



MINUTES OF THE 222ND PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

1000 HOURS ON WEDNESDAY 25 MARCH 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
Liz Humphreys, Non Executive Director
Thane Lawrie, Non Executive Director
Mike McCormick, 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
Dave Bywater, Lead Consultant Paramedic
Graeme Ferguson, Acting Director of Workforce
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: Scott Murray, Member of the Public (Observing from 10:20)
Sarah Stevenson, Risk Manager (Item 07)

WELCOME AND INTRODUCTION

The Chair welcomed everyone to the 222nd Scottish Ambulance Service Board meeting. The Chair extended a particular welcome to Jalibani Ndebele to his first Board meeting since joining the Service as Director of National Operations.

The Board noted that Avril Keen has taken up a secondment to NHS Borders for a period of up to one year, and that recruitment is underway for the Service to appoint a Director of People and Culture on a fixed term basis for the same period. It was confirmed that interviews are scheduled for mid April.

ITEM 01 PATIENT STORY

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The Board received a patient story presented by Dave Bywater, Lead Consultant Paramedic, which provided a deeply personal and moving account of his daughter Rachel's experience. The story highlighted the exceptional, coordinated response from across the NHS and the Scottish Ambulance Service, notwithstanding the tragic outcome for Rachel and her family. Members expressed their sincere thanks to Dave Bywater for sharing his experience with the Board.

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, 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 – 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.

The Chair declared a new interest as a member of the Patient Safety Commissioner for Scotland Advisory Group which would now be recorded on an ongoing basis as a standing declaration.

Apologies were noted from members, Irene Oldfather and regular attendees, Kenny Freeburn.

ITEM 03 MINUTES OF MEETING HELD ON 28 JANUARY 2026

Members **approved** the minutes of the 28 January 2026 public Board meeting as an accurate record.

ITEM 04 MATTERS ARISING

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

Board members **approved** the closure of matters arising 220/09/17 and 221/06/11 (1).

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.

Members noted evidence of continued improvement in key areas of performance, particularly the sustained increase in 30 day survival rates for out of hospital cardiac arrests. This progress

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was attributed to the ongoing expansion of CareZone and the impact of recent Scottish Government investment in public access defibrillators, with a focus on areas of deprivation where historically fewer devices have been available.

The Board also noted the reported recovery in telephone answering performance. While targets have not yet been fully achieved, members acknowledged the significant improvement and the sustained organisational effort supporting this progress.

Significant concern was expressed in relation to ongoing delays in hospital turnaround times. The Board noted that delays remain a material challenge, with current turnaround times approximately ten minutes longer than the corresponding period in the previous year. Members recognised the impact of these delays on patient flow, service performance, and staff welfare, particularly in those boards experiencing the longest delays, including Ayrshire and Arran, Lanarkshire and Grampian.

Members discussed the impact of these operational pressures on staff, noting the sustained nature of the challenge and the associated effect on staff wellbeing. Assurance was provided regarding the range of welfare measures in place to support staff, including rest breaks and onsite support; however, the Board acknowledged the ongoing psychological and operational pressures experienced by frontline colleagues.

The Board sought assurance on the effectiveness of current system wide actions and the strength of relationships with partner boards. Members highlighted the importance of continued collaboration, clear leadership engagement at Board level, and alignment of risk recognition across organisations.

In relation to system working, the Board noted the development of sub-national planning arrangements and the Service's active role in these forums. Members recognised both the opportunities and challenges associated with operating across East and West planning groups, including the additional demands on leadership capacity. It was acknowledged that these arrangements provide a platform to strengthen national alignment, improve patient pathways, and reduce ambulance delays through more coordinated system working.

The Board also considered the importance of articulating shared risks within these planning arrangements, particularly in relation to patient safety impacts arising from delays in the wider system. Examples of collaborative working and emerging good practice were noted, including cross system responses to demand pressures and initiatives to improve patient flow. Members supported continued efforts to strengthen board to board engagement, recognising the potential value of closer collaboration in addressing persistent system challenges.

The Board discussed the update on workforce challenges, particularly in relation to rural recruitment. Members noted the outcome of a targeted recruitment campaign focused on rural areas, which had generated a positive level of interest across paramedic and technician roles, although some overlap in applications was noted.

To address ongoing gaps, the Board noted plans to implement further mitigating actions, including a student technician programme commencing later in the year, alongside continued targeted recruitment activity. Members acknowledged that while these measures are expected to improve the position, workforce challenges in rural areas are likely to persist in the short term.

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

ITEM 06 DELIVERING OUR 2030 STRATEGY – PORTFOLIO UPDATES

Karen Brogan 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.

The Chair noted that the red rated project relates to the Air Ambulance Implementation Programme, reflecting delays in the delivery of the first and second King Air aircraft due to manufacturing timelines. The Chair further highlighted that the preceding paper within the agenda confirmed a revised delivery date for the second aircraft of the end of June, which was welcomed.

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 was advised of significant progress in the implementation of the reduced working week. It was noted that approximately 60% of staff rosters had been developed by the end of March, with all staff transitioning to a 36 hour working week. Members recognised the work undertaken to date and noted that additional resource has been deployed to support completion of the remaining roster development, with delivery expected by May.

In relation to the GRS timecard programme, the Board noted that the project remains in an amber position due to the temporary reallocation of resources to support delivery of the reduced working week. Members were advised that the programme has been re-baselined, with a revised delivery timeframe of August.

The Board also noted that workforce planning has progressed, with positive feedback received through the Staff Governance Committee, and remains on track for completion in May.

The Board also discussed collaboration with NHS24 and opportunities to strengthen visibility within the portfolio reporting. It was confirmed that this activity will be tracked through the 2030 Steering Group and incorporated into future reporting arrangements.

In considering future workforce risks, members recognised the current uncertainty regarding longer term workforce requirements, including the balance of clinical and non-clinical roles and the need to further develop digital capability. The Board noted that this will require ongoing refinement as further information becomes available through engagement with Scottish Government and internal strategic development.

Members also discussed the capacity of the Programme Management Office (PMO) to support the scale of portfolio delivery. Assurance was provided that future business cases will reflect PMO resource requirements, and the Board agreed that capacity should continue to be monitored closely to ensure effective delivery and minimise the need for repeated re-baselining of programmes.

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

ITEM 07 CORPORATE RISK REGISTER (PUBLIC)

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Sarah Stevenson joined the meeting for this item and presented the Board with the corporate risk register. The Board considered the updated Corporate Risk Register presented and noted the updates made following the recent Board development session, including revisions to risk descriptions, scoring, and structure. The Board was advised that the statutory and mandatory training risk had been reviewed by the Staff Governance Committee, which recommended that it remain at its current level. The Board agreed this approach, noting that ongoing monitoring will continue and that clear thresholds for re-escalation will be defined should progress not be achieved.

The Board discussed the clarity and articulation of risk descriptions, particularly in relation to emerging and future risks. It was highlighted that further refinement of language would support clearer understanding of the balance between risks and opportunities, including in areas such as workforce supply and wider system uncertainty.

In considering risk appetite and tolerance, members reflected on the distinction between the organisation's stated appetite and the level of risk currently being experienced, particularly in relation to hospital handover delays. It was acknowledged that, in some areas, tolerance levels have increased to reflect operational realities, and that the organisation's risk exposure is influenced by the actions and risk perspectives of partner organisations across the system.

The Board also received an update on innovation and service redesign activity, including the deployment of paramedics within Flow Navigation Centres. It was noted that pilot activity is ongoing, with a preference for the use of experienced paramedics operating within rotational models. Early indications were reported as positive, with potential benefits identified in both urban and rural settings in supporting patient flow and clinical decision making.

Members recognised the importance of achieving greater consistency in risk management approaches across regional planning arrangements. It was noted that work is underway to align risk appetite, tolerance and reporting across East and West planning groups, and to ensure that collective risks are appropriately identified and articulated. The Board also supported further consideration of whether certain future risks could be consolidated to improve clarity and oversight.

The Board welcomed the continued development of the Corporate Risk Register and agreed that it provides an increasingly robust reflection of the organisation's principal risks.

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

ITEM 08 CULTURE WORK PROGRAMME

Members noted that no paper was to be presented for this item as discussions remain ongoing at Executive Team level with a presentation scheduled to be presented to the April Board Development session and final proposal for the programme being presented to the May Board meeting.

ITEM 09 FINANCIAL PERFORMANCE TO END FEBRUARY 2026

Julie Carter provided a summary of the key points from the Financial Performance Report to end February 2026:

1. The financial position at the end of Month 11 is reporting a deficit of £0.21 million.
2. Post COVID/operational pressures of £6.94 million have been incurred over this period, these are offset against the recurring funding.

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3. As a significant spend area within the Service a detailed analysis of the key drivers of Overtime costs are included
4. In relation to the agreed £12.70 million efficiency savings target, to date £11.23 million has been delivered against a year-to-date target of £11.13 million, and £12.72 million achieved to date against the full year target. We remain on target to deliver the full savings target for the year.
5. The current agreed Agenda for Change reform funding is being offset against the reduced working week additional costs, of which £5.53 million has been incurred to date.
6. The delivery of the 2025/26 financial plan is on track. A detailed financial forecast 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.

Members noted that the Service is forecasting a break even position for the financial year. This was welcomed, particularly in the context of ongoing operational and financial pressures. The Board was advised that rising fuel costs continue to present a significant financial risk, with recent increases being closely monitored and reflected within forward financial planning assumptions.

The Board considered the delivery of efficiency savings and noted that contributions are being made across all Directorates, with a combination of recurring and non-recurring savings. Assurance was provided that processes are in place to support areas in achieving their savings targets, including direct engagement and the development of local efficiency plans where required. The Board welcomed the development of the financial dashboards included within the presented paper which provided valuable information to budget holders and the Board.

Members noted that capital expenditure remains on track. It was highlighted that the flexibility associated with fleet investment supports effective year end financial management. The Board also noted that recent non-recurring funding received from Scottish Government has been utilised to progress priority areas, including digital investment and the development of data dashboards, strengthening organisational digital resilience in line with internal audit recommendations.

The Board discussed the balance between recurring and non-recurring savings. It was acknowledged that increasing the proportion of recurring savings remains a key challenge, with current delivery reflecting a higher level of non-recurring savings. The Board noted that the Best Value Programme will be central to improving this balance over time.

In relation to workforce related financial risks, members considered the potential impact of paramedic recruitment levels. The Board noted that this risk is being actively monitored, with a quantified financial risk reflected within the financial plan. Further detail is available within supporting risk documentation, and ongoing oversight will be maintained.

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

ITEM 10 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 09 March 2026, 1094 complaints were received, with the four most common themes being:

1. Attitude and Behaviour – 29% of the total, no change from the previous paper.
2. Delayed response due to no available resource accounts for 19%, continuing an upward trend and remains an area of operational focus.
3. Triage and referral to NHS24 represents 17%, an increase by 1% from the last paper.
4. Clinical Assessment – 9% of the total which is a slight increase from 8% from the previous paper.

The Board noted and welcomed that a review of attitude and behaviours complaints was being undertaken, with findings to be presented to the Quality Safety and Learning Forum and a plan for organisational learning being developed for Executive Team review and Board consideration.

Carol Sinclair questioned whether a steady complaint rate indicates complacency, prompting Emma to outline plans to diversify and increase feedback channels for patients, families, and staff, including targeted approaches for children and young people.

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

ITEM 11 INFECTION PREVENTION AND CONTROL ACTIVITY UPDATE INCOPORATING HEALTHCARE ASSOCIATED INFECTION

Emma Stirling provided a summary of the main points from the paper and highlighted to members that the report presented did not include Infection Prevention and Control (IPC) data as this falls out with the governance reporting schedule. Members noted that the next scheduled quarterly data reporting will be presented to the May Board.

Board members noted the updates contained within the report on the undernoted areas of Infection Prevention and Control activity:

- Leadership and Governance
- Optimising Antimicrobial Use
- Standard Infection Control Precautions (SIPCs) Audits
- National Cleanliness Standards (NCSS) Compliance

Emma Stirling highlighted improved staff vaccination rates over the winter and ongoing recruitment to strengthen IPC staffing, with the Head of Infection Prevention and Control commended for the work on budget alignment to support these efforts.

Board members **noted** the report.

ITEM 12 STAFF EXPERIENCE AND PERFORMANCE REPORT

Graeme Ferguson provided a summary of the main points from the paper and members noted the range of initiatives in place to improve staff experience, including a recent survey of staff who had engaged with the attendance management process. The Board welcomed the strong level of engagement achieved through this survey and noted that feedback was generally positive, while recognising the value of capturing both positive and improvement focused insights. It was further noted that plans are in place to strengthen engagement by inviting staff to share their experiences directly and contribute suggestions for service improvement.

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The Board discussed the continued importance of statutory and mandatory training compliance and appraisal completion rates. Members emphasised the need to sustain focus in these areas, recognising their importance to staff development, assurance, and organisational performance. Assurance was provided that appraisal metrics will be given greater prominence in future reporting, alongside continued learning from organisational development benchmarking activity.

Members also sought assurance regarding the reporting and management of incidents involving abuse towards staff. The Board were advised that such cases are recorded through a range of mechanisms, including the complaints process, grievance procedures, and direct reporting by staff. It was noted that while processes are in place to capture and respond to such incidents, challenges may arise where reporting is anonymous or not formally escalated.

The Board **noted** the report and welcomed the progress outlined.

ITEM 13 SAS/NHS24 COLLABORATION – VEBAL UPDATE

The Board received a verbal update on the ongoing collaboration between the Scottish Ambulance Service and NHS24. Michael Dickson reported that the next Collaboration Board is due to take place on 01 April 2026 with a detailed report then 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 3 report on compliance with the Health and Care Staffing (Scotland) Act and advised that the report had been presented to and approved by the Executive Team prior to submission to the Board.

Members noted that the Service continues to report a position of reasonable assurance in relation to compliance with the requirements of the Act. This position was described as stable, and the Board welcomed improvements to the presentation of the report, which were considered to support clearer understanding of this complex area. Further feedback on the format and content was invited.

The Board discussed the legislative context of the Act, recognising its statutory nature. It was noted that, while compliance is a legal requirement, current national oversight arrangements are focused on support and improvement rather than enforcement. Members acknowledged that the legislation is primarily designed for hospital and nursing settings and therefore does not fully align with the operational context of the Service.

Members considered the potential implications of the Act across the wider system. Concerns were raised regarding the possibility that actions taken by partner organisations to meet legislative requirements could have unintended consequences for the Service, particularly in relation to hospital turnaround times. It was noted that the legislation does not explicitly address cross system impacts, and this will require continued monitoring.

The Board also noted the ongoing work to align Health and Care Staffing Act reporting with wider quality frameworks, including the development of the Excellence in Care approach. This is intended to strengthen the integration of staffing, quality and performance measures, supporting a more cohesive approach to organisational assurance.

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It was suggested that the Health and Care Staffing Act could be a potential deep dive topic for the Staff Governance Committee. It was agreed that this suggestion would be referred to the Integrated Governance Committee for further detailed consideration given its cross cutting clinical and workforce implications.

The Board **noted** and took assurance from the report presented.

Action:

1. **Board Secretary** to add Health and Care Staffing Act reporting to the next Integrated Governance Committee meeting agenda, to support further scrutiny and discussion of its cross cutting clinical and workforce implications following the suggestion of a deep dive into this area be undertaken at Staff Governance Committee.

ITEM 15 CHAIR’S VERBAL REPORT

The Board received an update from the Chair on a range of recent activities, including the successful Equality, Diversity and Inclusion (EDI) Forum, which was well attended and positively received, demonstrating continued progress in embedding meaningful EDI practice across the organisation.

The Chair also reflected on engagement at the Alliance Conference, highlighting the important contribution of the third sector in prevention and patient support and the need to further recognise this within national discussions.

An update was provided on delays in the approval of Non-Executive Director appointments at a national level, with potential implications noted should decisions not be confirmed ahead of parliamentary dissolution.

ITEM 16 CHIEF EXECUTIVE’S UPDATE

The Chief Executive provided a verbal update to the Board, including reflections on attendance at the recent Ambulance Leadership Forum. The Board noted the breadth of research and innovation taking place across the ambulance sector and its position at the forefront of service development. Members also noted forthcoming visits from colleagues in the Welsh and Northern Ireland Ambulance Services, providing opportunities for shared learning and collaboration.

ITEM 17 AUDIT AND RISK COMMITTEE

Board members **noted** the minutes of the Audit and Risk Committee held on 16 October 2025, approved by the Committee on 22 January 2026 and the agenda from the meeting held on 22 January 2026.

ITEM 18 CLINICAL GOVERNANCE COMMITTEE

Board members **noted** the minutes of the Clinical Governance Committee held on 10 November 2025, approved by the Committee on 09 February 2026 and the agenda from the meeting held on 09 February 2026.

ITEM 19 BOARD DEVELOPMENT UPDATE

Board members **noted** the report.

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ITEM 20 AOB AND DATE OF NEXT MEETING

Irene Oldfather, Non Executive Director – End of Appointment

The Chair advised that Irene Oldfather’s term as a Non-Executive Director will conclude on 31 March 2026, marking the completion of her eight year tenure on the Board, having been appointed in April 2018 and subsequently reappointed in April 2022. During this period, Irene also served as Vice Chair from July 2019 to July 2025 and fulfilled the role of Sustainability Champion. The Chair expressed sincere thanks, on behalf of the Board, for her significant contribution, recognising her leadership, insight and commitment to the Service, and wished her well for the future. In Irene’s absence, the Chair also shared a message of thanks and farewell provided by her to the Board.

Date of next meeting:

27 May 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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