



NOT PROTECTIVELY MARKED

MINUTES OF THE 216TH PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

1000 HOURS ON WEDNESDAY 28 MAY 2025 ON MS TEAMS

Present:

Board members: Tom Steele, Board Chair (Chair)
Irene Oldfather, 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
Carol Sinclair, Non Executive Director
Madeline Smith, Non Executive Director
Jim Ward, Medical Director
Maggie Watts, Non Executive Director

Regular attendees: Paul Bassett, Chief Operating Officer
Graeme Ferguson, Deputy Director of Workforce
Kenny Freeburn, Regional Director East
Pippa Hamilton, Board Secretary
Mark Hannan, Head of Corporate Affairs & Engagement
Stephen Massetti, Director, National Operations
David Robertson, Regional Director West
Emma Stirling, Director of Care Quality and Professional Development
Milne Weir, Regional Director North

In attendance: Blair Paul, Paramedic (Item 01)
Craig Henderson, Clinical Lead for Stroke and Thrombectomy (Item 01)
Carol Brown, Member of the Public (Observing)
Geraldine Sparkes, Member of the Public (Observing)
Dawn Thomson, PA to Chair and Chief Executive (Observing)
Sarah Stevenson, Risk Manager (Item 07)

WELCOME AND INTRODUCTION

The Chair welcomed everyone to the 216th Scottish Ambulance Service Board meeting. Apologies were noted from regular attendees, Avril Keen and Karen Brogan.

The Chair welcomed Emma Stirling, Director of Care Quality and Professional Development to her first Board meeting since her return from maternity leave. The Chair also passed on his

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thanks on behalf of the Board to Dave Bywater for all of his work as Interim Director of Care Quality and Professional Development during Emma Stirling's maternity leave.

ITEM 01 PATIENT STORY

Blair Paul, Paramedic and Gareth Clegg, Associate Medical Director joined the meeting for this item.

Board members viewed the patient experience video in advance of the meeting which featured the story of Robin Thow, who suffered from stroke in December 2024. Mr Thow speaks of the interaction he had with Blair Paul, a Paramedic based in Ambulance Control, who initiated a live stream video assessment prior to the ambulance arrival.

The Board discussed the story and noted that Blair Paul has been delivering the 'Enhanced Video Triage' (EVT) study as part of the wider Stroke Improvement work in a collaboration between the Clinical Directorate and Research and Innovation.

The feasibility study, funded through the Scottish Government's Clinical Priorities Team, looked to assess the effectiveness of delivering a FAST assessment via live stream video where 'stroke' was considered the chief complaint or in conditions where stroke may have been the underlying cause. Through undertaking this enhanced triage assessment, it was a further aim of the study to determine if diagnostic accuracy could be improved within Ambulance Control Centres (ACC) which in turn could ensure the correct response level was aligned for potentially time-critical conditions.

Following the success of the feasibility study, learning and potential 'next steps' are being discussed between SAS and the Scottish Government as part of a wider review of pre-hospital stroke care.

The Board welcomed the work of the project and commended Blair Paul and the team involved for the work undertaken.

The Chair asked that thanks be conveyed to the patient for sharing their experience.

ITEM 02 DECLARATION OF INTERESTS

The following standing declarations were noted: -

- Stuart Currie - Non Executive Director, State Hospital.
- Liz Humphreys - Non Executive Director, Public Health Scotland, Chair of the Audit and Accountability Committee of the Police Investigations and Review Commission, Non Executive Director Independent Living Fund Scotland, and Trustee Scottish Action for Mental Health.
- Irene Oldfather - Director of Scotland's Health and Social Care Alliance and Member and Vice Chair, Domestic Advisory Group (DAG), Trade and Cooperation Agreement with the European Union, Member of Audit Scotland's Delayed Discharge Advisory Group.
- Madeline Smith – Board member of Scottish Fire and Rescue Service
- Carol Sinclair – Trustee, Scotland's Charity Air Ambulance, Independent Chair of Data Board for Health and Social Care.
- Paul Bassett - Trustee, Scotland's Charity Air Ambulance

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- Mike McCormick – Member of 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 26 MARCH 2025

Members **approved** the minutes of the 26 March 2025 public Board meeting.

ITEM 04 MATTERS ARISING

The Board noted that 3 actions were proposed for closure and that updates are provided within the paper for 2 matters arising items which have a proposal to defer their target date to July 2025.

Board members **approved** the removal of matters arising 215/04/07, 215/05/09, 215/07/13 and the extension to the target dates to July 2025 for 214/06/10 and 215/05/10.

ITEM 05 BOARD MEASUREMENT FRAMEWORK 2025/26

Paul Bassett presented members with a paper which outlined the proposed improvement aims for 2025/26 following the review which was undertaken as part of the Board Development Session on 30 April 2025.

The Board noted that the proposed aims set out in the paper are for the 2025/26 measures which are presented to the Board and sub committees. The measurement framework sets out the key measures to provide assurance to the organisation and forms part of the Board Assurance Framework. It was noted that following Board approval the improvement aims will be submitted to the Scottish Government as part of the SAS Annual Delivery Plan (ADP).

Paul Bassett added that measures or aims which are yet to be defined will be done by the Business Intelligence Team in conjunction with the measurement owner and lead. This will ensure that each measure and definition is fit for purpose and correctly captures the requirement.

The Board **approved** the measurement framework and noted that this will now be submitted to the Scottish Government as part of the Service's Annual Delivery Plan (ADP).

ITEM 06 BOARD QUALITY INDICATORS AND PERFORMANCE REPORT

Michael Dickson presented members with the report and asked members to note that any new information contained within the paper since the last presentation was highlighted in red text to support effective discussion.

Michael Dickson highlighted that performance remained broadly stable. The Board noted the significant amount of work being undertaken across the work streams for Out of Hospital Cardiac Arrest (OHCA), Major Trauma and Stroke and Thrombectomy.

Micheal Dickson added that in April 2025 a total of 48.6% of patients were managed without conveyance to hospital with work continuing across the Integrated Clinical Hub and Pathways to strengthen our ability to manage more patients within the home setting through collaboration with a wide range of health and social care partners.

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Mike McCormick noted that on page 15 of the report in relation to turnaround times, should include reference to the increased risk to patients as a result of increased turnaround times.

Michael Dickson advised that NHS Grampian continues to be a profoundly challenging situation in relation to the continuing deteriorating position with handover times at Aberdeen Royal Infirmary. Milne Weir added that work continues with NHS Grampian and local hospital teams to drive improvement. Milne added that an improvement plan is in place, along with regular meetings to review progress against that plan. Milne highlighted that a significant level of work continues behind the scenes to support staff and patients and that he would continue to keep the Board regularly updated.

The Board queried whether NHS Grampian have an equivalent risk on their Corporate Risk Register as the Service in relation to turnaround times. Carol Sinclair advised that she had met with the Chair of Audit and Risk Committee for NHS Grampian and highlighted that NHS Grampian's risk focuses on the delivery of unscheduled care rather than specifically being focused on turnaround times at hospital. Carol added that she understood that the Medical Director for NHS Grampian planned to initiate a risk assessment across the NHS Grampian system.

The Board welcomed the extensive work being carried out by the Service in this space along with the increased Board to Board engagement.

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

Action:

1. **Chief Operating Officer** to amend narrative on page 15 of the report in relation to turnaround times and ensure that this includes reference to the increased risk to patients as a result of increased turnaround times.

ITEM 07 DELIVERING OUR 2030 STRATEGY – PORTFOLIO UPDATES

Michael Dickson provided a summary of the main points from the paper and highlighted that good progress continues to be made across all portfolios of work, with path to green plans in place for projects in Amber or Red status. Michael Dickson added that there are currently no risks across any of the Portfolios which require escalation to the Board with all risks currently being managed through respective portfolio boards or already exists on the Corporate Risk Register.

The Board discussed the paper and the comprehensive updates contained within the paper for each of the workstreams.

Board members **noted** progress and thanked the Executive Team and their teams for their work to progress the delivery of the 2030 Strategy portfolios.

ITEM 08 CORPORATE RISK REGISTER (PUBLIC)

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

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Members noted that the Corporate Risk Register had been discussed in detail at the last Audit and Risk Committee.

Sarah advised that members were asked to:

- **Review the Corporate Risk Register and note** the actions in place and the assurance being received that the risks are being controlled effectively.
- **Note** the reviewed Risk Description for 5889 - Workforce Sustainability, this is now called Future Workforce following a meeting with a Non-Executive Director and the Acting Director of Workforce.
- **Approve** the risk register as presented.

Members discussed the presented risk register and made the undernoted suggestions to be taken forward:

- Risk 5889 – Future Workforce. The risk description for this risk within appendix A, should also be used for the risk description within the summary page to ensure consistency.
- Risk 5888 – Workforce Planning. Reference to patient care should be included within this risk.

Julie Carter thanked members for their feedback and noted that a risks and mitigating actions would be reviewed at the next Performance and Planning Steering Group in June 2025.

The Board **approved** the risk register.

Action:

2. **Risk Manager** to take forward suggested amendments made by members as part of the next review of the corporate risks and mitigations.

ITEM 09 BOARD STANDING ORDERS

Pippa Hamilton advised that in line with the annual review of the Board's Standing Orders and to coincide with the preparation of the governance statement which forms part of the annual report, the standing orders approved by the Board in May 2024 have been reviewed and no changes recommended.

The Board noted that the Audit and Risk Committee also reviewed the standing orders at its meeting on 17 April 2025 and recommended these to the Board for approval with no change.

Board members **approved** the Standing Orders.

ITEM 10 FINAL INTERNAL AUDIT PLAN 2025/26

Julie Carter presented the Board with the Final Internal Audit Plan 2025/26 and advised that the Plan had been developed through the undernoted process and is now presented to the Board for approval:

- Internal audit review of areas not yet reviewed, audit risk universe and areas identified as part of the 3 year plan.
- 1-1 meetings with Chairs of Governance groups, Chief Executive, Chair and Executive Team.

Julie Carter added that the plan has also been reviewed and approved by the Audit and Risk Committee.

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Members **approved** the final Internal Audit Plan for 2025/26.

ITEM 11 FINANCIAL PERFORMANCE TO 31 MARCH 2025

Julie Carter provided a summary of the main points from the paper:

1. The financial position at the end of month 12 is reporting a breakeven position,
2. Impact of ongoing post COVID/system pressures of £9.02 million have been incurred over this period and has been offset against the £9.0 million full year funding received.
3. In relation to the £12.0 million efficiency savings target, £12.0 million has been delivered, of which £4.24 million has been achieved against local savings and £7.76 against Best Value savings. Of the £12 million savings, £7.2 million of these are recurring and £4.8 million as non-recurring.
4. The agenda for change reform funding received has been offset against the reduced working week additional costs.

Board members discussed the report and **noted** the financial position and continued to welcome the level of detail contained within the report.

ITEM 12 PERSON CENTRED CARE UPDATE

Emma Stirling provided a summary of the main points from the paper and Board members noted 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 2024 and 31 March 2025 a total of 1036 compliments were received by the Service.

Board members noted the complaints compliance with Stage 1 reported at 94.6% and Stage 2 reported at 91.1% against a compliance target of 70%.

Members noted that of the 1103 complaints received between 01 April 2024 and 31 March 2025, the 3 most common themes for complaints are:

1. Attitude and Behaviour – 351 complaints representing 32% of the total. This compares with 294 such complaints in 2023/24, representing 30% of the total last year.
2. Delayed Response – 202 complaints representing 18% of the total. This compares with 119 such complaints in 2023/24, representing 12% of the total last year.
3. Triage/Referral to NHS24 – 163 complaints representing 15% of the total. This compares with 126 such complaints in 2023/24, representing 13% of the total last year.

The Board requested that in line with the Board paper review work being undertaken that any new information contained within the paper since the last presentation be highlighted in red text to support effective discussion and ensure consistency of reporting presentation. It was noted that the work to implement this across all Board, Committee and sub committee papers had commenced and would be implemented from 01 July 2025.

Board members **noted** the report.

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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 to members that as part of the ongoing Board paper review work and as agreed at the March Board meeting, the paper has been retitled as Infection Prevention and Control Activity Update Incorporating Healthcare Associated Infection.

Board members noted the information contained within the report on the undernoted areas:

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

Board members **noted** the report and the assurance this provided.

ITEM 14 STAFF EXPERIENCE AND PERFORMANCE REPORT

Graeme Ferguson advised that as part of the ongoing Board paper review work the report presented is an updated report which seeks to present a cohesive and consolidated update on our overall staff experience and workforce performance within SAS. This therefore incorporates the previous separate reports on health, safety and wellbeing and introduces some new workforce performance metrics.

Members noted and discussed the report including:

- Employee Relations (ER) activity continues to be managed much more effectively with greater focus on early resolution. The number of Employment Tribunal (ET) cases has reduced significantly over the last reporting period.
- People Services Hub continues to prove its effectiveness, and the test of change is due to be evaluated in mid-June with a recommendation that this continues on a permanent basis. This innovation has significantly changed the operational delivery model of the HR&ER team.
- Attendance management remains a key focus within SAS and a great deal of work is being undertaken within the Directorate and elsewhere to proactively reduce the level of sickness absence but also, and as importantly, to better support staff who are experiencing challenging health issues.
- A robust and effective statutory and mandatory training framework is now in place for all staff. The concern around the lack of violence prevention and reduction training and manual handling has been mitigated with this training now being available to those colleagues who require it.

The Board thanked Graeme Ferguson for the work undertaken to review and update the report. Carol Sinclair suggested that in terms of further improvement of the report, she would welcome a review of the charts used particularly within section 3.2.6, Employee Development – Appraisal and noted that she would be happy to take forward a discussion with Graeme Ferguson offline to assist with this.

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

Action:

3. **Acting Director of Workforce** to take forward an offline discussion with Carol Sinclair to review of the charts used within the Staff Experience and Performance Report particularly within section 3.2.6, Employee Development – Appraisal.

ITEM 15 CHAIR'S VERBAL REPORT

The Chair provided an update on his activity during the reporting period and Board members noted:

- The Chair attended a meeting between the NHS Chairs and the Cabinet Secretary on 14 April 2025.
- The Chair attended the Medicines and Healthcare products Regulatory Agency (MHRA) Board Seminar on 19 May.
- The Chair presented at Tay Health Tech Conference on 21 May.
- The Chair has recently been on the recruitment panel for the Chair of Dumfries and Galloway and is also on the panel for Non Executive Director recruitment for Greater Glasgow and Clyde.

ITEM 16 CHIEF EXECUTIVE'S UPDATE

Michael Dickson provided an update on his activity during the reporting period and Board members noted:

- He and Paul Bassett recently joined military cadets as they 'Beat the retreat', at Edinburgh Castle, a traditional musical call for serving military to return to base and defend their base or village. Michael added that this was an incredibly impressive performance from young musicians proud to support the military.
- Michael hosted the annual Retrieval Conference on 01 and 02 May 2025 at the Golden Jubilee Hotel and Conference Centre in Glasgow.
- Board Chief Executives met with the First Minister who reiterated the need for all Boards to work more collaboratively across the health and social care system.

ITEM 17 CLINICAL GOVERNANCE COMMITTEE

Board members **noted** the minutes of the Clinical Governance Committee held on 10 February 2025, approved by the Committee on 12 May 2025 and the agenda from the meeting held on 12 May 2025.

ITEM 18 AUDIT AND RISK COMMITTEE

Board members **noted** the minutes of the Audit and Risk Committee held on 23 January 2025, approved by the Committee on 17 April 2025 and the agenda from the meeting held on 17 April 2025.

ITEM 19 STAFF GOVERNANCE COMMITTEE

Board members **noted** the minutes of the Staff Governance Committee held on 12 December 2024, approved by the Committee on 13 March 2025 and the agenda from the meeting held on 13 March 2025.

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ITEM 20 BOARD DEVELOPMENT UPDATE

Board members **noted** the report.

ITEM 21 AOB AND DATE OF NEXT MEETING

Board Vice Chair

The Chair advised members of Irene Oldfather's intention to step down from the Vice Chair role and advised that he will now commence the process to appoint a new Vice Chair. The Chair passed on his thanks to Irene for her commitment to the role of Vice Chair and looked forward to her continued contribution to the Board until her term completes in March 2026.

Date of next meeting:

25 June 2025 – Annual Accounts – Private Meeting.

30 July 2025 – 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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