress against audit recommendations, breaches of the Data Protection Act and progress towards the implementation of the actions from the Records Management Plan. Members noted the approval of two policies which would go through consultation as part of the policy review group process – Information Security policy and Freedom of Information policy.
- Received an update on the Prevention of Fraud.
- Received an update on Risk Management, approved the Risk Management Annual Report 2020/21 and reviewed the revised Risk Management Policy prior to it being presented to the Board for approval in July.
- Received an update on Best Value and noted the updated and approved policy and procedures which included escalation processes for the programme.
- Reviewed a paper which detailed the work ongoing to develop a Board Assurance Framework approach prior to discussion at the Board Development session in August.
- Received a Resilience Committee update, noted the minutes of the meeting held on 19 April and approved the Annual Report 2020/21 and Terms of Reference.

Item 18 – STAFF GOVERNANCE COMMITTEE MINUTES

Board members noted the minutes of 18 March 2021 and an update on the meeting held on 14 June 2021 was provided by Madeline Smith, Chair of the Committee. Board members noted, the Committee:-

- Approved Annual Reports for the Committee, which incorporated the Remuneration Committee, for submission to the Board.
- Approved the Workforce Risk Register and agreed to review wording of risk ID 4906.
- Received a special topic on the Demand and Capacity Programme and early insight of the baseline and impact on staff and patient experience. The Director of Workforce would

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consider future reporting of staff experience improvement measures linked to the Demand and Capacity Programme and bring a proposal back to the meeting in September.

- Received an update on the Staff Governance Action Plan 2020/21 and requested a 6 month SGAP from September 2021 to March 2022 to ensure Committee had clear oversight of actions and timescales ahead of the development and approval of the 2022/23 plan.
- Reviewed Workforce Vector of Measures and requested for the September Committee meeting that this included detail of the work being undertaken to increase Team Leader protected time.
- Reviewed internal audit actions and noted no new actions since March 2021 within the Committee's remit.
- Noted SAS Covid-19 guidance.
- Received an update on OD Plan and Appraisal activity progress and requested a further update on agreed timescales, plans and progress in place for appraisal activity across the Service would be provided to the Committee.
- Received an update on workforce health and wellbeing strategy progress and agreed an action plan that outlined timescales, milestones and progress against each area of the Strategy would be presented to the Committee at its next meeting.
- Received Health and Safety update which included vaccination programme and fatigue management system and action plan framework.
- Received updates of Equality fora, the development of a culture change map, partnership working, staff experience, learning from events and the East Region Recruitment Shared Service.
- The Committee noted the Staff Governance Monitoring return template had been received from Scottish Government and work was underway to complete the return by end September.

ITEM 19 BOARD DEVELOPMENT REPORT

Board members noted the report of June 2021.

ITEM 20 ANY OTHER BUSINESS

No items raised.

ITEM 21 DATE OF NEXT MEETING

10 am on Wednesday 29 September 2021.

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