



ITEM 3 - DRAFT MINUTES FROM THE 21 MAY 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 21 May 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); Jane Campbell (Acting Director of Patient Care)

Apologies (1/14)

John Black (Medical Director)

In attendance

Professor Helen Young (Director of Patient Care and Service Transformation – currently SRO for National COVID-19 Response Service) - part; Simon Brown (Assistant Medical Director); Steve Garside (Company Secretary); Gillian Hodgetts (Deputy Director of Communications and Marketing); Mark Ainsworth-Smith (Consultant Pre-Hospital Care Practitioner) – part; Simon Holbrook (Freedom to Speak-Up Guardian) - part

Governors in attendance by prior arrangement (6)

Emma Crozier (Staff); Bob Duggan (Buckinghamshire/Lead Governor); Frank Epstein (Berkshire); Tony Nicholson (Hampshire); Helen Ramsay (Oxfordshire); David Ross (CFRs)

OPENING BUSINESS

20/001 – Chair's Welcome and Apologies for Absence

The Chair welcomed all to the virtual meeting, and apologies were noted from John Black, with Simon Brown (Assistant Medical Director) deputising in his absence. The Chair provided some guidance on how the meeting could proceed more effectively, covering the switching on and off of audio and video, and also use of the comment/chat box facility for asking questions.

20/002 - Declaration - Directors' Interests, including Register of Interests, Gifts and Hospitality 2019/20

Nigel Chapman asked for an additional interest to be added to the register, namely his Directorship of Farrar Chapman Limited. He noted that there were no trading relationships between this company and the NHS.

Action 20/002

Steve Garside to ensure that the additional interest declared by Nigel Chapman (Director of Farrar Chapman Limited) is added to the Board members register of interests.

20/003 - Declaration regarding Fit and Proper Persons Test

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

20/004 – Minutes from the 26 March 2020 Meeting in Public

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

20/005 – Board Actions Log

The latest version of the Board Actions Log was noted. Steve Garside explained that most of the actions from previous meetings of the Board had now been fully addressed, although a small number had been impacted by the Trust's focus on responding to COVID-19.

STRATEGIC OVERVIEW AND CONTEXT

20/006 – Chair's Report

The Chair explained that she continued to be particularly busy despite COVID-19, including through her personal involvement as a member of NHS Improvement/England's Restoration and Recovery Board. The Board received an overview of the work and objectives of this particular group.

20/007 – Chief Executive's Report

The Chief Executive supplemented his written report by verbally updating the Board on a number of issues:

- it was with great sadness that the Board needed to be advised of the death in service of Mr. Paul Nutt, a longstanding member of staff at Wexham Resource Centre; this was COVID-19 related and had seen Paul (aged 60) seriously ill in critical care for an extended period of time. The Board noted that the Trust was supporting Mrs. Nutt and the family, and also colleagues of Paul at Wexham
- SCAS was continuing to deliver phase two of the response to COVID-19 and, due to the significant benefits derived from the lockdown/social distancing measures, was in a strong position in terms of service delivery and performance. It was noted that activity levels were reduced and that the attention was now on the impact of the recent relaxation of the lockdown, given that more social interaction was now taking place.
- despite the general downward trend in terms of activity, there had been a 13% increase in calls to the National COVID-19 Response Service on Monday as a result of the extension to the COVID-19 symptom groups (i.e. loss of sense of taste and smell)
- SCAS remained at Resource Escalation Action Plan (REAP) level 2, and was potentially quite close to level 1; this was very welcome and a relief given the level of pressure experienced just a few weeks ago
- the Trust was busy collecting information and debriefing in order to inform future thinking and planning
- a significant amount of work was taking place in relation to the physical and mental health and well-being of staff, much of this digitally and with the Association of Ambulance Chief Executives also actively supporting this particular agenda
- planning for future COVID-19 scenarios (e.g. further peaks) was underway, and progress was being made with the staff testing programme; whilst this was currently focused on antigen testing it was hoped that antibody testing would be available relatively soon. Related to testing, the Board noted that 494 front-line staff with no COVID-19 symptoms had been tested over a three-day period with one member of staff testing positive and 494 negative

Mike Hawker asked whether SCAS was prepared for a possible second peak. Paul Kempster advised that COVID-19 remained a level 4 National Incident, and that SCAS had kept its Command Structure in place. He added that the Trust was in a relatively good place right now, thanks to the hard work of staff, and had developed an effective planning model which would stand SCAS in good stead should a second wave materialise (although the timing of this was not clear).

Paul Kempster explained that the Trust had been able to secure a level of resource to meet the expected demand, but that this demand had never materialised. He noted that up to 250 ambulances on the road each day was the requirement that had been identified for the level of peak expected in April, and that the current period was now being used to ensure that staff had a break.

Mike Murphy informed the Board that, from a Patient Transport Services (PTS) perspective, demand was expected to grow over time, potentially at a rate of 5% per week. He added that performance in PTS was particularly strong at the current time.

Finally, Steve Garside took the Board through the declarations required by NHS Improvement in relation to the Trust's provider licence and the training of Governors. These were **APPROVED** by the Board.

20/008 – Staff Story

Melanie Saunders introduced Mark Ainsworth-Smith, Consultant Pre-Hospital Care Practitioner, to the meeting for today's staff story.

Mark Ainsworth-Smith delivered a presentation setting out his current perspectives on working on the front-line. He discussed how staff felt about responding to suspected COVID-19 cases, including returning home to their families after shifts, some of the issues associated with Personal Protective Equipment (PPE), and how SCAS was trying to learn and benefit from the pandemic using an 'Adopt, Adapt, Abandon, And....' methodology. On the latter, Mark Ainsworth-Smith shared his views on what SCAS had done during the first stage of responding to COVID-19, and what he thought should be continued (maybe with some adapting), introduced, or potentially stopped.

The Chair thanked Mark Ainsworth-Smith for an excellent and insightful presentation.

Mike Hawker asked about PPE. Mark Ainsworth-Smith stated that this had been a challenge in the early stages of the pandemic, but that his view was that SCAS now had sufficient levels of stock. He noted, however, that the donning and doffing of certain elements of the PPE required for COVID-19 had inevitably led to delays in treating patients.

A number of NEDs commented that they liked the 'Adopt, Adapt, Abandon, And....' methodology that was being used throughout the Trust, and Mark Ainsworth-Smith concluded the item by acknowledging that all staff were doing a fantastic job in very difficult conditions.

PERFORMANCE, RISKS, GOVERNANCE AND ASSURANCE

20/009 – Integrated Performance Report (IPR)

Charles Porter introduced the April IPR scorecard by stating that it presented a very good picture given the challenges that the Trust had been facing. He also acknowledged that it was a month in which SCAS had significantly ramped up its resources, with demand then not being as high as expected.

The Board noted that the red rated performance areas included NHS111 performance (this was for the National Clinical Safety Net, which had been mobilised at great speed), agency spend and sickness absence. In terms of context, Charles Porter stated that it was very much hoped that April would prove to be the worst month of the COVID-19 pandemic.

Charles Porter noted that all six Ambulance Response Programme emergency standards had been achieved, acknowledging the trend in terms of increased see and treat, hear and treat, and non-conveyance.

Mike Hawker asked whether it was possible to see details of local NHS111 performance. Paul Kempster explained that NHS111 across the SCAS footprint was largely being delivered by other providers as part of national contingency arrangements, and that the IPR for April recorded the performance SCAS was achieving for the National COVID-19 Response Service Clinical Safety Net. He added that a national performance dataset was available and that he would help Board members to become better sighted on performance for the SCAS NHS111 contracts.

Action 20/009

Paul Kempster to provide details of the performance currently being delivered (by other providers) for the NHS111 contracts in the South Central region.

Professor Helen Young explained that a high proportion of SCAS NHS111 staff had been working on the National COVID-19 Response Service, as advised by Paul Kempster, but that moving forward staff were beginning to return to business as usual service delivery arrangements. She added that those providers supporting the normal SCAS NHS111 service had access to the same Directory of Services and were therefore still able to direct SCAS patients to the most appropriate service. The Board was informed that the Trust would not be penalised from a performance management perspective.

Anne Stebbing asked whether there was anything SCAS would do differently next time in terms of speeding up the ability to deliver the National COVID-19 Response Service. Professor Helen Young responded that she felt the mobilisation had been superb despite the scale of the challenge and that she did not feel anything could have been done differently.

Sumit Biswas commented that the IPR presented a really strong story. He noted that the increased level of see and treat was welcome but questioned whether the impact of COVID-19 would have a detrimental affect on the Trust's Cost Improvement Programme (i.e. those schemes based on reducing cycle times).

Charles Porter advised that the budget, and therefore CIPs, for 2020/21 was based on a four month COVID-19 period followed by eight months of 'normal' operating conditions. He explained that the CIPs had been adjusted on that basis (i.e. certain schemes would not be delivered in months 1 to 4, including those relating to cycle times because of the impact of PPE). The Board was informed that this issue would be kept under review, with the Trust planning for a number of scenarios.

Les Broude commented on the significant improvement in NHS111 to 999 referrals, and whether SCAS would be using the 'Adopt, Adapt, Abandon, And....' Methodology to learn from this, or whether the positive trend was purely down to COVID-19. Paul Kempster advised that he would be looking at the details, but that it was clear that the vast majority of the improvement was attributable to COVID-19.

20/010 – Board Assurance Framework (BAF)

Jane Campbell introduced the new style BAF, which had been considered previously by the Board at the February Seminar. She noted that further development was still planned and that a number of COVID-19 risks had been added from the COVID-19 risk register.

Sumit Biswas expressed some surprise that one of the biggest risks on the BAF related to infection control and PPE and questioned whether this was correct given that Mark Ainsworth-Smith had just presented a fairly positive picture in terms of PPE availability. Jane Campbell stated that the Trust's Pandemic Board had seen PPE as the highest risk, and that there remained some caution due to the fact that SCAS was dependent to an extent on the national delivery of PPE. She added that the Pandemic Board reviewed relevant risks on a weekly basis and that the score for this particular risk might reduce in the near future.

Anne Stebbing commented on the risk relating to there being insufficient Paramedics and/or Clinicians available to SCAS as a result of other partners utilising the paramedic and urgent care workforce to supplement new and existing services in other parts of the system. She asked where this could be considered with more focus; for example, as part of the work of one of the Board committees.

Jane Campbell responded that this particular issue had been reviewed by a number of committees and that further work was required on the controls recorded in the BAF. Melanie Saunders added that it was unclear how the scenario of other partners utilising the paramedic and urgent care workforce to supplement new and existing services would play out given the current focus on responding to COVID-19.

The Chair stated that she thought the new BAF format was very good and commended the team for their work.

Mike Hawker questioned whether the BAF had now become more of an operational document (e.g. a Corporate Risk Register) rather than a BAF that focused on strategic risks. He provided the example of the newly added COVID-19 risks and whether these purely exacerbated some of the existing risks.

Mike Hawker suggested that some of the 'assurance on controls' and 'key controls' needed more work. He also asked whether the COVID-19 risks could be shown separately. Jane Campbell agreed to discuss the views expressed by Mike Hawker at the next Risk, Assurance and Compliance Committee meeting.

Mike Hawker asked whether COVID-19, as a catastrophic event, should have been on the BAF prior to it materialising.

Mike Murphy suggested that SCAS would need to consider how it looked at risk as part of reflecting on the wider impact of COVID-19 on the Trust's strategy. Referring to the earlier discussion about the PPE risk, he cited the example of the confusion that had been caused by the national communication of PPE guidance as something that had increased the risk in this particular area.

Priya Singh asked whether a risk was required in terms of the Trust's estate post COVID-19. Charles Porter advised that he was personally leading a major piece of work to carry out risk assessments on all SCAS sites. He added that the existing risk on the BAF around protecting staff from COVID-19 was probably sufficient.

Nigel Chapman asked for some further information about the risk regarding financial and operating modelling challenges linked to limitations on passenger numbers in vehicles and acute hospitals rapidly altering their models and locations of delivery. Jane Campbell advised that A&E Departments were likely to look very different in the future, with changes to entry points and in terms of how outpatient arrangements worked. Mike Murphy added that PTS would be significantly affected with journey times likely to be completely different; he noted that discussions with commissioners about the future had already begun.

Finally, Les Broude asked, in relation to formatting, whether there could be a clearer link between each control and their associated assurances.

Action 20/010

Jane Campbell to ensure that the Risk, Assurance and Compliance Committee considers the feedback provided by the NEDs on the new BAF at their next meeting (e.g. whether the COVID-19 risks should be disclosed separately, further work needed on 'assurance on controls' and 'key controls', clearer link between controls and their assurances etc.).

20/011 – Board Committee Upward Reports

Each Board Committee Chair provided an overview of their respective report:

- Mike Hawker (Audit) advised that the Trust's Local Counter Fraud Specialist had emphasised the increased risk of fraud as a consequence of the COVID-19 impact on working practices, noting that all NHS bodies needed to be particularly vigilant
- Nigel Chapman (Charitable Funds) noted that some Community First Responders had concerns regarding kit, and that the Charity was working harder to best match funding to need. He also highlighted the NHS Charities Together national campaign, and how the SCAS Charity hoped to benefit from this
- Anne Stebbing (Quality and Safety) informed the Board that the committee had met again on 14 May to receive a further update on the quality and safety arrangements around COVID-19, with the next full scheduled meeting due to be held in two weeks time.

DIRECTOR REPORTS (KEY ISSUES)

20/012 – Medical Director’s Report – Key Issues

Simon Brown stated that he would take the paper as read. He also shared his reflections with the Board on how service delivery could change as a result of COVID-19, including in terms of public and patient access. The Board was informed that many of the changes could prove to be very positive and beneficial.

20/013 – Quality and Patient Safety Report – Key Issues

Jane Campbell presented the report and highlighted a number of items:

- Care Quality Commission (CQC) inspection of PTS – the Trust had received the draft report and was now preparing its factual accuracy checking response
- infection prevention and control – the capacity of the Trust’s team had been increased as a result of the work involved in responding to COVID-19. Additionally, a national assessment tool for infection prevention and control had recently been released and, whilst predominantly acute hospital focused, SCAS planned to adapt and complete it, with an opportunity for scrutiny by the Clinical Review Group and Quality and Safety Committee
- previous CQC actions – work was due to begin again shortly on the premises improvement work associated with medicines management, with appropriate social distancing, and would be completed by the end of May

Priya Singh stated that she was keen to see the outputs of the ‘Adopt, Adapt, Abandon, And....’ methodology being applied from a clinical perspective.

Action 20/013a

The Quality and Safety Committee to consider, at an appropriate future meeting, the clinical related outputs from the ongoing ‘Adopt, Adapt, Abandon, And....’ methodology review.

Mike Hawker commented on the 40% reduction in NHS111 related safeguarding referrals. Jane Campbell advised that the providers of the SCAS NHS111 service during the response to COVID-19 would have made referrals where appropriate.

Finally, Sumit Biswas advised that he believed there to be some numerical errors in the clinical incident breakdown data on page 7 of the report and agreed to pick this up with Jane Campbell outside of the meeting.

Action 20/013b

Sumit Biswas to liaise with Jane Campbell regarding potential data errors in the Quality and Safety Board Report (e.g. clinical incident breakdown).

20/014 – Operations Report – PTS – Key Issues

Mike Murphy commented that he was content that the main aspects of his report had been covered by the IPR discussions earlier in the meeting. He did, however, take the opportunity to inform the Board that attention was already turning to the longer-term impact COVID-19 might have on Patient Transport Services.

20/015 – Finance and Estates Report – Key Issues

Charles Porter stated that he would take the paper as read but highlighted how the Trust’s current cash position (£41m) was not only favourable but also demonstrated the extraordinary circumstances in which SCAS was currently operating.

20/016 – Human Resources (HR) and Organisational Development (OD) Update

Melanie Saunders informed the Board, in relation to Black, Asian and Minority Ethnic (BAME) staff, that a revised risk reduction framework had been received; this was now being used to review the risk assessments that had been carried out by the Trust previously.

Melanie Saunders explained that risk assessments for BAME and other vulnerable staff were being reoffered and that the HR team continued to work closely with the Equality and Diversity Manager, the Freedom to Speak-Up Guardian, and Trade Unions.

Priya Singh asked for details on the level of uptake for the health and well-being initiatives recently rolled out to support staff. Melanie Saunders commented that this was quite difficult to measure, particularly as it involved staff downloading Apps. She added that there had been significant interest in the work being undertaken by the Health and Well-Being Team and that the 'Adopt, Adapt, Abandon, And....' methodology would again be used to review the learning and inform future plans.

Mike Hawker asked about recruitment in India. Melanie Saunders responded that SCAS remained in close contact with those who had been interviewed and was ready to proceed when it was safe to do so.

OTHER REPORTS

20/017 – Freedom to Speak-Up (FTSU)

The Chair commented that it was a detailed report and asked Board members if they had any comments or questions.

- Les Broude expressed concern that, of those cases still open at the end of the financial year, the average time of being open was 113 days. Simon Holbrook advised that some of the cases were particularly complex, but that he hoped through escalation to the Executive Team he would be able to gain some traction. Melanie Saunders added that some of the cases had been delayed due to other issues being raised during the formal process, but acknowledged that the Trust was trying to improve in this area
- Sumit Biswas commented that the data comparing FTSU cases across the ambulance sector looked very odd, with West Midlands Ambulance Service NHS Foundation Trust and East Midlands Ambulance Service NHS Trust reporting only one case between them. Simon Holbrook stated that the analysis was based on data submitted to the National Guardian's Office, who were trying to improve reporting across the sector.
- Priya Singh asked about BAME staff. Simon Holbrook advised that both Ludlow Johnson (Equality and Diversity Manager) and himself had reached out to staff during the last few weeks to check on their welfare and any concerns they might have
- Anne Stebbing asked whether risk assessments were also being undertaken for those aged over sixty. Melanie Saunders confirmed that this was the case

CLOSING BUSINESS

20/018 – Any Other Business

No other items of business were discussed.

20/019 – Questions from Observers (relating to items on the agenda)

A number of questions were asked by those Governors participating in the meeting:

- Frank Epstein (Berkshire Governor) asked for further detail on the £21k used to fund vacuum flasks for frontline and PTS staff (received via the NHS Charities Together national campaign). Nigel Chapman advised that 3,000 thermos flasks had been purchased, and that this equated to less than £7 per flask, which he added compared favourably with the cost of purchasing through, for example, Amazon
- Bob Duggan (Buckinghamshire/Lead Governor) raised the issue of the monies distributed by NHS Charities Together (boosted by the funds raised by Captain Tom Moore) to local NHS charities, and asked how this had benefitted SCAS. Nigel Chapman explained that this was fairly complex, but that the SCAS Charity had received £63k as part of the first tranche allocation and

had submitted bids/requests for tranches 2 and 3 (and therefore expected to receive more). He noted that a total of £116m was expected to be distributed by NHS Charities Together to support staff, volunteers and patients. Bob Duggan highlighted a media article that documented what certain NHS charities had already received and advised that he would send this to Nigel Chapman

- Frank Epstein (Berkshire Governor) asked for an update on the NMA Lite application. Paul Kempster advised that a pilot was currently underway in Wales, the South West and SCAS. It was explained that in SCAS approximately 35 devices were live, with ten of these having been issued to CFRs, and Paul Kempster provided some further details on the testing process. He also commented that NMA Lite was looking to be better than the previous App, and that he hoped it would be rolled-out in about eight weeks time subsequent to approval being received by the Executive Team at a meeting in June
- Tony Nicholson (Hampshire Governor) asked what the current situation was in terms of military support. Paul Kempster advised that the military support for logistics and PPE had now been stood down, although some more general support remained ongoing. He added that military colleagues had brought some very good expertise and much needed help
- David Ross (CFR Governor) asked whether Community First Responders aged over 60 were also due to be risk assessed. Melanie Saunders confirmed that this process applied to both staff and volunteers
- Helen Ramsay (Oxfordshire Governor) asked for more information about the 'Adopt, Adapt, Abandon, And....' methodology. The Chief Executive provided an overview and explained how this was a crucial component of the Trust's recovery from COVID-19 work
- Tony Nicholson (Hampshire Governor) asked whether the presentation slides used by Mark Ainsworth-Smith would be circulated to all of the Governors. Steve Garside confirmed that he intended to do so.

20/020 – Specific Communications and Engagement Issues/New Risks Identified

Gillian Hodgetts advised that a wealth of communication was taking place around COVID-19, both internally and externally. She highlighted the example of the new staff intranet, which was providing valuable information to support SCAS employees. The Board was also informed that there had been a huge number of public shows of appreciation for SCAS' work, some resulting in donations having been made to the SCAS Charity.

Jane Campbell stated that she did not consider that any new risks had been identified during the course of the meeting.

20/021 - Review of Meeting (including level of strategic focus, quality of debate/challenge, papers and conduct/behaviour)

Nigel Chapman advised that he thought the meeting had been good. He also commented on the dilemma organisations faced in terms of whether the impact of COVID-19 was likely to lead to permanent or temporary changes. The Chair responded that NHS Improvement/England was focused on this issue and looking to give a steer, although the reality was likely to be that any definitive picture emerged on a more organic and iterative basis.

Bob Duggan stated that he also considered it to have been a good meeting, and one that demonstrated excellent team-working between the Board members.

Les Broude commented that the behaviours demonstrated by the Board had been excellent, and that the meeting papers were of a high quality. Anne Stebbing indicated her agreement with the remarks made by Les Broude and suggested that the level of strategic focus would increase with future meetings.

20/022 – Date and time of next meeting

It was noted that the next Board meeting in public was due to take place on Thursday 16 July 2020 at 10.00am in Southampton, subject to the position at that time on COVID-19.

The Chair concluded the meeting by expressing her gratitude to the Trust's Governors for their support during the recent particularly challenging times.

DRAFT