



NOT PROTECTIVELY MARKED

MINUTES OF THE 221ST PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

1000 HOURS ON WEDNESDAY 28 JANUARY 2026 ON MS TEAMS

Present:

Board members: Tom Steele, Board Chair (Chair)
Carol Sinclair, Non Executive Director (Vice Chair)
Julie Carter, Director of Finance, Logistics & Strategy
Stuart Currie, Non Executive Director
Michael Dickson, Chief Executive
Steven Gilroy, Employee Director
Thane Lawrie, Non Executive Director
Mike McCormick, Non Executive Director
Irene Oldfather, Non Executive Director
Madeline Smith, Non Executive Director (*from 11:25*)
Jim Ward, Medical Director
Maggie Watts, Non Executive Director

Regular attendees: Paul Bassett, Chief Operating Officer
Karen Brogan, Associate Director of Strategy, Performance and Planning
Graeme Ferguson, Acting Director of Workforce
Pippa Hamilton, Board Secretary
Emma Stirling, Director of Care Quality and Professional Development
Milne Weir, Regional Director North
David Robertson, Regional Director West
Kenny Freeburn, Regional Director East
Stephen Massetti, National Operations Director

In attendance: Jack Green, Member of the Public (Observing from 10:20)
Elise Gallagher, People and Culture Consultant
Andrew Carruthers, Associate Director of Care Quality
Sarah Stevenson, Risk Manager (Item 07)
Laura McOscar, General Manager ScotSTAR (Item 12)
Andrew Cadamy, Associate Medical Director ScotSTAR (Item 12)

WELCOME AND INTRODUCTION

The Chair welcomed everyone to the 221st Scottish Ambulance Service Board meeting. Apologies were noted from members, Liz Humphreys and regular attendees, Avril Keen.

ITEM 01 PATIENT STORY

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Board members had viewed in advance a patient experience video featuring an interview with the daughter of an 84-year-old patient who experienced a prolonged wait for an ambulance. While the daughter spoke very highly of the attending crew and credited them with saving her mother's life, she also expressed concern about the length of time her mother waited despite making multiple calls for assistance.

In discussing the case, the Board reflected on the complexity of triaging patients whose symptoms change over time, as well as the wider system pressures that impact ambulance response during periods of high demand. Members recognised the significant operational pressures on call handlers, who must balance limited resources with shifting clinical priorities while maintaining clear and reassuring communication with the public. The importance of providing transparent and accurate information, where possible, was strongly emphasised.

The Board noted that the case would undergo further review to identify learning and opportunities for improvement.

The Chair asked that thanks be conveyed to the patient's daughter for sharing her experience.

ITEM 02 DECLARATION OF INTERESTS

The following standing declarations were noted: -

- Tom Steele – Co-Chair of the Innovation Design Authority.
- Stuart Currie - Non Executive Director, State Hospital.
- Liz Humphreys - Non Executive Director, Public Health Scotland, Chair of the Audit and Accountability Committee of the Police Investigations and Review Commission, Non Executive Director Independent Living Fund Scotland, and Trustee Scottish Action for Mental Health.
- Irene Oldfather - Director of Scotland's Health and Social Care Alliance and Member and Vice Chair, Domestic Advisory Group (DAG), Trade and Cooperation Agreement with the European Union, Member of Audit Scotland's Delayed Discharge Advisory Group.
- Madeline Smith – Board member of Scottish Fire and Rescue Service
- Carol Sinclair – Trustee, Scotland's Charity Air Ambulance, Independent Chair of Data Board for Health and Social Care.
- Mike McCormick – Independent Advisory Group member to the Home Office regarding the Emergency Service Mobile Communications Programme.
- Thane Lawrie, Non Executive Director of Scottish Legal Complaint Commission.

Stuart Currie declared that his term as Vice Chair of the Independent Review of Creative Scotland ended in November 2025 and therefore this declaration has been removed from his standing declarations.

ITEM 03 MINUTES OF MEETING HELD ON 26 NOVEMBER 2025

Members **approved** the minutes of the 26 November 2025 public Board meeting as an accurate record.

ITEM 04 MATTERS ARISING

The Board noted that four actions are proposed for closure and one action marked green was not due until May 2026 and would therefore be carried forward to the May Board meeting.

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In relation to matters arising 220/08/15 SAS–NHS24 Collaboration, the Chair advised that he has asked Non Executive Director Liz Humphreys to take a more active role in this work. He confirmed that both Liz Humphreys and Michael Dickson will provide progress updates to the Board at future meetings.

Members noted that in relation to matters arising 220/09/17 Non-Ministerial Annual Review Feedback Letter, an update on the annual review action tracker would be presented to the February 2026 Board Development session for review of progress.

Board members **approved** the closure of matters arising 218/07/13, 220/05/07, 220/09/16 and 220/09/17.

Action:

1. **Board Secretary** to present Annual Review Action Tracker to the February 2026 Board Development Session.

ITEM 05 BOARD QUALITY INDICATORS AND PERFORMANCE REPORT

Michael Dickson introduced the performance update covering winter pressures, vaccination uptake, operational response performance and Telephone Answering Standard (TAS) performance, and the impact of hospital turnaround and shift coverage.

The Board received an update on quality and performance during the recent winter period. Michael Dickson outlined how the Service applied learning from previous years to better manage significant system pressures, including the early arrival of flu, and highlighted the strong collaborative working with system partners to support patient safety during periods of high demand.

The Board discussed the continued development of innovative whole system approaches, including the important role of Hospital Ambulance Liaison Officers (HALOs) and local initiatives designed to support patient flow and reduce delays at the front door of hospitals.

Michael Dickson also updated the Board on the continued impact of the Integrated Clinical Hub, noting that enhanced clinical triage contributed to a 55% non conveyance rate, supporting more patients to receive safe care closer to home in line with the 2030 strategy.

The Board considered ongoing challenges with hospital turnaround times and the wider system issues impacting flow, emphasising the need for sustained joint working with social care partners. Members also discussed workforce recruitment activity for technicians and paramedics, along with progress on the digital patient transfer programme between NHS 24 and SAS, recognising the importance of maintaining momentum across these critical service developments.

The Chair expressed gratitude to the Executive Team, Senior Leadership Team and all staff across the Service for their continued professionalism and commitment during what has been an exceptionally busy and challenging period.

The Chair thanked members and attendees for the discussion. The Board **noted** the discussion and report.

ITEM 06 DELIVERING OUR 2030 STRATEGY – PORTFOLIO UPDATES

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Karen Brogan presented a summary of the key points from the report, noting continued positive progress across all portfolios. Michael Dickson confirmed that no risks require escalation to the Board at this time, with all identified risks being actively managed through respective portfolio boards or already captured within the Corporate Risk Register.

Karen Brogan also provided an update on workforce planning and future service needs. Karen outlined ongoing work to develop a comprehensive workforce plan, supported by scenario modelling with the Scottish Government and engagement with universities. Karen added that in recognition of a projected surplus in Paramedics from August 2026, the Service is working closely with Scottish Government and other partners to consider how Paramedics could be utilised more widely in the Healthcare system to support the delivery of multi-disciplinary teams within urgent and primary care. Board members discussed the importance of aligning this work with wider system planning and ensuring that any future service models meet both the needs of the Scottish Ambulance Service and the broader health and social care landscape.

Paul Bassett updated the Board on the implementation of the reduced working week, reporting strong progress, increased engagement with staff, and confidence that the required changes would be in place for April 2026 despite areas of operational complexity.

Board members welcomed the updates and emphasised the need for continued collaboration across the system, along with the importance of maintaining a clear narrative around the evolving role of paramedicine, linking workforce plans to organisational risk registers, and ensuring the Service retains the ability to respond to future risks.

The Board **noted** the paper and the comprehensive updates provided.

ITEM 07 CORPORATE RISK REGISTER (PUBLIC)

Sarah Stevenson joined the meeting for this item and presented the Board with the corporate risk register. Sarah reminded members that a Risk Workshop would take place as part of the February 2026 Board Development session to review corporate risks, risk appetite and wider system challenges.

Sarah Stevenson highlighted the national work underway to align risk management approaches across NHS Scotland, including the creation of national principles for risk management, the introduction of a single national risk matrix and early work to bring together risk registers from all territorial and national Boards. It was noted that this work, supported by Scottish Government, aims to improve visibility of cross system risks and ensure a more consistent and coordinated approach to identifying and managing shared pressures.

Members noted that the Corporate Risk Register had been reviewed by the Performance and Planning Steering Group (PPSG) on 13 January 2026.

Sarah advised that members were asked to:

- **Note** the updated risk descriptions to the workforce risks, risk ID, 5888 and 5889.
- Review and **approve** the Corporate Risk Register and note the actions in place and the assurance being received that the risks are being controlled effectively.

In relation to Risk 4638, the Board also discussed the impact of referral pathways supported through the Pathways Hub. The Medical Director highlighted recent audit findings showing that patients referred into local services following non-injury falls were significantly less likely to require repeat ambulance attendance, and that referrals for individuals affected by substance

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misuse were improving engagement with Alcohol and Drug Partnerships. The Board welcomed this evidence of positive system impact and noted the importance of continuing to measure outcomes to support future planning and risk mitigation.

The Board **approved** the Corporate Risk Register as presented and noted mitigating actions.

ITEM 08 FINANCIAL PERFORMANCE TO END DECEMBER 2025

Julie Carter provided a summary of the key points from the Financial Performance Report to end December 2025:

1. The financial position at the end of Month 9 is reporting a deficit of £0.37 million.
2. Post COVID/operational pressures of £5.71 million have been incurred over this period, these are offset against the recurring funding, confirmed by Scottish Government.
3. As a significant spend area within the Service a detailed analyses of the key drivers of Overtime costs are included
4. In relation to the agreed £12.7 million efficiency savings target, to date £8.8 million has been delivered against a year-to-date target of £9.76 million, and £9.41 million achieved to date against the full year target. Recognising that there are only three months left in this financial year, delivery of savings are forecast to increase over the remaining months. The full year trajectory has been assumed within the revised forecast and will be reviewed on a monthly basis.
5. The current agreed Agenda for Change reform funding is being offset against the reduced working week additional costs, of which £5.19 million has been incurred to date.
6. The delivery of the 2025/26 financial plan is on track. A detailed financial forecast has been prepared with best, likely and worst-case scenarios reported and is being updated on a monthly basis. Following on from previously reported revision of the likely out-turn from an initial £4.30 million deficit to £3.80 million deficit, a formal review was undertaken for the end of quarter 3, which now forecasts a break-even position.

The Board noted the continued development of the Best Value Programme. Members welcomed the growing use of digital innovation and the commitment to embedding improvement into business as usual processes.

Stuart Currie emphasised the importance of strengthening the proportion of recurring savings to ensure long term financial sustainability. He also stressed the need for a multi-year approach to budgeting and targeted investment in innovation. Thane Lawrie reflected on the role of the Project Management Office (PMO) in supporting priority Best Value schemes. Julie Carter added that targeted PMO input helps bring programmes back on track where required. The Board also discussed the value of improving financial capability across the organisation, with enhanced dashboards and financial training enabling budget holders to better understand costs, drivers and opportunities for efficiency.

The Board **noted** the discussion and report.

ITEM 09 PERSON CENTRED CARE UPDATE

Emma Stirling provided a summary of the main points from the paper including recent patient experience activity, involving people work, compliments and complaints compliance, themes and actions and an update on the cases with the Scottish Public Services Ombudsman (SPSO). Emma added that the report now includes more detailed examples of both compliments and complaints as requested previously by the Board.

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Emma Stirling highlighted that between 01 April 2025 and 13 January 2026 919 complaints were received, with the four most common themes being:

1. Attitude and Behaviour – 29% of the total (no change from last Board paper)
2. Triage and referral to NHS24 – 16% of the total (a reduction from 19% in the last reporting cycle last paper)
3. Delayed Response due to no available resource accounts for 18%, continuing an upward trend and remains an area of operational focus.
4. Clinical Assessment – 8% of the total which is a slight increase from 7% from the previous paper.

The Board noted that an update on the joint review of attitude and behaviour complaints is included within the paper for members information. It is noted that the findings and proposed actions from this work will be presented to the Quality, Safety and Learning Forum for discussion and planning and will then be shared at a future Board meeting.

Emma Stirling updated the Board on the transition from the Learning from Events Group to the newly established Quality, Safety and Learning Forum. Emma explained that the forum will take a more structured approach to triangulating learning from incidents, feedback and emerging risks, while also progressing work to develop clearer quality measures that support improvement across the organisation. Board members emphasised the importance of demonstrating tangible impact, with Madeline Smith and Irene Oldfather requesting greater visibility of how engagement and involvement activity influences service change. Emma confirmed that work is underway with academic partners and Scottish Government to develop improved frameworks for measuring impact.

The Board also discussed plans to introduce empathy driven training within the Ambulance Control Centres (ACCs). In response to a question from Thane Lawrie, Emma advised that this programme builds on the positive results previously achieved in Scheduled Care, where staff reported improved confidence and patient feedback indicated an enhanced experience. She noted that the approach aims not only to support compassionate communication with callers during often stressful situations, but also to improve staff wellbeing by equipping them with tools to manage challenging interactions. The Board welcomed this development and recognised its alignment with wider efforts to strengthen the organisation's culture and patient centred practice.

The Board **noted** the discussion and the report.

ITEM 10 INFECTION PREVENTION AND CONTROL ACTIVITY UPDATE INCOPORATING HEALTHCARE ASSOCIATED INFECTION

The Board received an update from Emma Stirling on Infection Prevention and Control (IPC) performance. She reported that compliance with mandatory IPC training and with SICP audit requirements remains below the expected standard but outlined the focused actions underway to improve performance. These include enhanced regional support, targeted work to increase audit completion, and the training of additional auditors to strengthen local capability. Emma also highlighted the positive increase in staff flu vaccination uptake this season, attributing the improvement to strong collaboration with territorial health boards and the availability of pop-up clinics. The Board noted that early planning for next year's programme is already underway to sustain and further improve vaccination rates.

During the discussion, Maggie Watts emphasised the importance of achieving and maintaining full compliance. Emma Stirling agreed, reaffirming the Service's legislative duty to meet

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required infection prevention standards and the priority being given to strengthening compliance. The Board noted the ongoing improvement work and endorsed the continued focus on raising performance to the expected level across all regions.

Board members **noted** the report.

ITEM 11 STAFF EXPERIENCE AND PERFORMANCE REPORT

Graeme Ferguson provided the Board with an update on staff experience and culture, including the introduction of Elise Gallagher as the Service's new Culture Lead. Graeme outlined the three phase approach to cultural transformation, factfinding, diagnostic work and action planning. Graeme highlighted the launch of the Staying Well Service, which is already providing enhanced mental health support to staff. He also noted ongoing challenges with securing sustainable occupational health provision and confirmed that work continues to strengthen access and responsiveness in this area. The Board discussed the high volume of employee relations cases, with Graeme outlining actions to increase early resolution and reduce formal case management processes.

Concerns were raised by the Board around the need to increase appraisal completion and statutory/mandatory training rates, recognising their importance for staff development, wellbeing and wider organisational assurance. Members stressed the value of supportive planning, clear expectations and linking these activities to risk management. Madeline Smith advised that consideration should be given to the escalation of statutory/mandatory training compliance risk from the Staff Governance Risk Register to Corporate Risk level and it was noted that this would be discussed further by the Staff Governance Committee. Paul Bassett and Graeme Ferguson agreed to work together to develop trajectories and accompanying narrative on plans to improve appraisal rates and statutory mandatory training compliance, including risk assessment and balancing operational pressures and the need for realistic, achievable progress. The Board welcomed this commitment and noted the intention to provide enhanced assurance at future meetings.

Board members discussed and **noted** the report.

Action:

- 2. Acting Director of Workforce/Chair of Staff Governance Committee** to discuss consideration of statutory/mandatory training compliance risk escalation from Staff Governance Risk Register to Corporate Risk Register.
- 3. Acting Director of Workforce/Chief Operating Officer** to develop trajectories and accompanying narrative on plans to improve appraisal rates and statutory mandatory training compliance, including risk assessment and balancing operational pressures and the need for realistic, achievable progress to be included within future Board reporting.

ITEM 12 SCOTSTAR ANNUAL UPDATE REPORT

The Chair welcomed Laura McOscar, General Manager ScotSTAR and Andrew Cadamy, Associate Medical Director ScotSTAR to the meeting.

The Board received the annual ScotSTAR update. The report highlighted significant progress over the past year, including the extension of the air ambulance contract and preparations for implementing the new contract later in 2026, which will introduce enhanced clinical capability, improved resilience and more efficient operations. Andrew Cadamy confirmed that the Air Ambulance Efficiency Project had successfully concluded, delivering recurring savings that exceeded expectations. The Board also received an update on ongoing workforce

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development, with efforts focused on strengthening clinical resilience, progressing advanced practice pathways and undertaking service redesign across paediatric, neonatal and trauma services. This work is being supported by a “blank sheet” redesign approach to ensure future models of care are safe, sustainable and aligned with evolving patient needs.

The Board discussed the importance of maintaining strong partnerships, including with Scotland’s Charity Air Ambulance (SCAA), whose contribution remains central to service delivery across several regions. Julie Carter and Carol Sinclair emphasised the need for robust governance, transparent Service Level Agreements (SLA) and continued engagement with health boards and the Scottish Government to secure funding for priority service redesign proposals.

Maggie Watts and Laura McOscar highlighted the importance of improving data around geography, caseload and demand to ensure that service provision is equitable across Scotland, with work underway to enhance Key Performance Indicators (KPIs) and strengthen information within future SLAs.

The Board welcomed the progress made and the strategic direction of ScotSTAR as it continues to evolve to meet national retrieval and transport needs.

ITEM 13 SAS/NHS24 COLLABORATION – VEBAL UPDATE

The Board received a verbal update on the ongoing collaboration between the Scottish Ambulance Service and NHS 24. Michael Dickson reported strong progress against the agreed programme plan, noting that the Project Initiation Document has been approved and work is now organised across five thematic workstreams jointly led by both organisations. Early engagement has been positive, with teams working collaboratively to strengthen clinical pathways, improve patient flow and enhance digital integration between services. A full update paper outlining progress and next steps will be presented to the May Board meeting.

The Board **noted** the update.

ITEM 14 HEALTH AND CARE STAFFING (SCOTLAND) ACT Q2 REPORT

Emma Stirling presented the Board with the quarter 2 report on compliance with the Health and Care Staffing (Scotland) Act. Emma outlined that overall performance remains strong when benchmarked against other NHS Boards, although a number of areas continue to require focused improvement. Emma highlighted that winter pressures had an impact on some elements of training and reporting, but targeted work is underway across all regions to strengthen compliance. The Board noted the adoption of updated national definitions and reporting standards, which provide greater clarity and consistency in how assurance is measured and presented.

Emma Stirling confirmed that actions are in place to address areas of lower compliance, including closer monitoring of training completion, strengthened support for local teams, and ensuring appropriate governance oversight. The Board welcomed the clear plan for improvement and recognised the importance of ongoing alignment with national guidance as implementation of the Act progresses. Members noted the assurance provided and endorsed the continuation of this work ahead of the next reporting cycle.

ITEM 15 CHAIR’S VERBAL REPORT

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The Chair provided a verbal update to the Board, highlighting recent engagement with national stakeholders, including positive visits and feedback from Scottish Government representatives. He noted progress in the recruitment process for new Non Executive Directors and confirmed that recommendations had been submitted for Ministerial approval.

The Chair also reflected on recent station visits, acknowledging the professionalism and positive spirit demonstrated by staff across the Service. Finally, he confirmed the extension of his term of office to December 2026 and reaffirmed his commitment to supporting strong governance and continued improvement across the organisation.

ITEM 16 CHIEF EXECUTIVE'S UPDATE

Michael Dickson provided a verbal update on key areas of organisational activity and winter performance. He acknowledged the exceptional efforts of staff across the Service during a period of sustained pressure and welcomed the positive feedback received from Scottish Government colleagues regarding the Service's response. Michael also highlighted and congratulated Dave Bywater, Lead Consultant Paramedic, on being awarded the King's Ambulance Medal in the New Year Honours, recognising his outstanding contribution to patient care and the profession.

Michael Dickson further outlined the continued strengthening of collaboration with system partners and the progress being made through the East and West Sub National Planning Groups to develop new models of care. The Board noted the ongoing work to enhance organisational culture and leadership, and welcomed the renewed focus on supporting staff wellbeing, maintaining service resilience, and driving improvement across the organisation.

ITEM 17 STAFF GOVERNANCE COMMITTEE

Board members **noted** the minutes of the Staff Governance Committee held on 04 September 2025, approved by the Committee on 11 December 2025 and the agenda from the meeting held on 11 December 2025.

ITEM 18 BOARD STANDING COMMITTEE MEMBERSHIP REVIEW

The Board received an update on the annual review of Standing Committee membership. The Chair confirmed that the review had been completed to ensure committees remain appropriately balanced in terms of skills, experience and capacity.

Members noted that the presented document set out the revised committee memberships, which will take effect during Quarter 1 of 2026/2027. The Chair highlighted that the proposed changes were circulated electronically to Board members and attendees and are now presented to the January 2026 Public Board Meeting for noting.

Members **noted** the revised Committee membership.

ITEM 19 AOB AND DATE OF NEXT MEETING

None to note.

Date of next meeting:

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25 March 2026 – Public Board meeting.

The Chair thanked members for their participation and the focus and attention given throughout the discussion.

The Chair closed the meeting.

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