



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



**NOT PROTECTIVELY MARKED**

## **MINUTES OF THE 192<sup>ND</sup> PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD**

**10.00 A.M. ON WEDNESDAY 24 NOVEMBER 2021**

### **VIRTUAL MEETING BY MS TEAMS**

To observe Scottish Government guidelines on social distancing and protect public health, the Board meeting was held virtually.

#### **Present:**

Board members: Tom Steele, Chair (Chair)  
Julie Carter, Director of Finance, Logistics & Strategy  
Stuart Currie, Non Executive Director  
Pauline Howie, Chief Executive  
Irene Oldfather, Non Executive Director & Vice Chair  
John McGuigan, Non Executive Director  
Cecil Meiklejohn, Non Executive Director  
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, Chief Operating Officer/Deputy Chief Executive  
Matt Cooper, Director, National Operations (to Item 06)  
Frances Dodd, Director of Care Quality & Professional Development  
Kenny Freeburn, Regional Director, East (to Item 06)  
Mark Hannan, Head of Corporate Affairs & Engagement  
Avril Keen, Director of Workforce (from 15 November 2021)  
Lyndsay Lauder, Director of Workforce  
Lindsey Ralph, Board Secretary  
David Robertson, Regional Director, West (to Item 06)  
Milne Weir, Regional Director, North (to Item 06)

In Attendance: Rebecca Board, Risk Manager (Item 06)  
Karen Brogan, Associate Director of Strategy, Planning & Programmes (Item 13)

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## **WELCOME AND INTRODUCTION**

The Chair welcomed everyone to the 192<sup>nd</sup> Scottish Ambulance Service Board meeting. Apologies were noted from Liz Humphreys, Non Executive Director. The Chair welcomed Avril Keen, Director of Workforce to her first meeting.

Board members noted that Irene Oldfather would leave the meeting for 30 minutes at 11 am and the Operational Directors would leave the meeting after agenda item 05 had been discussed to focus on the operational pressures related to the pandemic.

### **ITEM 01 PATIENT STORY**

Board members viewed the video in advance of the meeting where a patient's son shared his experience of the care provided by the Service to his father, who has vascular dementia. On the morning of the transfer, the patient had experienced poor balance and mobility and was also in a brace having sustained fractures to his neck. His son spoke about the professionalism of the crew who showed total commitment and carried out their duties sensitively with great care, compassion and empathy. He said it was extremely comforting for the family to know that the standard of quality care provided by the Service to his father, and in particular by the attending crew, was so high.

Jim Ward gave his reflections of the patient's experience in relation to realistic medicine and care and the person centred approach delivered to the highest quality by non registered clinicians within the Service. Board members agreed that it was extremely positive to see this illustrated in such a moving and personal way, and highlighted the impact that softer skills such as compassion and empathy had on a patient's experience, which was reflected in the Service's recruitment, education and training processes.

Irene Oldfather, who personally had a long history of campaigning for the rights of people with dementia, advised that this patient's experience highlighted how far the Service had progressed in recent years to develop its services.

Mark Hannan confirmed that he would convey thanks to the family for sharing their valuable experience with the Board.

### **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 –Board member, Digital Health and Care Innovation Centre
- Carol Sinclair – Chief Officer, Public Health Scotland and Trustee, Scotland's Charity Air Ambulance
- Stuart Currie, Non Executive Director, State Hospital

### **ITEM 03 MINUTES OF MEETING HELD ON 29 SEPTEMBER 2021**

Board members approved the minutes.

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#### **ITEM 04      MATTERS ARISING**

Board members approved the removal of matters arising 190/8/12i, 191/2/1, 191/6/6, 191/7/8, 191/7/9 and 191/8/11.

#### **ITEM 05      BOARD QUALITY INDICATORS AND PERFORMANCE REPORT**

The Chair referred to the Board's discussion at its October development session on the system pressures and invited Pauline Howie to provide an update to Board members on the latest position.

Pauline Howie reported that the health and social care services across the UK remained under extreme pressure and the Service's focus remained on patient safety, staff welfare and resourcing. NHS Scotland remained on an emergency footing until at least March 2022 and the Service had been on its highest level of escalation since the start of September 2021. Referring to the performance report, she said that it was a real credit to all staff, volunteers and partners that the Service had maintained its clinical performance and the patient transport service responsiveness had improved. Return of Spontaneous Circulation on arrival at hospital, 30 day survival for the most critically unwell patients, stroke compliance and infection prevention and control compliance had all remained stable despite these pressures. To manage pressures, the Service had not only increased resources in line with its demand and capacity review but had also accelerated phase 3 of this review and had an ambitious recruitment, education and training plan in place to get as many additional staff, with the right skills, on the frontline as quickly as possible. The Service had also been greatly supported in recent weeks by partners, including the Military, Scottish Fire and Rescue Service and the British Red Cross and had been redesigning its services, alongside the wider system through the Redesign of Urgent Care programme, with some SAS specific innovations. She concluded by thanking all colleagues and partners for their continued support and dedication.

Board members thanked the Chief Executive for her update and also noted the Service's extensive work related to staff welfare initiatives, particularly as the Service moved in to the winter months. In terms of population health, they also noted the excellent work that the Service had progressed related to drugs harm reduction and its contribution in reducing Covid risk amongst communities in Scotland through its Mobile Testing and Vaccination Units.

Board members discussed the Service's initiatives related to new ways of working and digital developments in advance of COP26 to enhance the Service's resilience to its key corporate risks. Pauline Howie highlighted that since the paper was written, COP26, had been held in Glasgow and a full Service debrief would be shared with the Board early in 2022. She was extremely pleased to report that improvements continued to be made across the Service's key quality indicators during this time and thanked everyone involved for the success of the Service-wide response.

Adding to the Chief Executive's comments on COP26, the Chair informed Board members of the extremely positive feedback he had received from the Cabinet Secretary for Health and Sport, Scottish Government officials and territorial Health Boards about the medical provision provided by the Service. He had visited the COP26 deployment centre to personally thank staff, many who had undertaken different roles, with great enthusiasm, to support the event. He made a particular thanks to Pat O'Meara, General Manager, Events who had played a lead role.

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Board members discussed the increased hospital turnaround times which continued to be a significant risk for the Service and Pauline Howie described the engagement plans with territorial Health Board Chief Executives, and specific site action plans that were now in place.

In response to the current system pressures, Pauline Howie and Matt Cooper described a new initiative that would be tested by the Service on dates identified as possible system demand pressure points that could impact on patient safety, staff welfare and resourcing. Board members noted that this initiative would be a full Service response to support frontline delivery and would focus on a pay day weekend which was a particular challenge for the Service, with weekend pressures carrying over in to the Monday morning and then impacting on the days ahead. The test would involve managerial and support staff who were qualified clinicians stepping in to a clinical role on these days and non clinical staff supporting regional cells, staff welfare and hospital turnarounds. The first test of change was planned for 28 and 29 November 2021 and feedback would be provided to the Board.

The Chair thanked Pauline Howie and Matt Cooper for describing this initiative and the assurance provided to the Board that the Executive Team continued to proactively look for new ways of addressing complex and challenging issues. He was pleased to note the involvement of the Quality Improvement Team to support the learning from these tests of change in a systematic way.

Carol Sinclair referred to the Flow Navigation Hub that had gone live on 3 November and asked how the Service would evaluate the added value of multiple tests of change as opposed to individual tests. Jim Ward described the work the Service was doing to understand this from a quality improvement perspective and advised that the Service was both optimising and testing the Flow Navigation Hub initiative which supported frontline clinicians to access available pathways and make direct referrals.

Madeline Smith referred to hospital turnaround delays and the recently published UK ambulance report on lost hours and queried how the Service compared to this. Paul Bassett advised that although there were resource differences, the challenges for the Service were similar to those being experienced across the UK with significant delays at some hospital sites in Scotland. He reported that the roll out of the hospital arrival screens in emergency department sites was progressing well and the Service had set up a project with ambitious targets which aimed to reduce delays.

In response to a question from Stuart Currie about whether the Service had any further requests for support from Scottish Government regarding improvement initiatives across the wider health and care system, Pauline Howie described the short and medium term requests which included hospital turnaround screens in emergency departments, the Service's ambition regarding the future of unscheduled care, further support for wellbeing champions and the final phase funding of the Demand and Capacity programme Board. Board members noted that the Demand and Capacity Business Case Addendum Phase 3 would be presented to the Board for approval at a special meeting being held on 16 December 2021.

Board members were pleased to note that the Service had achieved a 60% response rate for the iMatter Staff Experience survey. Madeline Smith asked if the Service's request for the timescale for action plan completion to be extended had been approved. Lyndsay Lauder confirmed that it had not been extended, however, the Service had recommended that teams

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adopted a light touch approach in respect of their action plan completion in response to the current operational pressures.

In response to a question from Madeline Smith about rest break compliance, Paul Bassett and Lyndsay Lauder provided an update and reported slight improvements in compliance rates and shift coverage over recent weeks. There was however concern that it would not be possible to sustain these improvements during winter pressures and meetings continued with staff partners to explore a number of further ideas for improvement.

In response to questions from Board members about the delays with the Emergency Services Network programme and specifically the re-lotting of the original procurement lots, Julie Carter confirmed that the expectation was that this would lead to an improved overall delivery. In respect of delays to the programme, the Service had received a further CCN that would extend the programme to 2026. The main mitigation for the Service related to the introduction of a new Integrated Communications Control System and this was now entering its final testing phase.

Irene Oldfather referred to staff absence and the Service's ambition to reduce non Covid absence by 1% by March 2022 and queried how realistic this was in the current climate. Pauline Howie reported that a dedicated HR team were working with managers, applying the Once for Scotland absence policies to support individuals who were on long term absence to return to work. Lyndsay Lauder described the additional wellbeing resources that would also support this work.

In response to a question from John McGuigan about planning scenarios for the winter period, Pauline Howie described the robust modelling the Service had in place which reflected Scottish Government's COVID-19 modelling data of 3 scenarios (central, better and worst) and how this related to ambulance activity, Covid, Non Covid and staff abstractions, along with the wider Service demand and capacity modelling to March 2022.

In response to a question from Stuart Currie about the Service's trajectory for hospital turnaround times over the next 4-6 weeks, Pauline Howie advised that while the action plans with territorial Health Boards were site specific, a common feature for the majority of these related to workforce challenges. She advised that the improved escalation plans that were in place were now being enacted quickly and more frequently and she considered that this was having a positive impact on stabilising and, in some sites, slightly improving hospital turnaround times in recent weeks.

Carol Sinclair highlighted that the Board's discussion on this item had elevated the importance of the Board Assurance Framework and she would welcome the linking of the performance report to corporate risks, as the Board secured much of its assurance through this paper and the associated discussion and responses from Executive Team members. The Chair confirmed the Board Assurance Framework action plan was being progressed by the Director of Finance, Logistics and Strategy and Board Secretary, and as the Service moved in to the 2022/23 financial year, there would be a different approach adopted for the Board agenda and presentation of the papers.

The Chair thanked Board members for the detailed level of discussion and focus on the Service's response to the current challenges, which ensured that the Board remained focussed on mitigations against the key risks. He considered the paper and updates from the Executive Team provided the Board with a good level of assurance in response to the pressures being experienced across the Service and the wider NHS system.

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On behalf of the Board, the Chair thanked the Executive Directors and their teams for their dedication and efforts to address the challenges and ensuring the Board was kept updated.

## **ITEM 06 CORPORATE RISK REGISTER (PUBLIC)**

Rebecca Board joined the meeting. Board members agreed that the Board's discussion of the Board Quality Indicators and Performance Report had picked up many of the corporate risks and mitigating actions. Julie Carter provided a summary of the key risk changes during the reporting period.

Board members noted that work was ongoing to ensure the mitigation activities included clear timescales and owners.

John McGuigan referred to the risk appetite and tolerance levels and suggested that this required to be reviewed by the Board given the environment had changed significantly since these were agreed. Julie Carter confirmed that a review of the Service's risk appetite was planned for the first quarter of 2022.

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

## **ITEM 07.1 BOARD SCHEDULE OF MEETINGS**

Board members **approved** the schedule of Board and Committee meetings for 2022.

## **ITEM 07.2 BOARD COMMITTEE MEMBERSHIP**

The Chair provided a summary of the paper and Board members **approved** the following Non Executive Director changes to Board Committee membership:-

- Stuart Currie – appointed as Chair of the Clinical Governance Committee from 1 January 2022.
- Cecil Meiklejohn - appointed as a member of the Staff Governance Committee would and standdown as a member of the Audit Committee from 1 January 2022.
- John McGuigan - appointed as member of Audit Committee and Staff Governance Committee from 1 December 2021.

The Chair reported on changes to Non Executive Director representation on Service Programme Boards

- Air Ambulance Reprocurement Project - Francis Tierney and John McGuigan
- Digital and ICT Steering Group – Madeline Smith would be replaced by John McGuigan.

## **ITEM 08 GAELIC LANGUAGE PLAN 2021-2026**

Lyndsay Lauder provided a summary of the main points from the paper and Board members noted that the consultation had been placed on the Service's website on 25 October for a 6 week period. The plan had been reviewed by the Executive Team and circulated virtually to the Staff Governance Committee for feedback prior to being presented to the Board for approval.

Board members reviewed the plan and **approved** it for submission to Bòrd na Gàidhlig by 7 December.

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**Action:**

1. **Director of Workforce** – to submit the approved Gaelic Language Plan to Bòrd na Gàidhlig by 7 December

**ITEM 09 DRAFT MENTAL HEALTH STRATEGY 2021-2027**

Frances Dodd provided a summary of the main points from the paper. Board members noted that the strategy had been reviewed by the Executive Team and the Clinical Governance Committee with feedback reflected in the version being presented to the Board for approval.

Board members welcomed the strategy which supported the Service's aim to continuously improve the mental health support, care and treatment that was offered to individuals, communities and populations. Following feedback, it was agreed the following changes would be included in the final version:-

- A foreword to be added
- The infographic to be updated or removed
- To include reference in paper that there will be a measurement plan agreed for the Service to evidence impact over time

Board members **approved** the strategy subject to the above amendments. The Chair thanked Frances Dodd and her team for their efforts to progress the Strategy for Board approval.

**Action:**

2. **Director of Care Quality & Professional Development** – to amend the Mental Health Strategy to include a foreword, to remove or update the infographic and to include reference that there will be a measurement plan agreed for the Service to evidence impact over time.

**ITEM 10 FINANCIAL PERFORMANCE**

Julie Carter introduced the report and provided an overview of financial performance. Board members noted the financial position reported to 31 October 2021.

In response to a question from Stuart Currie about potential ongoing Covid related costs that would extend beyond Scottish Government funding, Julie Carter confirmed as part of the Service's planning for the next financial year, it had established a Covid Exit Group and work was progressing to consider costs that would have a legacy financial impact in to 2022/23 and beyond, and this would be reported to the Board in the draft budget planning paper.

The Chair welcomed the level of assurance provided to the Board by the Director of Finance, Logistics and Strategy and the Service's continued efforts to ensure it achieved financial balance at year end.

Board members **noted** the financial position.

**ITEM 11 PERSON CENTRED CARE UPDATE**

Frances Dodd provided a summary of the main points from the paper and highlighted the Patient Focus and Public Involvement initiatives that the Service was progressing to improve access and alternatives for patients where a 999 response was not required.

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Board members noted the latest data on compliments, the Service's Patient Focus and Public Involvement work, SPSO cases and complaints compliance. Frances Dodd confirmed that the Service's investment in additional dedicated resources within the Ambulance Control Centre had made a positive impact to the volume of outstanding complaints and the quality of responses.

In response to a question from John McGuigan, Frances Dodd advised that she would check and confirm if the clinical assessment complaints theme increased during times of increased activity and pressures.

Francis Tierney asked for further information about the Service's planning discussions with Age Scotland related to falls. Frances Dodd explained that this engagement would ensure that the Service was aware of relevant available support in terms of signposting for non injured fallers, and advice and guidance. Mark Hannan confirmed this engagement was as a direct result of feedback from an earlier consultation with their members.

The Chair referred to the challenges for the Service to consult with the public and its patients while the NHS remained on an emergency footing. Pauline Howie confirmed that HIS was in the process of developing new guidance that had been paused until later in 2022 given the extreme pressures facing NHS Boards. The Service was content that it had an ongoing engagement methodology and was actively building up relationships with key constituent groups and their representatives to ensure continued dialogue and the opportunity to influence service direction.

Board members **noted** the report.

### **Action**

- 3. Director of Care Quality and Professional Development** – to check and confirm if the clinical assessment complaints theme increased during times of increased activity and pressures.

## **ITEM 12 PATIENT AND STAFF SAFETY – HAI UPDATE**

Board members noted performance and overall compliance with infection control standards. Frances Dodd highlighted the further mitigating actions related to the outstanding deliverables for the Annual Infection Prevention and Control programme of work to provide assurance to the Board of progress being made against these to reduce risk.

Board members **noted** the report.

## **ITEM 13 REMOBILISATION PLAN UPDATE**

Julie Carter provided a summary of the main points of the paper and informed Board members that the Service's mid year review with the Scottish Government Sponsor team on 23 November had focused on progress against the actions and a more formal return would be submitted to Scottish Government in January 2022 on the impact and measurement of this work.

Francis Tierney referred to the reference in the paper to upskilling Technicians to Paramedics DIPHE conversions and the success of this to ensure that all members of staff who wanted to progress had the opportunity to do so. Frances Dodd confirmed that the final conversion programme would start in March 2022 and the Service was in discussions with NES and the

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universities to work through a career progression transition plan for Technicians that were being trained by the Service. John Riggins added that the staff side were content with the arrangements that were in place to ensure there were opportunities and support for Technicians to progress to Paramedics.

Board members **noted** delivery progress against the plan and that the RMP4, approved by the Board in September 2021, was pending feedback from Scottish Government.

#### **ITEM 14 CHAIR'S VERBAL UPDATE**

The Chair provided assurance to the Board that both he and the Chief Executive were engaged with Scottish Government and the Cabinet Secretary for Health and Sport on the current pressures and he met regularly with the Chief Executive to share perspectives on operational issues within the Service. Board members noted meetings attended by the Chair during the reporting period which included:-

- Weekly National NHS system pressures meetings with the Cabinet Secretary for Health and Social Care
- NHS Chairs and National Boards Chairs meetings
- Weekly staff engagement sessions
- As Chair of the National Volunteering Group, the most recent meeting was held on 23 November
- Reform Collaboration Group with the Chief Executive and Director of Finance, Logistics and Strategy in October and a subsequent meeting with the Chairs of Scottish Fire & Rescue Service and Police Scotland.
- Visits with ambulance staff across stations in Grampian and a meeting with the senior leadership team of NHS Grampian.
- The National Corporate Governance Steering Group meeting on 11 November

Board members noted:-

- The Chair's role in innovation continued to be significant, with focus on adoption of innovation.
- Non Executive Director appraisals had been completed and the Chief Executive, NHS Scotland had completed the Chair's appraisal in November.
- The Chair would represent the Service at the Royal Foundation Symposium of Mental Health on 25 November 2022.

#### **ITEM 15 CHIEF EXECUTIVE'S UPDATE**

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

- Attendance at the NHS Scotland Systems Response group meetings (gold and silver)
- Progress update on the Demand and Capacity Programme which remained on track
- Meetings with MSPs
- Meetings with NHS Board Chief Executives and UK Ambulance Chief Executives to ensure learning was being shared.
- Completion of the Executive Team's individual Mid Year Reviews which would be reviewed by the Remuneration Committee at its meeting on 24 November.

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- The Scottish Veterans Care Network, which the Chief Executive chaired, had delivered its first action to develop a mental health action plan specifically for veterans which had now gone through the consultation process and was with Scottish Government.
- Visit from the Chief of Defence People on 21 October 2021 to understand relationships with the Military and key organisations in Scotland.

Pauline Howie informed Board members that Lyndsay Lauder, the Service's lead for Veterans and Reservists in the Service, had been presented with the Service's reaccreditation of the Gold Employer's Award on 21 October 2021.

## **ITEM 16      AUDIT COMMITTEE MINUTES**

Board members noted the minutes of 9 June 2021 approved by the Committee on 13 October 2021. Board members noted the Committee progressed the following business at its meeting on 1 September:-

- Received a presentation from Counter Fraud Services in relation to the new standards which were launched in October 2018 and the next steps. It was agreed the Director of Finance, Logistics and Strategy would incorporate a risk heatmap in the prevention of fraud update provided to the Committee.
- Noted and approved the proposed Audit Committee dates for 2022, prior to these being presented to the Board for approval.
- Received Risk update and reviewed the Corporate Risk Register.
- Reviewed internal audit report related to Core Financial Control and agreed with the recommended actions.
- Received an update on the Board Assurance Framework and agreed that the Director of Finance, Logistics and Strategy would provide a timeline to the next Committee for this work being rolled out to ensure it was being done in a managed way.
- Noted the terms of reference for the scope of audit work related to the IT Resources and Capacity and EU Exit and the commencement date of the related field work.
- Noted the Internal Audit Status Update and follow up report.
- Noted the Review of Effectiveness of the Audit Committee checklist which would be completed by Committee members in advance of the January Audit Committee meeting.
- Reviewed and noted the proposed plan for the review of the Standing Financial Instructions.
- Received updates on Information Governance, Fraud, Best Value programme and Resilience Committee.
- Reviewed the Committee work plan 2021/22.

## **ITEM 17      CLINICAL GOVERNANCE COMMITTEE**

Board members noted the minutes of 16 August 2021 approved by the Committee on 15 November 2021. Martin Togneri provided a verbal update of the meeting held on 15 November 2021. Board members noted the Committee

- Received a hot topic on Senior Clinical support within ACC and took assurance from the information provided that future reporting would be received on impact evaluation of the work.
- Approved the Mental Health Strategy following feedback to be incorporated prior to it being presented to the November Board for approval.

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- Approved the Schedule of Committee meeting dates for 2022 for submission to the Board for approval.
- Noted the Service’s Whistleblowing quarterly report and suggested that it would be useful for future reports to triangulate data to Safety I and Safety II aspects.
- Noted the Patient Experience and Learning from Events update and welcomed the further refinement of the report which enabled improved reading and thematic analysis.
- Noted the Complaints Compliance Process Review and the work ongoing to prepare thematic reviews of complaints and that it would be kept updated as this work evolved.
- Discussed the new governance and learning process for Patient RIDDOR reporting and received assurance that the Service was adhering to legislative reporting requirements and that the new process was to ensure robustness of internal reporting.
- Discussed the Clinical Risk Register with some amendments suggested.
- Noted the Infection Prevention and Control update and that work was ongoing to develop the regional reporting to the Infection Prevention and Control Committee to ensure robust levels of assurance were being maintained.
- Received an education update and agreed that future reporting would include alignment to the Demand and Capacity programme to highlight any risks or challenges.
- Noted the internal audit risks and actions update and that the target dates for the four open actions had been extended in agreement with the Committee.
- Noted updates on Clinical Services Transformation Programme and Scottish Fire and Rescue Services Clinical Governance Memo of Understanding
- Noted minutes from the Medicines Management Group, National Clinical Operational Governance Group and Public Protection Assurance.

Board members noted Martin Togneri would reach the end of his term of appointment with the Service on 31 December 2021 and the Chair thanked him for his significant contribution as Chair of the Clinical Governance Committee over the last three years.

**ITEM 18 BOARD DEVELOPMENT REPORT**

Board members noted the report of 27 October 2021.

**ITEM 19 ANY OTHER BUSINESS**

**1. Martin Togneri, Non Executive Director**

The Chair acknowledged that this would be Martin Togneri’s last public Board meeting before he reached the end of his term of appointment on 31 December 2021. While there would be further opportunities before this date, he conveyed his thanks to Martin for his commitment to the Service which had been exemplary throughout his 8 year term.

**2. Lyndsay Lauder, Director of Workforce**

Lyndsay Lauder would retire from the Service in December 2021 and the Chair and Chief Executive recorded their thanks for her valuable contribution and enormous effort to progress matters in response to the pandemic during the last 2 years.

**ITEM 20 DATE OF NEXT MEETING**

10 am on Wednesday 26 January 2022.

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