



**NOT PROTECTIVELY MARKED**

## **MINUTES OF THE 220<sup>TH</sup> PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD**

**1000 HOURS ON WEDNESDAY 26 NOVEMBER 2025 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  
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  
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

In attendance: Dean Inglis, Member of the Public (Observing from 10:20)  
Scott Murray, Member of the Public (Observing from 10:20)  
Gareth Evans, Associate Medical Director (Deputising for Jim Ward, Medical Director)  
Lyndsey Grant, Business Continuity Manager (Item16) (Observed full meeting from 10:20)  
Sarah Stevenson, Risk Manager (Item 07)  
Lorraine McAffer, Head of Estates (Item 08)

### **WELCOME AND INTRODUCTION**

The Chair welcomed everyone to the 220<sup>th</sup> Scottish Ambulance Service Board meeting. Apologies were noted from members: Stuart Currie, Liz Humphrey and Jim Ward and regular attendees, Avril Keen, Kenny Freeburn, Stephen Massetti, David Robertson.

### **ITEM 01 PATIENT STORY**

Board members viewed the patient experience video in advance of the meeting which featured the story of a former journalist Janette Harkess who wanted to give her heartfelt thanks to

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Ambulance Control Centre (ACC) Call Handler Jennifer Macrae for assisting her during an incident involving her husband who sadly passed away following a cardiac arrest.

The Board discussed the story and commended the professionalism, empathy and communication demonstrated by the Jennifer Macrae and also the actions and compassion of the attending ambulance crew.

Members reflected on the emotional impact of such incidents and affirmed the importance of accessible, effective wellbeing support for call handling staff and frontline crews. Graeme Ferguson added that initiatives for dedicated wellbeing support for call handlers had been introduced and that plans are in place to assess and report on the effectiveness of these initiatives.

The Chair asked that thanks be conveyed to Janette Harkess for sharing her experience.

## **ITEM 02                      DECLARATION OF INTERESTS**

The following standing declarations were noted: -

- Tom Steele – Member of Audit Scotland Advisory Group for NHS in Scotland Report, Co-Chair of the Innovation Design Authority.
- Stuart Currie - Non Executive Director, State Hospital, Vice Chair Independent Review of Creative Scotland.
- 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.

## **ITEM 03                      MINUTES OF MEETING HELD ON 24 SEPTEMBER 2025**

Members **approved** the minutes of the 24 September 2025 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 amber, in relation to the evaluation of Trickle had a proposal to extend the target date to January 2026 to allow this work to be carried out.

Board members **approved** the closure of matters arising 218/074/01 and 218/07/04 and **approved** the extension to the target date of matter arising item 218/07/13 to January 2026.

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## 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.

Michael Dickson highlighted significant concern about the current flu season and urged all eligible staff to take up the flu vaccination.

The Board noted increased response times, mainly due to hospital turnaround times and shift coverage. Michael Dickson highlighted that TAS performance was below target, however added that improvements are expected as new call handlers come into post as part of a national recruitment drive, with positive changes already being seen.

The Board noted and welcomed the allocation of £995,000 in Scottish Government winter pressure funding to support the triage of NHS 24 calls and to expand the transport hubs that were piloted in Glasgow.

The Board further noted that scheduled care remains stable and acknowledged the significant work underway, particularly in relation to the development of transport hubs, ongoing recruitment, and forward planning for scheduled care activity.

Michael highlighted the valuable role and work of our Community First Responders (CFRs) and asked the Board to note the volume of work being carried out to improve how the Service supports them. This work includes the establishment of a Volunteering Forum and trial of an MIS app for the booking on and allocation of CFRs being carried out as a test of change, which has shown positive early results.

The Chair commended the level of detail contained within the paper. Carol Sinclair echoed these remarks, emphasising the importance of analysing special cause variation and control limits within performance data, and noting that the Performance and Planning Steering Group (PPSG) provides further assurance to Board members. Carol highlighted the depth and thoroughness of discussions at the last meeting of PPSG, particularly the focus on understanding performance within the Service, the key drivers, and the associated mitigations and controls. She noted that the most recent PPSG meeting demonstrated strong diligence and attention to detail.

Thane Lawrie commented on the recruitment issues and shift coverage within the North Region and Milne Weir advised that targeted interventions are in place, including flexible contracts and collaboration with other ambulance services to attract and retain paramedics.

Madeline Smith noted the impact of optimising the Integrated Clinical Hub as well as the utilisation of local Pathways by frontline clinicians is evidenced with 51.4% of patients managed without conveyance to hospital. The Board welcomed the continued focus within this area as the Service approaches winter.

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

## ITEM 06 DELIVERING OUR 2030 STRATEGY – PORTFOLIO UPDATES

Michael Dickson presented a summary of the key points from the report, noting continued positive progress across all portfolios. Michael confirmed that no risks require escalation to the

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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 reported that the paper highlighted that several work streams have transitioned to business as usual and detailed the mapping of the Board's delivery plans against National Operational Improvement and Service Renewal Frameworks, ensuring alignment with Scottish Government expectations.

Madeline Smith highlighted the need to ensure a robust workforce plan to support delivery and financial planning is in place. Karen Brogan confirmed scenario work is ongoing with the Scottish Government and universities to address future workforce challenges.

Thane Lawrie queried the relevance of research into minimum unit alcohol pricing as detailed in the digital data and innovation section of the presented paper. Michael Dickson and Maggie Watts clarified the Service's role in public health and prevention, including data provision on alcohol related incidents and repeat calls.

Carol Sinclair emphasised the need for the Service to be proactive and visible in sub-national planning groups, ensuring the Board's operational role is recognised and integrated into wider system planning.

The Board **noted** the paper and the comprehensive updates provided for each of the workstreams.

## **ITEM 07      CORPORATE RISK REGISTER (PUBLIC)**

Sarah Stevenson joined the meeting and provided a summary of the main points from the paper.

Members noted that the Corporate Risk Register had been reviewed by the Performance and Planning Steering Group (PPSG) on 14 October and 13 November and discussed in detail at the last Audit and Risk Committee.

Sarah advised that members were asked to:

- 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.

Julie Carter advised that the annual review of the Service's risk appetite will take place as part of the February Board development session, adding that the Corporate Risk Register will be reviewed in the context of sub-national planning with actions brought back to the March 2026 Board meeting.

Madeline Smith noted the interconnected risk section, specifically questioning whether workforce planning risks might have more than a minimal impact on reducing inequalities, and suggested this be reviewed. She also raised the issue of fragile services, suggesting it may need to be reflected as a future risk due to sub-national planning changes. Madeline asked if the anticipated reduction in the workforce planning risk was due to the completion of this year's planning. Sarah Stevenson confirmed that future risks, such as fragile services, will be reviewed for inclusion in the February Board development session, and agreed to revisit the workforce planning risk's impact on inequalities.

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Thane Lawrie asked about the service transformation risk, specifically whether new mitigations and controls, such as change toolkits and Project Management Office training, were being requested more by staff, and if this reflected a positive trend in change support. Karen Brogan responded and explained the integration of national change management toolkits and the need to align with Healthcare Improvement Scotland's approaches, ensuring best practice in supporting organisational change.

The Chair referenced the role of the PPSG in steering risk register updates and noted the process is working well, with regular review and escalation to the Board and the Audit and Risk Committee.

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

**Action:**

1. **Risk Manager** to review Corporate Risk 5888, workforce planning in relation to the impact on inequalities.

## **ITEM 08 CLIMATE CHANGE AND SUSTAINABILITY ANNUAL REPORT**

Lorriane McAffer joined the meeting for this item.

Lorriane McAffer advised that within the 'Policy for NHS Scotland on the Climate Emergency and Sustainable Development' (DL (2021) 38), each NHS Scotland body must publish a report on its public website each year summarising its progress against the aims of this policy. The Board noted that the deadline for completion of the 2024/25 annual report has been set for 30 November 2025 with the report submitted to the Scottish Government following Board approval. The report will then be published following any feedback received from the Scottish Government.

The Board welcomed the report, noting positive developments in fleet emissions reduction, the role of green champions and the submission of a decarbonisation bid. The Board also welcomed the Livingston Station pilot for solar panels and LED lighting outlined within the report.

Board members **approved** the Climate Change and Sustainability Annual Report for submission to the Scottish Government.

## **ITEM 9 EXCELLENCE IN CARE REPORTING SURVEY**

Emma Stirling introduced this paper to the Board and noted that the Board are asked to approve the report for submission to the Scottish Government.

Board members noted that:

- The recommended Care Assurance and Improvement Resource (CAIR) dashboard, designed to measure Nursing Excellence in Care (EiC), is not used by the Scottish Ambulance Service as recent multi-disciplinary review has determined it lacks contextual validity.
- A Lead Practitioner for EiC is now in post: (seconded to 31<sup>st</sup> March 2026 pending further SG funding confirmation).
- Significant progress in developing a methodological approach to explicit Ambulance Care Quality Measures with Academic Partners.

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- Examples of good practice pertaining to Care Measurement and dashboards are provided around Stroke Care for which quality improvement activity has reduced on-scene times.
- Positive examples of patient feedback processes i.e. Care Opinion via our Patient Experience Team.
- Clinical Documentation Standards Guidance is being reviewed providing guidance on minimum requirements for patient record completion.
- Key objectives have been set for the next reporting period (bi-annual).

Members **approved** the report for submission to the Scottish Government and endorsed the continued development of organisational quality measures.

## ITEM 10 BOARD SCHEDULE OF MEETING 2026

The proposed schedule of Public Board meetings, development sessions and standing committees for 2026 was presented. The Board discussed and agreed minor adjustments, and **approved** the schedule, noting that public Board dates will be published on the SAS website.

## ITEM 11 FINANCIAL PERFORMANCE TO END OCTOBER 2025

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

1. The financial position at the end of Month 7 is reporting a deficit of £3.03 million.
2. Post COVID/operational pressures of £3.64 million have been incurred over this period, these are offset against the now updated as 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 £5.56 million has been delivered against a year-to-date target of £7.0 million and £7.08 million achieved to date against the full year target. Recognising that this is just over halfway through the 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 £3.89 million has been incurred to date.

Members discussed overtime drivers, the interaction with the reduced working week funding, and the operational and mentoring risks associated with increasing Newly Qualified Paramedic (NQP) recruitment. Julie Carter clarified that reductions in overtime have not yet materialised due to the timing of staff increases and annual leave planning, with dashboards in place to monitor the impact of NQP recruitment on overtime costs.

The Board **noted** the report.

## ITEM 12 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 to 12 November 2025 a total of 731 complaints were received by the Service with the 5 most common themes being:

1. Attitude and Behaviour – 224 complaints (29% of the total, a decrease of 3.59% since the last paper)
2. Triage– 144 complaints (19% of the total which is a decrease of 4% from the last paper)
3. Delayed Response- 114 complaints (15% of the total, an increase of 5% since the last paper)
4. Clinical Assessment – 58 complaints (7% of the total which is a decrease of 2% since the last paper).

Thane Lawrie asked about the "other" category in complaint themes, questioning if it could be further broken down and whether complaints about ambulance wait times at hospital are captured. Emma Stirling explained that complaints about ambulance wait times outside hospitals are rare for SAS, as patients typically direct such complaints to the relevant health board, recognising that delays are not due to ambulance staff. Emma added that the "other" category is diverse and hard to theme.

The Chair reflected that new planning structures should encourage a whole system approach to emergency care, rather than focusing solely on hospital metrics. He noted recent changes at Glasgow Royal Infirmary (GRI) have increased ambulance wait times, impacting patient care and response times, and emphasised the need for system wide solutions.

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

### **ITEM 13      INFECTION PREVENTION AND CONTROL ACTIVITY UPDATE INCOPORATING HEALTHCARE ASSOCIATED INFECTION**

Emma Stirling provided a summary of the main points from the paper and highlighted ongoing infection prevention and control audits and vaccination services. She noted that while SAS drop-in vaccination clinics for staff are not planned this year due to lack of funding for additional staffing, efforts are being made to promote vaccination uptake, especially for flu.

Members noted that the Service Level Agreement (SLA) for an infection control doctor has been refreshed, increasing cover for the year. Emma highlighted that the risk register for vaccination has moved to the Infection Prevention and Control (IPC) Team, and the IPC Committee continues to provide assurance on all report aspects.

Carol Sinclair commended the strengthened report presented and asked if there are plans to submit a business case to Scottish Government for a funded vaccination resource and vaccine allocation for next year, and when this work would need to start. Emma Stirling confirmed that a business case for next year is being developed aiming to expand SAS's capacity to vaccinate its own staff. She acknowledged that while staff can access vaccination through their territorial health boards, this is not always convenient, and a SAS staff vaccination programme would likely increase staff vaccination uptake.

Board members **noted** the report.

### **ITEM 14      STAFF EXPERIENCE AND PERFORMANCE REPORT**

Graeme Ferguson presented a summary of the key points from the paper. The Board noted the following:

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- A focus on conducting weekly wellbeing visits and support to staff in ACCs along with various other Organisational Development and Wellbeing location visits throughout the organisation.
- Development and progression of bids to support staff health and wellbeing through our Endowment Funds.
- As of 10<sup>th</sup> November, our SAS TURAS Appraisal completion rate is 19.78%. There are currently 1790 in progress appraisals, and should these be completed alongside the 323 partially completed we would see our completed appraisals within SAS reach 51.6%.
- A new attendance dashboard is currently being trialled within SAS and this will provide access to significantly more attendance related data than ever before and enable more nuanced analysis of absence data focusing on trends, causes and prevention measures to be presented within future Board reporting.
- A Suicide Prevention & Postvention Short Life Working Group has been established bringing together expertise and knowledge from across the Service to develop and progress an organisational plan and deliverables for suicide awareness, prevention and postvention in SAS.
- A formal evaluation of the People Services Hub is being undertaken with engagement of service users and key partners following the 6 months test of change.
- A Remote and Rural Wellbeing Group has been established, and progress of this Group will be reported within future Board reports.

Mike McCormick sought assurance regarding the risk associated with providing adequate mentoring and training support for the increased number of Newly Qualified Paramedics (NQPs), referencing the related entry in the Corporate Risk Register. Graeme Ferguson acknowledged the ongoing challenges in securing sufficient practice placement support for NQPs, confirming that this remains a recognised risk. He noted that work continues to address the issue and assured the Board that they will be kept updated on progress.

Thane Lawie asked about the feedback on the Trauma Risk Management (TRiM) service, and the regional differences in part time and full time NQP posts. Graeme Ferguson advised that feedback on the TRiM service has been overwhelmingly positive, with increased staff volunteering as assessors. Graeme added that the variation in NQP contract hours across regions is in place to maximise intake based on available vacancies, with a goal to standardise contracts in the next financial year.

Madeline Smith suggested that the new culture dashboard be piloted through the Staff Governance Committee. She also recommended that future Board reports place greater emphasis on new and emerging information, rather than retaining older content, and ensure an appropriate balance between the detailed information provided to the Staff Governance Committee and the higher-level content required for Board reporting.

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

## ITEM 15 SAS/NHS24 COLLABORATION – VEBAL UPDATE

Paul Bassett provided the Board with a verbal update on progress made in relation to the SAS/NHS24 Collaboration work noting that the collaboration is progressing well, focusing on

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key areas such as data, digital, and innovation. The Board noted that a formal paper on the collaboration's progress will be brought to a future Board meeting before the end of the financial year.

The Board **noted** the update.

**Action:**

2. **Chief Executive** to submit a formal paper on the SAS/NHS24 collaboration progress to the March 2026 Board meeting.

## **ITEM 16 WINTER CONTINGENCY PLAN**

Lyndsey Grant joined the meeting for this item.

Paul Bassett advised members that the Winter Plan presented has been discussed at the October Board Development session and has since been approved by the Resilience Committee in November. Paul added that an amendment to the plan will be made to reflect the recent announcement of additional funding by the Scottish Government as previously discussed at agenda item 5, and that an annex detailing these changes will be added to the plan, which will be circulated to the Board virtually before final submission.

Madeline Smith suggested that the impact of additional investment, such as funding for Hospital Ambulance Liaison Officers (HALOs) and other resources, be captured within future reporting, both in terms of flow and staff welfare. She also noted that reducing hospital turnaround time is not fully within SAS control and suggested this be flagged appropriately.

Members **approved** and welcomed the plan, noting that a revised version will be circulated to reflect the latest funding and operational updates.

**Action:**

3. **Chief Operating Officer** to circulate updated Winter Contingency Plan to Board Members prior to final submission to Scottish Government.

## **ITEM 17 SAS NON-MINISTERIAL ANNUAL REVIEW FEEDBACK LETTER**

The Chair advised members that it was hoped that the Service would have received the feedback letter from the Scottish Government following the Annual Review which took place on 24<sup>th</sup> October to allow this to be shared with the Board at this meeting. Members noted that the Service was yet to receive the feedback letter and noted that as soon as the letter is received this will be circulated virtually.

**Action:**

4. **Board Secretary** to circulate Non- Ministerial Annual Review feedback letter to Board Members virtually once received.

## **ITEM 18 CHAIR'S VERBAL REPORT**

The Chair provided an update on activity during the reporting period. Board members noted the following:

- The Chair and Chief Executive recently met with the Chair and Chief Executive of Scotland's Chairty Air Ambulance (SCAA). It was also noted that the new General Manager of ScotSTAR, Laura McOscar, has also met with the SCAA team and is

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currently reviewing the Service Level Agreement between the Service and SCAA before finalisation.

- The Chair hosted a recent visit from the Cabinet Secretary to the East Ambulance Control Centre.
- The Chair noted that he continues to be involved in system wide work through his role as Chair of the Innovation Delivery Authority (IDA), including digital dermatology. It was noted that Julie Carter is also working with the Chief Scientist Office (CSO) to position SAS more centrally in transformation and innovation work.

## **ITEM 19 CHIEF EXECUTIVE'S UPDATE**

Michael Dickson was not present for this item but provided a written update via the meeting chat. He expressed his thanks to all staff for their efforts in the uptake of this year's vaccination programme, noted his attendance at the Penicuik Community First Responder 20th anniversary event on 7 November, and highlighted the privilege of being invited to attend the Armistice Day remembrance event in Edinburgh.

## **ITEM 20 BOARD DEVELOPMENT UPDATE**

Board members **noted** the report.

## **ITEM 21 CLINICAL GOVERNANCE COMMITTEE**

Board members **noted** the minutes of the Clinical Governance Committee held on 11 August 2025, approved by the Committee 10 November 2025 and the agenda from the meeting held on 10 November 2025.

## **ITEM 22 AUDIT AND RISK COMMITTEE**

Board members **noted** the minutes of the Staff Governance Committee held on 12 June 2025, approved by the Committee on 16 October 2025 and the agenda from the meeting held on 16 October 2025.

## **ITEM 23 AOB AND DATE OF NEXT MEETING**

None to note.

### **Date of next meeting:**

28 January 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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