Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

MINUTES OF THE 223RD PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

1000 HOURS ON WEDNESDAY 27 MAY 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
Paul Gray, Non Executive Director
Liz Humphreys, Non Executive Director
Thane Lawrie, Non Executive Director
Mike McCormick, Non Executive Director
Madeline Smith, Non Executive Director
Jim Ward, Medical Director
Maggie Watts, Non Executive Director

Regular attendees: Paul Bassett, Chief Operating Officer
Kenny Freeburn, Regional Director East
Pippa Hamilton, Board Secretary
Mark Hannan, Head of Corporate Affairs and Engagement
Elise Gallagher, People and Culture Consultant
Emma Stirling, Director of Care Quality and Professional Development
Milne Weir, Regional Director North
David Robertson, Regional Director West
Jalibani Ndebele, Director of National Operations

In attendance: Katy Barclay, Head of Business Intelligence (Items 05 and 06)
Sarah Stevenson, Risk Manager (Item 08)
Keith Willett, Observing.

ITEM 01 PATIENT STORY

Board members had viewed in advance a patient experience video featuring an interview with Moira Howie, a retired nurse who gives thank to the staff who assisted her after becoming unwell with sepsis.

The Board discussed the patient story which highlighted how an initial assessment was escalated following an in person review by a Paramedic Response Unit, demonstrating the importance of clinical judgement and flexible deployment models in identifying deteriorating patients. Members also discussed communication of waiting times, the use of technology to

support assessment, and the mechanisms in place to capture frontline feedback and learning to support ongoing service improvement and patient safety.

Members expressed their sincere thanks to Moira Howie for sharing her experience with the Board.

WELCOME AND INTRODUCTION

The Chair welcomed everyone to the 223rd Scottish Ambulance Service Board meeting. The Chair extended a particular welcome to Paul Gray to his first Board meeting since joining the Board as a Non Executive Director.

ITEM 02 APOLOGIES AND DECLARATION OF INTERESTS

The following standing declarations were noted: -

- Tom Steele – Co-Chair of the Innovation Design Authority, Member of the Patient Safety Commissioner for Scotland Advisory Group.
- Stuart Currie - Non Executive Director, State Hospital.
- Liz Humphreys - Non Executive Director, Public Health Scotland, Non Executive Director Independent Living Fund Scotland.
- Madeline Smith – Board member of Scottish Fire and Rescue Service
- Carol Sinclair – 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.
- Paul Gray, Chair of the Management Advisory Board at the Scottish Public Pensions Agency, Non Executive Director, Care Inspectorate

Apologies were noted from regular attendees, Karen Brogan, Associate Director of Strategy, Planning and Programmes and Dave Bywater, Lead Consultant Paramedic.

ITEM 03 MINUTES OF MEETING HELD ON 25 MARCH 2026

Members **approved** the minutes of the 25 March 2026 public Board meeting as an accurate record.

ITEM 04 MATTERS ARISING

The Board noted that two actions are proposed for closure and one action marked yellow has a proposal to extend the target date to July 2026.

Board members **approved** the closure of matters arising 220/08/15 and 222/09/14. The Board also approved the extension to the target date of matters arising item 221/06/11 to July 2026.

ITEM 05 BOARD MEASUREMENT FRAMEWORK 2026/27

Katy Barclay joined this meeting for this item.

Paul Bassett introduced the paper and advised the Board that the aims detailed in section 4 were presented to the Board Development Session on 25 February 2026 and where possible, have been incorporated into reporting from April 2026.

The Board considered the proposed Board Measurement Framework for 2026/27 and discussed the approach to monitoring organisational performance and improvement. Members noted changes to cardiac arrest coding arrangements, which have reduced the number of calls categorised within the highest priority group and have contributed to improvements in response time performance. It was noted that the impact of these changes will continue to be monitored to ensure they support appropriate clinical prioritisation and patient outcomes.

The Board also discussed the non-conveyance measure and agreed that the current target reflects the Service's present operating model and system capacity, while supporting the ambition to deliver person centred care in the most appropriate setting. Members acknowledged that, as services and alternative care pathways continue to develop, there may be opportunities to increase ambitions in future years.

Assurance was provided that detailed performance scrutiny and oversight of the framework would continue through the appropriate governance structures, including the Planning and Performance Steering Group and the Audit and Risk Committee, with Board reporting focused on strategic indicators and trends.

The Board **noted and approved** the Board Measurement Framework for 2026/27.

ITEM 06 BOARD QUALITY INDICATORS AND PERFORMANCE REPORT

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

The Board discussed the revised Quality Report and welcomed the improved format, noting that the enhanced presentation of data, trend analysis and visual indicators supported clearer understanding of performance and quality outcomes. Members provided feedback on the alignment of narrative commentary and performance indicators and agreed that further refinements would continue to ensure the report provides a balanced and accessible overview of service delivery and improvement activity. Members requested that any measures likely to miss their aim are clearly flagged and highlighted in the narrative of future reporting.

Members discussed ongoing challenges associated with hospital turnaround times and noted the variation in performance across different NHS Board areas. Members were advised of continued collaborative work with partners to improve patient flow, reduce delays and develop a more consistent approach to measurement and reporting across Scotland. The discussion also highlighted the impact of prolonged hospital delays on crew utilisation and staff wellbeing, with assurance provided that actions are being taken to support staff and improve operational resilience.

In addition, members noted the unique transport challenges affecting island communities and welcomed further consideration of the operational impact of ferry disruption on patient care and service delivery.

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

Action:

1. **Chief Operating Officer** to ensure that any measures likely to miss their aim are clearly flagged and highlighted in the narrative of future Board Quality Indicators and Performance reporting.

ITEM 07 DELIVERING OUR 2030 STRATEGY – PORTFOLIO UPDATES

Michael Dickson presented a summary of the key points from the report, noting that good progress continues to be made across all portfolios of work in this reporting period, however highlighted that 3 projects are in Amber status and 1 project is in Red status.

Members noted the overall progress across the portfolio, with particular discussion focused on those programmes currently reported as amber, including the reduced working week, GRS timecard, and workforce planning.

The Board **noted** the paper and the continued positive progress being maintained.

ITEM 08 CORPORATE RISK REGISTER (PUBLIC)

Sarah Stevenson joined the meeting for this item and presented the Board with the corporate risk register. The Board was advised that the ScotSTAR operational risk identified at the February Board Development Session has been considered by the Clinical Governance Committee at the meeting in May. It is recommended to the Board that the risk continues to be managed at Committee level given the mitigations already in place and ongoing actions to address the risk.

The Board reviewed the Corporate Risk Register and considered the key strategic risks facing the Service. Members discussed workforce planning risks and agreed that the register should clearly reflect both the challenges associated with matching workforce capacity to service demand and the opportunities to maximise the contribution of the paramedic workforce.

The discussion also explored the relationship between clinical risk and risks relating to public confidence, recognising the importance of transparent reporting and ensuring that the potential impact on patients, services and organisational reputation is appropriately articulated.

The Board considered the effectiveness of current mitigations, particularly in relation to hospital turnaround delays, and noted the complexity of risks that are influenced by wider system factors beyond the direct control of the Service. Members agreed that risk scoring and mitigation assessments would continue to be reviewed to ensure they accurately reflect the level of assurance and residual risk. An update was also provided on the Integrated Clinical Hub, including ongoing evaluation work and consideration of future funding arrangements, with the Board noting its potential contribution to service improvement and patient care.

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

ITEM 09 BOARD STANDING ORDERS

Pippa Hamilton advised members that In line with the Service's Board Standing Orders (paragraph 1.4) the Board annually reviews its Standing Orders. The NHS Scotland Blueprint for Good Governance (second edition, DL (2022) 38) was published on 22 December 2022 and further sets out the requirement that the documents that make up the Operating Guidance should be reviewed annually by Boards to coincide with the preparation of the governance statement that forms part of the Annual Report.

The Board noted that the Standing Orders, approved by the Board in May 2025, have been reviewed and no changes are recommended. Pippa Hamilton added that the Audit and Risk Committee reviewed the Standing Orders at its meeting on 23 April 2026 and recommended these to the Board for approval.

The Board **approved** the Standing Orders.

ITEM 10 CULTURE WORK PROGRAMME

The Board received an update on the Culture Programme and noted that, following an exploration and diagnostic phase, the Board had endorsed the programme's overall direction in April 2026. Members were advised that the programme builds on existing activity within the Workforce and Wellbeing Portfolio and comprises six interconnected workstreams supported by a number of enabling work packages.

The programme has been designed to address key organisational risks and opportunities associated with changing service requirements, workforce transformation, sector wide challenges and operational demands. The Board noted that the programme's objectives are focused on increasing trust, strengthening connections between colleagues, encouraging feedback and innovation, and improving psychological safety across the organisation.

Members welcomed the appointment of a dedicated Culture Programme Lead, and received assurance regarding the governance arrangements supporting delivery through the Executive Team and Staff Governance Committee. The Board discussed the challenges of measuring cultural change and noted plans to develop a culture dashboard, drawing on a range of indicators, including staff survey feedback, to monitor progress and outcomes.

Members also highlighted the importance of effective leadership, staff engagement and organisational capability in supporting sustainable cultural improvement and workforce change.

The Board welcomed the emphasis on learning from best practice across NHS Scotland and other emergency services and noted the intention to continue refining the programme as it develops.

The Board subsequently **approved** the objectives and scope of the Programme and the proposed approach to governance, assurance and measurement outlined within the paper.

ITEM 11 HEALTH AND CARE (SCOTLAND) (ACT) 2019 ANNUAL REPORT

The Board received the annual report on compliance with the Health and Care (Staffing) (Scotland) Act and noted the positive assurance provided regarding staffing governance and workforce planning arrangements across the Service. Members welcomed the report and discussed the importance of clearly demonstrating the links between staffing assurance, staff governance and the delivery of safe, effective and person-centred care. The Board also noted the need to ensure that the methodology and conclusions presented within the report remain accessible and understandable to members of the public.

While acknowledging the overall assurance provided, members emphasised the importance of recognising the ongoing operational pressures facing the workforce and the potential impact on staff wellbeing. The Board agreed that future reporting should continue to provide a balanced

view of both the strengths of current arrangements and the challenges that remain, supporting transparency and continuous improvement in workforce planning and staffing governance.

The Board **approved** the Annual Report for publication.

ITEM 12 EXCELLENCE IN CARE REPORT

The Board received the annual Excellence in Care Report and noted the progress being made to develop quality measures that are appropriate for the ambulance service environment. Members were advised that, as existing national nursing quality measurement tools are not designed for ambulance settings, a research programme is underway in partnership with academic colleagues to identify ambulance specific care quality measures.

The Board noted that this work has been positively recognised for its robust and evidence based approach and welcomed examples of good practice across the Service, including initiatives supporting mental health, dementia care, education and return to practice arrangements.

In discussing the report, members highlighted the importance of ensuring that future reporting continues to provide a balanced view of both areas of excellence and the challenges facing service delivery, including the impact of prolonged hospital delays on patient care. The Board noted that funding arrangements supporting the Excellence in Care programme remain subject to annual review and welcomed the additional research capacity secured through an NHS Research Scotland Fellowship.

The Board **approved** the report and took assurance that it reflects the work being undertaken to support the objectives and priorities of the Excellence in Care Strategy.

ITEM 13 WHISTLEBLOWING ANNUAL REPORT

The Board received and considered the Annual Whistleblowing Report for 2025/26. Members noted that 25 concerns had been received during the reporting period, with the majority addressed through routine management processes and two concerns progressed through the formal whistleblowing procedure. The Board welcomed the continued willingness of staff to raise concerns and noted that the number of formal whistleblowing cases remained low, providing assurance that a range of mechanisms are available to support staff in speaking up and having issues addressed appropriately.

The Board also noted ongoing national challenges relating to the timescales for whistleblowing investigations and received assurance that work continues to improve processes and support timely resolution of concerns. Having been reviewed and approved by the Executive Team and Clinical Governance Committee, the Board **approved** the Annual Whistleblowing Report and took assurance from the arrangements in place to support openness, transparency and organisational learning.

ITEM 14 FINANCIAL PERFORMANCE TO END MARCH 2026

Julie Carter provided a summary of the key points from the Financial Performance Report to 31 March 2026 and noted the achievement of a break even financial position for the year, alongside the successful delivery of the Service's efficiency savings target.

Members were advised that additional operational pressures incurred during the year had been fully offset through recurring funding and noted the continued close monitoring of key cost

areas, including hospital turnaround time funding, fuel expenditure and energy costs. The Board also welcomed investment in a range of energy efficiency measures designed to support long term sustainability and financial stewardship.
The Board discussed workforce related expenditure, including overtime trends and workforce planning arrangements. Members noted the work underway to align staffing levels, skill mix and budget planning to support service delivery while reducing reliance on overtime. Assurance was provided that previous workforce expansion had been managed without creating additional financial pressures and that a detailed review of Ambulance Paramedic rostering is underway to identify opportunities to optimise resource deployment and support more sustainable staffing models.

The Board welcomed the continued strong financial management demonstrated throughout the year and **noted** the report.

ITEM 15 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 Stirling highlighted that between 01 April 2025 and 31 March 2026,1221 complaints were received, with the four most common themes being:

1. Attitude and Behaviour – 31% of the total, a slight increase since the last report.
2. Delayed response due to no available resource accounts for 23%, continuing an upward trend and remains an area of operational focus.
3. Triage and referral to NHS 24 represents 20%, an increase from 16% from the last report.
4. Clinical Assessment – 11% of the total which is a slight increase from 9% from the previous report.

Complaint compliance:

- Stage 1 Compliance 93% (93.7% in previous paper)
- Stage 2 Compliance 88% (89% in previous paper)

The Board noted continued high levels of compliance in complaints handling and patient feedback processes and strong levels of compliments received and welcomed the ongoing work to analyse themes and learning from complaints, including the findings of a joint review of attitude and behaviour complaints. Members also discussed complaint ownership and received assurance that the Ambulance Control Centre (ACC) role as a primary point of contact contributed to the proportion of complaints managed through national operations.

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

ITEM 16 INFECTION PREVENTION AND CONTROL ACTIVITY UPDATE INCOPORATING HEALTHCARE ASSOCIATED INFECTION

Emma Stirling presented the Board with a paper which provided an update on Infection Prevention and Control (IPC) activity and noted the continued progress being made to strengthen governance, resilience and compliance across the Service. Members were advised that IPC leadership capacity had been enhanced through additional recruitment, while established governance arrangements continued to provide effective oversight of infection prevention risks, none of which required escalation during the reporting period.

The Board noted that education and training arrangements remain aligned to national requirements and welcomed continued efforts to improve compliance and support staff transition to revised training modules. Members also noted the progress made in face fit testing across all regions and recognised the operational challenges associated with releasing staff to complete this activity.

The Board welcomed the positive assurance provided through incident monitoring, audit activity and compliance reporting. Members noted that no significant trends or emerging risks had been identified from IPC incidents recorded during the quarter and that cleaning and infection control compliance remained high overall. Ongoing work to enhance audit capability, introduce refresher resources and address workforce and infrastructure pressures was also acknowledged.

The Board further welcomed improved staff vaccination uptake over the winter period and noted the continued focus on strengthening IPC capacity and preparedness. The Board received assurance that appropriate arrangements remain in place to support safe care delivery.

The Board **noted** the report.

ITEM 17 STAFF EXPERIENCE AND PERFORMANCE REPORT

Elise Gallagher provided a summary of the main points from the paper and members noted the range of initiatives being taken forward to improve staff experience, wellbeing and workforce sustainability.

Members welcomed the reduction in sickness absence levels during the reporting period and noted the positive impact of the Attendance Management Programme. The Board also noted the successful resolution of the long running formal dispute relating to rest breaks and welcomed the collaborative approach taken to implement and evaluate the current test of change.

Updates were provided on appraisal completion rates, statutory training compliance and workforce planning activity, with members recognising the progress made while noting the importance of sustaining improvement and addressing regional variation in performance. The Board discussed staff wellbeing and occupational health support, noting the continued demand for mental health related interventions and the early success of the Staying Well Service, which has supported a significant number of staff since its launch. Members welcomed plans to undertake a formal evaluation of the service to better understand its impact and inform future development.

Members also considered feedback on leadership capacity and the importance of protected time for Team Leaders to undertake management and staff support responsibilities. Assurance was provided that further work is underway to improve measurement and reporting in this area.

The progress outlined within the report was welcomed and the Board noted the continued focus on creating a positive working environment that supports staff health, wellbeing and development.

The Board **noted** the report.

ITEM 18 SAS/NHS24 COLLABORATION UPDATE

Michael Dickson provided the Board with an update on the Scottish Ambulance Service (SAS) and NHS 24 Collaboration Programme and highlighted the continued positive progress being made in strengthening joint working across both organisations.

Members noted that the collaborative action plan, developed in response to the Scottish Government's Service Renewal Framework and Joint Collaboration Project Brief, is focused on five key themes: Urgent and Unscheduled Care; Digital and Data Collaboration; Workforce, Culture and Inclusion; Resilience, Business Continuity and Stakeholder Engagement; and Business Systems. The Board noted that the plan is intended to be iterative, with initial actions centred on discovery, alignment and the identification of opportunities for future joint initiatives that deliver system wide benefits.

The Board welcomed the clear alignment of the collaboration programme with national priorities and noted the robust governance arrangements in place through the Joint Collaboration Board, which will provide strategic oversight and monitor progress. Members also noted assurance that the associated corporate risk remains fit for purpose and agreed that regular updates on collaboration activity should continue to be reported to the Board, aligned with the programme's governance and reporting cycle.

The Board **noted** the update.

ITEM 19 DEMENTIA DELIVERY PLAN

Emma Stirling presented the Board with the initial one year Dementia Delivery Plan which was shared virtually with Board members on 18 February 2026, with staff, stakeholders and partners at the end of February 2026 and was implemented from 01 April 2026.

The Board noted that the initial one year Plan, sets out the foundations for the development of a sustainable SAS dementia programme. Emma Stirling highlighted that the plan will contribute to the development of a medium term dementia strategy aligned to both the SAS Annual Delivery Plan and national Dementia Strategy delivery cycles. The Board noted that the plan is focused on five key priority areas aimed at improving the experience and outcomes of people living with dementia, enhancing staff knowledge and confidence, and supporting workforce development across the organisation.

The Board welcomed the structured approach being taken to embed dementia awareness and good practice throughout the Service and noted that progress against the plan will be monitored through the Communities and Place Portfolio Board. Members recognised the importance of this work in supporting person centred care and ensuring that SAS is well placed to respond to the needs of patients affected by dementia and those who care for them.

Member welcomed and **noted** the plan.

ITEM 20 CHAIR'S VERBAL REPORT

The Chair provided members with a verbal update on sub national planning and external engagement activity and highlighted the continued collaboration with partners across Scotland, Wales and Northern Ireland to support service improvement and the sharing of best practice. The Chair added that the Service remains actively engaged in East and West regional planning arrangements and is working closely with ambulance service partners through initiatives such as the Celtic Alliance to explore innovation, shared learning and opportunities for collaborative

working. The Board also noted ongoing engagement with international visitors and partner organisations, recognising the value of knowledge exchange in supporting service development and continuous improvement.

ITEM 21 CHIEF EXECUTIVE'S UPDATE

The Chief Executive provided a verbal update to the Board on a strategic review of mental health services, recognising the value of mental health cars and the need to expand coverage in line with government priorities.

ITEM 22 CLINICAL GOVERNANCE COMMITTEE

Board members **noted** the minutes of the Clinical Governance Committee held on 09 February 2026, approved by the Committee on 11 May 2026 and the agenda from the meeting held on 11 May 2026.

ITEM 23 STAFF GOVERNANCE COMMITTEE

Board members **noted** the minutes of the Clinical Governance Committee held on 11 December 2025, approved by the Committee on 04 March 2026 and the agenda from the meeting held on 04 March 2026.

ITEM 24 AUDIT AND RISK COMMITTEE

Board members **noted** the minutes of the Audit and Risk Committee held on 22 January 2026, approved by the Committee on 23 April 2026 and the agenda from the meeting held on 23 April 2026.

ITEM 25 BOARD DEVELOPMENT UPDATE

Board members **noted** the report.

ITEM 26 DATE OF NEXT MEETING

Date of next meeting:

- 24 June 2026 – Annual Accounts (private meeting)
- 29 July 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.