



### **ITEM 3 - DRAFT MINUTES FROM THE 26 MARCH 2020 BOARD MEETING IN PUBLIC**

**Unconfirmed minutes of the virtual meeting 'in public' of the South Central Ambulance Service (SCAS) NHS Foundation Trust Board of Directors ('the Board') held on 26 March 2020 via Microsoft Teams (due to Coronavirus/COVID-19)**

#### **Present (13/14)**

Lena Samuels (Chair); Sumit Biswas (NED); Les Broude (NED); Nigel Chapman (NED); Mike Hawker (NED); Priya Singh (NED); Anne Stebbing (NED); Will Hancock (Chief Executive); Paul Kempster (Chief Operating Officer); Charles Porter (Director of Finance); Mike Murphy (Director of Strategy and Business Development); Melanie Saunders (Director of Human Resources and Organisational Development); Professor Helen Young (Director of Patient Care and Service Transformation) - part

#### **Apologies (1/14)**

John Black (Medical Director)

#### **In attendance**

Simon Brown (Assistant Medical Director); Jane Campbell (Assistant Director of Quality); Steve Garside (Company Secretary); Gillian Hodgetts (Deputy Director of Communications and Marketing)

#### **Governors in attendance by prior arrangement (7)**

Anne Crampton (Partner Governor – Local Authority); Emma Crozier (Staff Governor); Bob Duggan (Buckinghamshire/Lead Governor); Colin Godbold (Berkshire); Loretta Light (Oxfordshire); Tony Nicholson (Hampshire); David Ross (CFR Governor)

### **OPENING BUSINESS**

#### **19/117 – Chair's Welcome and Apologies for Absence**

The Chair welcomed all to the meeting. Apologies were noted from John Black, with Simon Brown (Assistant Medical Director) deputising in his absence. The Board was informed that the guidance received from NHS Improvement/England regarding Board meeting arrangements during this particular period would be followed by SCAS, meaning that the meeting would be shorter than normal and largely restricted to the crisis in hand.

The Chair advised that:

- governance oversight would continue as much as it possibly could
- Board meeting papers would be taken as read
- It was recognised that not all questions might be capable of being answered during the meeting but that they would be taken away and answered as quickly as possible
- the Chief Executive would provide an update on the current situation and then each Executive Director would present an overview of key issues relating to their particular area
- Professor Helen Young was currently discharging a national role in relation to NHS111/COVID-19, and therefore Jane Campbell was taking on many of her SCAS responsibilities on an interim basis

#### **19/118 - Declaration of Directors' Interests**

No new interests were declared by Board members.

### **19/119 - Declaration regarding Fit and Proper Persons Test**

No new issues were disclosed in relation to the Fit and Proper Person Test requirements.

### **19/120 – Minutes from the 30 January 2020 Meeting in Public**

The minutes of the previous meeting were **APPROVED** without amendment.

### **19/121 – Board Actions Log**

The Board Actions Log was noted, with an update on actions currently outstanding due to be presented at the Board meeting in public in May.

## **STRATEGIC OVERVIEW AND CONTEXT**

### **19/122 – Chair’s Report**

The report was noted.

### **19/123 – Chief Executive’s Report**

The Chief Executive presented a high-level update on the current position with COVID-19 and the Trust’s response:

- the NHS’ overarching approach to COVID-19 had been well documented and was in the public domain
- as part of its own response and responsibilities, SCAS had been able to use some of its work and planning as the provider of the National Pandemic Flu Service (NPFS) for COVID-19 purposes, given that there were some strong parallels between flu and COVID-19; Public Health England had activated NPFS and Professor Helen Young was leading on the delivery
- 111, 999 and Patient Transport Services (PTS) were all affected, albeit predominantly 111 as the front door to the NHS. The service was hugely challenged and significant work was taking place nationally, and in SCAS, to review scripts and pathways
- the key risks at this time were:
  - demand outweighing the ability to respond – all three services had seen an increase in call volumes; staff and volunteers were significantly impacted (with some in self-isolation); every effort was being made to protect and preserve the 999 service which was coming under increasing pressure; London Ambulance Service (LAS) was under particularly significant pressure, given that the capital was ahead of other regions in terms of infection rates, with 999 call answer times struggling
  - impact on staff – SCAS was following the national guidance, and clearly testing arrangements were vital
  - IT and communications resilience – these were particularly key areas in terms of maintaining business as usual
  - maintaining critical business/business as usual
  - the COVID-19 Response Service and other strands of national work – it was important that robust governance arrangements were in place for the new arrangements that were being introduced
  - reputation
  - PTS – delivering a service that is flexible and supports the changes that are made in the acute sector
- the Trust’s Executive Team had developed a number of strategic objectives in relation to the response to COVID-19, and these were:

- saving lives and preventing harm
- ensuring the health, safety and welfare of staff ((including Personal Protective Equipment (PPE)))
- delivering a co-ordinated response with all services working together, and with partners
- preserving the health and well-being of staff
- maintaining and applying effective business continuity arrangements
- gaining the confidence of the public

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Paul Kempster provided an update from the perspective of his role as Chief Operating Officer, including noting that:

- SCAS had been responding to COVID-19 since early February; significant work had been undertaken but there remained much to do. A structure was in place to support the response (e.g. Gold Cell), but caution was being exercised in terms of trying not to burn people out too soon
- a key aspect of the governance arrangements was a COVID-19 Pandemic Board (meeting twice-weekly, and largely for decision-making purposes) and a number of sub-groups covering clinical, governance, operational planning, tactical co-ordination, PTS, resourcing and corporate services. Paul Kempster, Charles Porter, Mike Murphy and Melanie Saunders were also convening to consider ad-hoc requests/decisions, in order to avoid delays
- SCAS was firmly embedded into the work of the two regional Local Resilience Forums, both of which had declared major incidents
- extensive modelling/forecasting was taking place, informed by information and intelligence from a variety of sources including Public Health England, other NHS Ambulance Trusts (e.g. LAS), and other relevant countries; staff sickness was a key factor in determining resourcing levels, as was the expected timing of a peak, and other important variables included training, annual leave, and the availability of volunteers
- there had been a reduction in the contribution being made by indirect resources (e.g. Community First Responders), as a result of the spread of COVID-19, the requirement to stand down those CFRs aged seventy or over, and other CFRs choosing understandably to withdraw their services. However, a large number of volunteers were still responding and other offers of help had been received. CFR training was continuing, and CFRs were responding to lower acuity incidents and Category 1 incidents where appropriate PPE was available

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Jane Campbell and Simon Brown provided an update from the Patient Care Directorate:

- the clinical team was heavily involved in many of the workstreams in place
- clinical governance and assurance were continuing, and was vital given the ever-changing picture (for example, new pathways)
- private provider governance arrangements were being reviewed with the aim of onboarding more quickly
- the National Medical Directors Group was active in terms of sharing information and good practice
- escalation plans were in place, and these took into account levels of demand in different areas. South Central was a particularly large area, meaning that the peak of infection would be experienced at different times, allowing SCAS to move resources around
- new triage algorithms were in place, focusing on the stages between safe self-isolation and conveying to hospital
- hospitals were striving to discharge as quickly as possible (where appropriate to do so) and volunteers could help with these arrangements

- the Trust had increased its infection control capacity and capability
- SCAS was following the national guidance in relation to the level of PPE required for different types of incidents

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Mike Murphy introduced his update by expressing his gratitude to the SCAS workforce. He advised that:

- there had been an upsurge in sickness although some of the early self-isolators were now returning to work
- social distancing measures were in place in PTS as far as possible
- the length of PTS journeys was understandably increasing
- PTS were fully engaged in the arrangements for PPE and infection control
- frequent engagement was also taking place with commissioners and the acute hospitals
- the nature of services was changing almost daily, influenced by activity, access to vehicles and crews, and the required call centre capability

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Professor Helen Young shared a short presentation with Board members and Governors covering the national response to COVID-19 (the COVID-19 Response Service). This covered arrangements being made in relation to call handlers, GPs and other clinicians. It was noted that:

- an emergency register was in place to enable non currently practicing GPs to support the response to COVID-19 (but restricted to this activity only)
- some SCAS back-office support would be required, including HR, IT and finance
- a new remote GP service was in the process of being stood-up, with some urgency
- an NHS111 clinical safety net service was in place and being led by SCAS, comprising call handlers and clinicians, and 111 providers from across the country were supporting SCAS' own caseload
- SCAS performance figures from 1 March would be based on the clinical safety net service

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Melanie Saunders discussed staff (and family) support, acknowledging that a significant number of new and existing initiatives were in place. She reported that:

- the health and wellbeing portal was providing comprehensive support for staff
- a whole range of new policies, including self-isolation, homeworking, PPE, staff with children at school etc had been introduced
- the Trust was engaging regularly with Trade Unions
- a staff absence cell was in place, including provision for contact with self-isolating staff
- the Trust was working hard to implement social distancing arrangements
- education and teaching (e.g. new recruits) were continuing, on a virtual basis where possible
- a huge response had been received from organisations/people wishing to volunteer their services; a co-ordination team had been established to take this forward
- discussions were taking place with the Ministry of Defence regarding potential support
- each Executive Director (ED) had a nominated deputy and a protocol to maintain distance between the ED and their deputies was in place; the EDs were also working in separate locations rather than together
- the current sickness absence rate was 17%, including those in self-isolation

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Gillian Hodgetts commented on the significant amount of (approved) information which had been disseminated to staff and the public, and the launch of a brand-new staff intranet (which staff could access from any location).

The Board was informed that regular 'Hot News' bulletins were being issued to staff, and that there was a huge challenge in terms of external communications and media; SCAS was linking in with NHS England and Public Health England in this respect.

Finally, Gillian Hodgetts stated that the Trust was endeavouring to do its best in terms of reactive media and was engaging extensively with stakeholders.

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Charles Porter updated on his own area of responsibility, noting that the Digital Team were focused on supporting staff to work from home (where appropriate). He added that the Finance Team were working hard on business as usual activities, and also capturing data on the financial implications of responding to COVID-19 as any additional costs incurred by the Trust would be funded.

Charles Porter explained that he was supporting the process to establish robust governance arrangements between SCAS and that national COVID-19 Response Service. He also noted that a slightly lighter touch approach was being applied in terms of financial governance.

The Board was informed that the Chief Executive and Chair had approved the heads of terms for the new remote GP service referenced earlier in the meeting.

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Steve Garside advised that he was leading on the corporate governance workstream for the COVID-19 response and had already developed a framework for how the Board would function (e.g. meetings, decisions etc.) for the foreseeable future.

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The Chief Executive thanked Executive Team members for their contributions, and the Chair invited questions from the Non-Executive Directors.

- Nigel Chapman asked about PPE, and whether the Trust had sufficient quantities of the more sophisticated equipment. He also noted a question from a Governor around how SCAS was managing the situation with patients and the public during calls and when arriving on scene (e.g. about the equipment that might be being used/worn, and any associated delay in treatment).

Simon Brown advised that, during a call, the call taker would be assessing what level of PPE crews would need to wear and would advise the caller accordingly (including the fact that there might be a delay to the provision of treatment). He also stated that members of the public would be advised to withdraw to a distance of two metres from the patient, enabling staff with the correct PPE to take over care on arrival.

The Board was given an overview of aerosol generating procedures and the use of reusable hoods. Finally, Simon Brown acknowledged that there was plenty of PPE across the country but that the main challenge was one of distribution; in this respect, the military were expected to provide some support.

- Les Broude noted that he had received a question from a Governor which built on the fact that there had been thefts from hospitals of gel and PPE; he asked whether there were similar issues for SCAS front-line staff

Paul Kempster explained that staff had been briefed on the risks in this area, and the importance of personal radios and alarm systems. He noted that there was heightened awareness following the theft of an NHS ID card earlier this week, acknowledging that individuals also had to take responsibility.

- Mike Hawker noted the absence figure of 17%, and his awareness of a member of staff currently self-isolating due to the illness of their child. He asked whether SCAS could apply any further influence in terms of testing

Melanie Saunders responded that SCAS was doing its best to access testing measures, particularly for the highest priority of cases. She noted that some progress had been made but that generally there was not wide availability.

Simon Brown outlined the two different types of testing measures, noting that healthcare workers were being prioritised but that it was important not to test too early in individual cases.

- Anne Stebbing noted the volume of offers of support from potential volunteers and asked whether the team that had been established was sufficiently resourced to be able to respond. Melanie Saunders commented that the capacity of the team could be increased if necessary.

The Chair invited questions from those Governors who were participating in the meeting.

- Bob Duggan (Lead/Buckinghamshire Governor) asked about the mental health and well-being of staff, and arrangements in place to support this

Melanie Saunders advised that a range of materials were available on the portal, and that pre-existing support mechanisms in this area remained in place. The Board was informed that a new offer of on-line mental health support was due to be launched today by the Association of Ambulance Chief Executives and the College of Paramedics.

Melanie Saunders commented that a national group was being established to consider how staff could be supported once the COVID-19 pandemic had concluded.

- Colin Godbold (Berkshire Governor) questioned whether the public truly understood the nature of the triage process for COVID-19

Simon Brown explained that a clear triage process was in place where COVID-19 was suspected, and this comprised a number of stages:

- in the majority of cases, patients experienced mild symptoms only and were able to self-isolate and recover at home, and therefore would not require to go to hospital.
- if the symptoms worsened then a face-to-face assessment could be carried out, generally undertaken either by SCAS crews or an out-of-hours GP, and that a 'NEWS' score was calculated to determine how ill the patient was – this might result in the patient being conveyed to hospital or monitoring processes being applied (with advice around worsening conditions)
- a triage algorithm was being used to determine when a hospital referral was the most appropriate care pathway

Colin Godbold asked whether this needed to be explained more clearly to the public (i.e. precisely what 'worsening' meant, and when hospital treatment might be considered necessary). The Chair stated that Public Health England was leading on the messaging, but that she believed it to be well understood that NHS111 online was the first point of contact for those experiencing potential symptoms of COVID-19; the website was underpinned by an algorithm that would provide the most appropriate advice at that time. She noted that if patients experienced a worsening condition, they were able to revisit NHS111 online and run through the process again, which could result in different/updated advice being given.

- David Ross (CFR Governor) asked whether student paramedics and the recall of former paramedics would help cover some of the gap created by the 17% absence rate

The Chair stated that given the time-lag associated with bringing staff on-board it was unlikely that this would plug the gap in the short-term; however, the Trust was focused on redressing the

balance and building up capacity. Melanie Saunders clarified that the 17% figure related to all staff and not just front-line

- Bob Duggan (Lead/Buckinghamshire Governor) asked how Governors could best support the Trust in the current circumstances

The Chair responded that Governors recognising that SCAS was currently operating in unchartered territory, yet was fully committed to learning, would be helpful; in turn, Governors could be assured of SCAS' commitment to maintaining good governance and also communicating effectively. She also asked Governors to try and give staff some breathing space in terms of questions and information requests

The Chair concluded the discussions on COVID-19 by stating that the Board had only really scratched the service given the time available. She noted that weekly updates would continue to be given and that the Board arrangements would be the subject of ongoing review. She also reinforced the importance of maintaining the links between NEDs and Governors.

## **PERFORMANCE, RISKS, GOVERNANCE AND ASSURANCE**

### **19/124 – Integrated Performance Report (IPR)**

The item was not considered explicitly but the paper was noted.

### **19/125 – Board Committee Upward Reports**

The item was not considered explicitly but the paper was noted.

## **DIRECTOR REPORTS (KEY ISSUES)**

### **19/126 – Medical Director's Report – Key Issues**

The item was not considered explicitly but the paper was noted.

### **19/127 – Quality and Patient Safety Report – Key Issues**

The item was not considered explicitly but the paper was noted.

### **19/128 – Operations Report – 999, 111 and Other – Key Issues**

The item was not considered explicitly but the paper was noted.

### **19/129 – Operations Report – PTS – Key Issues**

The item was not considered explicitly but the paper was noted.

### **19/130 – Finance and Estates Report – Key Issues**

The item was not considered explicitly but the paper was noted.

### **19/131 – Human Resources (HR) and Organisational Development (OD) Update – 2019/20 Staff Survey Outcomes**

The item was not considered explicitly but the paper was noted.

## **ITEMS PREVIOUSLY CONSIDERED NOW REQUIRING FINAL APPROVAL**

### **19/132 – Sustainable Development Management Plan**

The item was not considered explicitly but the paper was noted.

## **CLOSING BUSINESS**

### **19/133 – Any Other Business**

No other items of business were discussed.

**19/134 – Questions from Observers (relating to items on the agenda)**

It was noted that questions from those Governors participating in the meeting had already been taken.

**19/135 – Specific Communications and Engagement Issues/New Risks Identified**

The item was not considered explicitly.

**19/136 - Review of Meeting (including level of strategic focus, quality of debate/challenge, papers and conduct/behaviour)**

The item was not considered explicitly.

**19/137 – Date and time of next meeting**

It was noted that the next Board meeting in public was taking place on Thursday 21 May 2020 at 10.00am at Regency Park Hotel in Thatcham, subject to the position at that time on COVID-19.