Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

MINUTES OF THE 226th PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

1000 HOURS ON WEDNESDAY 30 SEPTEMBER 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
Steven Gilroy, Employee Director
Paul Gray, Non Executive Director
Liz Humphreys, Non Executive Director
Thane Lawrie, Non Executive Director
Jim Ward, Medical Director
Keith Willett, Non Executive Director

Regular attendees:

Paul Bassett, Chief Operating Officer and Deputy Chief Executive
Jalibani Ndebele, Director of National Operations
Mark Hannan, Head of Corporate Affairs and Engagement
Pippa Hamilton, Head of Corporate Governance and Board Secretary
Emma Stirling, Director of Care Quality and Professional Development
Milne Weir, Regional Director North
Elise Gallagher, Director of People and Culture

In attendance:

Sarah Stevenson, Risk Manager (Item 07)
Caysie Coats, Member of the Public (Observing)

ITEM 01 PATIENT STORY

Board members had viewed in advance a patient story featuring Kenneth Stark, Scottish Fire and Rescue Service Station Commander at Bellshill Community Fire Station, who thanked the crews who assisted his five year old daughter after she experienced breathing difficulties. The story highlighted the prompt clinical response provided by the Service, including the initial deployment of the nearest available clinical resource followed by an ambulance crew, which

enabled the child to be stabilised and conveyed to hospital for further treatment. The Board particularly noted the reassurance provided by staff to the child and her family during what had been an extremely distressing experience, demonstrating the importance of compassionate communication alongside high quality clinical care.

Discussion reflected on the benefits of deploying the nearest appropriate clinical resource to time critical incidents, supported by additional ambulance resources where conveyance was required. The Board also discussed the potential for greater collaboration with other emergency services, particularly in rural communities, including access to defibrillators and support at medical emergencies. It was noted that early discussions were taking place nationally regarding what may be possible, but that any future arrangements would require careful consideration and engagement with partner organisations and trade unions. The Board welcomed the positive patient story and asked that its thanks and appreciation be conveyed to the family for sharing their experience.

WELCOME AND INTRODUCTION

The Chair welcomed everyone to the 226th public meeting of the Scottish Ambulance Service Board and confirmed that the meeting was quorate.

ITEM 02 APOLOGIES AND DECLARATIONS OF INTEREST

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.
- 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
- Julie Carter – Trustee Erskine Veterans Charity.
- Keith Willett - Professor of Trauma Surgery, University of Oxford, Sovereign's appointment as Honorary Air Commodore RAuxAF, Founder of Kadoorie Institute for Trauma, Emergency and Critical Care, Patron of Injury Minimisation Programme for Schools - IMPS (NHS Charity), Patron on Primary Trauma Care Foundation.

Apologies were noted from members Michael Dickson, Maggie Watts and Mike McCormick and regular attendees, Kenny Freeburn, David Robertson and Karen Brogan.

ITEM 03 MINUTES OF MEETING HELD ON 29 JULY 2026

Members **approved** the minutes of the 29 July 2026 public Board meeting as an accurate record.

ITEM 04 MATTERS ARISING

The Board noted that two actions were proposed for closure. Updates were requested and provided as below on actions 225/01/01, concerning the use of patient story videos in education and training, and 225/05/03, concerning the presentation of control charts in the Board Quality Indicators and Performance Report.

MEETING: Scottish Ambulance Service Board						
REF Mtg/Pg/ Item	**SUBJECT**	**ORIGINATION DATE**	**ACTION/RECOMMENDATION**	**RAG**	**TARGET DATE**	**COMMENTS**
225/01/01	Patient Story	July 2026	**Medical Director** to review the potential use of real life patient story videos within staff education and training programmes and consider opportunities to share learning more widely across the Service. **Update 30 September 2026 –** The Medical Director advised that this action had not yet progressed, but that a meeting was scheduled with the Education and Clinical Teams to explore potential opportunities. It was agreed that this action would therefore remain open and the target date extended pending further progress.		~~September 2026~~ January 2026	
225/05/03	Board Quality Indicators and Performance Report	July 2026	**Medical Director** to work with the Business Intelligence Team to review and enhance the presentation of control charts within the Board Quality Indicators and Performance Report, ensuring significant variation and outlying results are more clearly highlighted and supported by appropriate narrative and analysis as required. **Update 30 September 2026 –** The Medical Director confirmed that Gareth Clegg, Associate Medical Director had been engaging with the BI Team regarding opportunities to present the data more effectively. He also noted that the previously observed reduction in the thrombolysis measure had been reviewed, although no specific reason for the change had been identified, and the latest data had subsequently returned towards the centre of the control range. On the basis that the work to improve presentation had been progressed, the Chair recommended that this action be closed, which was agreed by Members.		September 2026	
225/07/04	Corporate Risk Register	July 2026	**Director of Finance, Logistics and Strategy**, supported by **the Risk Manager**, to continue the development of risk tolerance measures and bring the outcomes of this work back through the		September 2026	This work is progressing through the appropriate governance routes and will be reported

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			appropriate governance routes and to the Board.	[redacted]		to a future Board meeting.
225/11/06	Person Centred Care Update	July 2026	**1. Director of Care Quality and Professional Development** to consider how the contribution of volunteers, including Community First Responders and BASICS responders, can be more visibly reported and recognised within future Board reporting.		September 2026	Work to include this within future Board reporting is underway and will be included within future reports where possible and practical.
			2. Director of Care Quality and Professional Development to include updates on engagement with the Patient Safety Commissioner and any associated organisational learning or improvement actions within future Person-Centred Care reports.		September 2026	Work to include this within future Board reporting is underway and will be included within future reports where possible and practical.

The Board noted the updates and **approved** the closure of the completed actions and also approved the closure of action 225/05/03 following the update provided.

ITEM 05 BOARD QUALITY INDICATORS PERFORMANCE REPORT

Paul Bassett introduced the Board Quality Indicators Performance Report and noted that the Service continued to operate within a system experiencing significant pressure. Clinical outcomes remained broadly stable; however, increasing demand, hospital turnaround delays and workforce capacity continued to effect operational resilience and response performance.

The Board noted that 999 demand had increased by 8.7% compared with the same period in the previous year, while response times remained challenging, particularly at the 95th percentile for Red, Amber and Yellow calls. The Board welcomed that 53.6% of patients were now being managed without conveyance to hospital, reflecting the contribution of the Integrated Clinical Hub and alternative care pathways. Hospital turnaround times remained a significant concern, with the average having increased to approximately one hour and five minutes.

Discussion focused on the cumulative impact of hospital turnaround delays, reduced shift cover, workforce pressures and increasing demand, particularly as the Service approached winter. The Board noted the impact on ambulance availability, prolonged waits for some patients, staff welfare, rest breaks and end of shift overruns. Assurance was provided regarding the clinical safety netting of patients experiencing delays and work with Health Boards to identify alternative pathways, including hospital at home arrangements. The Board emphasised the importance of alternative pathways being available when required and welcomed ongoing work to better understand which patients could safely receive care closer to home, further reducing unnecessary conveyance to hospital.

The Board also discussed opportunities arising from collaborative models, including the work in Dumfries and Galloway, which had moved into business as usual, and the use of patient feedback to inform improvement within the Integrated Clinical Hub. Assurance was provided

regarding work to improve 999 call answering performance ahead of winter, including recruitment and measures to better align staffing with demand. In relation to recent pressures within NHS Grampian, the Board noted the strengthened joint working arrangements and the intention to review learning from the recent critical incident to inform winter planning.

Members **noted** the report.

ITEM 06 DELIVERING OUR 2030 STRATEGY UPDATE

Paul Bassett provided the Board with an update on delivery of the 2030 Strategy and advised that overall delivery remained on track, with 25 projects rated green, one amber and one red, alongside four new projects in the discovery phase.

The Board noted the key exceptions, including delays to the GRS cloud migration, which was expected to go live in March 2027, and the Air Ambulance implementation programme, which remained rated red due to delays associated with aircraft production. Assurance was provided that these delays were outside the control of the Service and its delivery partner and were not impacting current service delivery.

In discussion, the Board considered the potential implications of the wider NHS reform programme for delivery of the Strategy. It was recognised that some strategic projects would continue irrespective of future structural changes, while others may require review or adjustment as the national position develops. The Chair highlighted the importance of ensuring continued alignment with emerging national strategic frameworks and confirmed that this would remain under review.

The Board **noted** the report and welcomed the continued oversight of progress against the Service's strategic ambitions.

ITEM 07 CORPORATE RISK REGISTER (PUBLIC)

Sarah Stevenson joined the meeting for this item.

The Board received the Corporate Risk Register and noted the changes since its previous review. An update was provided on work to develop risk tolerance in relation to hospital turnaround times, which was expected to return to a future Board meeting. The Board also received assurance on the distinction between the Resource Escalation Action Plan (REAP), which supports proactive planning for anticipated pressures, and the National Escalation Plan, which provides a more immediate response to unplanned operational pressures. These arrangements were confirmed as well established and regularly used to prioritise resources and protect the most clinically urgent patients.

Discussion focused on the interconnected nature of the Service's principal risks, particularly the relationship between hospital turnaround delays, operational performance, workforce capacity and staff health and wellbeing. Members suggested that future reporting should go beyond identifying interconnected risks and provide greater visibility of how this analysis informs prioritisation and action. The Board also considered the potential risks and opportunities arising from wider NHS reform, noting that the future direction could create opportunities for the Service as well as uncertainty and disruption. It was agreed that the relevant risk descriptions and anticipated tolerance levels would continue to be reviewed as the national position developed.

The Board received further assurance on the work of the Improving Hospital Turnaround Times Group, which was bringing together regional, national operational and other stakeholders to provide a coordinated approach to improvement. This included standardising performance information, sharing good practice across Scotland and the wider UK, exploring alternative approaches to timely handover and strengthening engagement with local health systems. The Board welcomed the structured approach and noted the importance of this work given the significant impact of hospital turnaround delays on operational performance, patient care and staff wellbeing.

Actions:

1. **Risk Manager and Director of Finance, Logistics and Strategy** to review the presentation and narrative on interconnected risks, including how the analysis could more clearly demonstrate what the Service is doing differently in response to the interaction between key risks.
2. **Risk Manager** to review the risk descriptions relating to workforce and the future direction of the NHS to be reviewed and developed as the implications of reform become clearer, including consideration of whether the projected risk tolerance/timeline remains appropriate.

The Board **approved** the Corporate Risk Register and noted the actions and assurance that the risks were being controlled effectively.

ITEM 08 TRANSITION OF THE BLUEPRINT FOR GOOD GOVERNANCE DEVELOPMENT PLAN INTO BUSINESS AS USUAL

The Board were presented with a paper seeking approval to transition the Blueprint for Good Governance Development Plan into business as usual governance arrangements. It was noted that significant progress had been made against the five themes of the Blueprint over the previous three years and that the actions and improvements arising from the programme were now largely embedded within established governance arrangements. The Integrated Governance Committee had therefore concluded that continuing to monitor the Blueprint as a separate programme risked duplicating existing assurance and reporting arrangements.

The Board was assured that the improvements delivered through the Blueprint would continue to be monitored through existing governance and assurance mechanisms, including oversight by the Integrated Governance Committee, with particular attention continuing to be given to stakeholder engagement during the period of wider organisational and NHS change. The Board welcomed the progress made and agreed that reaching the point where the work had become embedded into routine governance represented a positive outcome for the organisation. It was noted that the closing report would also provide assurance to External Audit on how the work had been embedded.

The Board **approved** the closure of the Blueprint for Good Governance Development Plan as a standalone programme and its transition into business as usual.

ITEM 09 PATIENT EXPERIENCE ANNUAL REPORT 2025/26

Emma Stirling introduced the draft Patient Experience Annual Report covering the period from 1 April 2025 to 31 March 2026. Members noted that the Annual Report has previously been considered by the Clinical Governance Committee and updated to reflect feedback received.

The Board welcomed the strong performance against key Scottish Government measures and the Service's continued focus on learning from the experiences of patients, families and other stakeholders. It was noted positively that the Service had received broadly comparable numbers of compliments and complaints, alongside continued work to encourage wider feedback and ensure learning was shared across the organisation

The Board also welcomed the emphasis on meaningful involvement and co-design, with patients, families, the public, partner organisations and the third sector contributing to service improvement. Members recognised the importance of looking beyond complaints and ensuring that positive feedback, wider engagement and lived experience continued to inform learning and improvement.

The Board **approved** the Annual Report for publication and thanked the teams involved, together with patients and families who had contributed their experiences.

ITEM 10 FINANCIAL PERFORMANCE TO 31 AUGUST 2026

Julie Carter summarised the Financial Performance Report to 31 August 2026 and noted an improvement in the reported deficit and delivery of savings compared with the previous month. While savings remained on track overall, the level of non-recurring savings continued to be higher than desired and remained a key area of focus. A detailed review of savings schemes was being undertaken to strengthen the recurring position.

The Board also noted continuing pressures associated with overtime, largely reflecting workforce vacancies, alongside additional funding secured for winter pressures, newly qualified paramedics and invest to save activity. The forecast remained in line with plan, with the potential to move towards a break even position, although the significance of non-recurring slippage to the underlying financial position was recognised.

Discussion focused on financial sustainability, particularly the balance between recurring and non-recurring savings, workforce and overtime costs, and the potential implications of wider NHS reform. Assurance was provided that current fuel costs remained manageable within the existing budget and that there were no known fuel supply concerns, although this would continue to be monitored. The Board also discussed the relationship between workforce investment and overtime expenditure, noting the expectation that recruitment of additional newly qualified paramedics and progress in filling vacancies should reduce reliance on overtime. Operational and financial leads confirmed that this remained an area of joint focus, while recognising the continuing impact of sickness absence and recruitment challenges in some remote and rural areas.

The Board **noted** the financial position and the ongoing work to improve the recurrent financial position and reduce overtime expenditure.

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ITEM 11 PERSON CENTRED CARE UPDATE

Emma Stirling presented the Person Centred Care Update and noted continued strong performance in the timely handling of complaints and compliments, alongside a clear focus on ensuring feedback was shared with staff to support learning and improvement.

The Board welcomed ongoing work to strengthen patient and public involvement in the design of services and discussed the challenges of gathering feedback from patients and families following what can often be a significant or distressing experience. Members noted the value of Care Opinion in capturing feedback across the wider patient journey and welcomed the continued focus on making it easier for people to share their experiences.

Discussion considered the themes emerging from feedback, particularly attitude and behaviour, and the importance of understanding the underlying factors rather than considering individual complaints in isolation. Assurance was provided that work was progressing to review this theme, including engagement with NHS24, with the findings expected to inform future organisational learning. The Board also noted that MSP enquiries were managed as Stage 2 complaints and welcomed work to better link information held across different areas of the organisation to provide a more joined up view of patient feedback and avoid duplication.

Members emphasised that feedback to clinicians should support reflection and learning while maintaining confidence in appropriate autonomous clinical decision making.

The Board **noted** the report and the assurance provided

ITEM 12 INFECTION PREVENTION AND CONTROL ACTIVITY UPDATE INCORPORATING HEALTHCARE ASSOCIATED INFECTION

Emma Stirling presented the Infection Prevention and Control (IPC) update and noted that, due to the timing of the reporting cycle, performance data had not been included in the current report but would be incorporated within the next update once quality assured.

The Board noted the continued focus on supporting operational teams to protect staff and patients from communicable diseases, particularly in the context of updated transmission based precautions. Members also welcomed confirmation that Emma Stirling had been invited to join the newly established national Infection Prevention and Control Strategic Oversight and Advisory Group, providing an opportunity to ensure that the particular challenges and requirements of the ambulance service were represented in implementation of the new national IPC strategy.

Members discussed the wider cultural factors influencing compliance with IPC requirements, including face fit testing and use of the Medical Gases app. The Board recognised that addressing these issues required both local action and a coordinated organisational approach to culture and behavioural change. Emma Stirling and Elise Gallagher advised that this was being considered through wider Executive Team and culture programme activity, with a focus on better communicating the importance of these requirements for staff and patient safety, while also understanding the underlying reasons for resistance to change.

The Board welcomed the joined up approach and **noted** the report.

ITEM 13 STAFF EXPERIENCE AND PERFORMANCE REPORT

Elise Gallagher presented the Staff Experience and Performance Report. Total sickness absence had reduced from 10.06% in July to 9.60% in August 2026, comprising 6.85% long-term and 2.76% short-term absence. Elise Gallagher added that sickness absence remained an important area of focus, with further work planned through the Attendance Management Programme to build on improvements already made to processes, management information and wellbeing support.

The Board noted the generally positive direction of travel across a number of workforce indicators, including appraisal completion, iMatter participation and statutory and mandatory training. The Board also noted the continuing operational pressures affecting staff wellbeing, particularly delayed rest breaks and shift overruns, and received assurance that management continued to work closely with Trade Union partners to identify further improvements. The existing test of change for rest breaks would continue through the winter, with further adjustments being considered.

Members discussed organisational culture and sexual safety and welcomed the ongoing work to strengthen arrangements for education, investigation and organisational learning, while emphasising that training alone would not deliver cultural change and that unacceptable behaviour must be addressed consistently and in accordance with the organisation's values. It was noted that findings from the Equally Safe at Work survey would inform the next phase of this work, alongside learning and collaboration with other UK ambulance services.

The Board welcomed the progress being made and **noted** the report, recognising that workforce wellbeing, culture, attendance and operational pressures were closely interconnected.

ITEM 14 HEALTH AND CARE STAFFING ACT Q1 2026/27 BOARD REPORT

Emma Stirling introduced the quarterly assurance report on compliance with the Health and Care (Staffing) (Scotland) Act 2019.

The Board **noted** the report and confirmed that it provided assurance that the Service was meeting its duties under the Health and Care (Staffing) (Scotland) Act 2019.

ITEM 15 CHAIR'S VERBAL REPORT AND SAS RESPONSE TO THE PROGRAMME FOR GOVERNMENT

The Chair and Paul Bassett provided an update on the implications of the recently announced Programme for Government, noting the proposed changes to NHS structures and the wider reform of health, social care and local government. It was recognised that significant detail remained to be developed and that implementation would take place over a number of years. The Board heard that, although SAS had not been specifically identified for structural change, national boards were within the scope of the wider reform agenda and it was therefore important that the Service continued to engage actively and influence the emerging arrangements.

Members considered the implications and opportunities for SAS, including changes to planning, governance and commissioning; the shift of care from hospitals into communities; development of the paramedic and advanced practitioner workforce; improved hospital flow; mental health pathways; and greater integration with NHS24, social care and other public sector partners. It was noted that these ambitions were strongly aligned with the existing 2030 Strategy and therefore did not currently require a fundamental change in strategic direction.

The Board agreed that SAS should continue to progress its existing strategic priorities, strengthen its influence within national and regional planning arrangements, and maintain close collaboration with partners, including NHS24, while further detail on reform emerged.

ITEM 16 BOARD DEVELOPMENT SESSION REPORT

The Board noted the report from the Board Development Session held on 26 August 2026, which provided an overview of discussions on digital and innovation workstreams, findings from the Leadership Walkround pilot, the Scottish Ambulance Service/NHS 24 Collaboration Programme, and the findings of the FourNet Review, including associated actions and next steps.

ITEM 17 STAFF GOVERNANCE COMMITTEE

The Board **noted** the approved minutes of the Staff Governance Committee meeting held on 4 June 2026 and the agenda of the meeting held on 3 September 2026.

ITEM 18 CLINICAL GOVERNANCE COMMITTEE

The Board **noted** the approved minutes of the Clinical Governance Committee meeting held on 11 May 2026 and the agenda of the meeting held on 10 August 2026.

ITEM 19 ANY OTHER COMPETENT BUSINESS AND DATE OF NEXT MEETING

None to note.

Date of next meeting:

- **26 November 2026**

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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