



MINUTES OF THE 225TH PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

1000 HOURS ON WEDNESDAY 29 JULY 2026 ON MS TEAMS

Present:

Board members: Tom Steele, Board Chair (Chair)
Carol Sinclair, Non Executive Director (Vice Chair)
Julie Carter, Director of Finance, Logistics & Strategy
Stuart Currie, Non Executive Director
Michael Dickson, Chief Executive
Steven Gilroy, Employee Director
Paul Gray, Non Executive Director
Liz Humphreys, Non Executive Director
Thane Lawrie, Non Executive Director
Mike McCormick, Non Executive Director (from 10:30)
Jim Ward, Medical Director
Maggie Watts, Non Executive Director
Keith Willett, Non Executive Director

Regular attendees:

Karen Brogan, Director of Strategy Programmes
Dave Bywater, Lead Consultant Paramedic
Pippa Hamilton, Board Secretary
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: 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 highlighting an example of person centred care delivered by frontline crews to a 90 year old patient in a rural area on Christmas Day. The story demonstrated the effective use of shared decision making, compassionate communication, and collaboration with the patient's family to support the patient's wish to remain at home.

Members recognised the professionalism and clinical judgement demonstrated by staff and welcomed the example as evidence of the Scottish Ambulance Service's commitment to realistic medicine, patient centred care, and supporting patients to receive care in the most appropriate setting.

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Members suggested that real life patient story videos, such as the example presented, could provide valuable learning opportunities for newly qualified and frontline staff. It was agreed that the Medical Director would explore the potential use of such videos within education and training programmes and consider opportunities for wider dissemination across the Service.

Members expressed their sincere thanks to the patient's family for sharing their experience with the Board.

Action:

1. **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.

WELCOME AND INTRODUCTION

The Chair welcomed everyone to the 225th Scottish Ambulance Service Board meeting. The Chair extended a particular welcome to Professor Sir Keith Willett to his first Board meeting since joining the Board as a Non Executive Director.

ITEM 02 APOLOGIES AND DECLARATION OF INTERESTS

The following standing declarations were noted: -

- Tom Steele – Co-Chair of the Innovation Design Authority, Member of the Patient Safety Commissioner for Scotland Advisory Group.
- Stuart Currie - Non Executive Director, State Hospital.
- Liz Humphreys - Non Executive Director, Public Health Scotland, Non Executive Director Independent Living Fund Scotland.
- 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.

Apologies were noted from regular attendees, Paul Bassett, Chief Operating Officer and Deputy Chief Executive, Kenny Freeburn, Regional Director East, Mark Hannan, Head of Corporate Affairs and Engagement.

ITEM 03 MINUTES OF MEETING HELD ON 27 MAY 2026

Members **approved** the minutes of the 27 May 2026 public Board meeting as an accurate record.

ITEM 04 MATTERS ARISING

The Board noted that two actions are proposed for closure.

Board members **approved** the closure of matters arising 221/06/11 and 223/05/06.

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ITEM 05 BOARD QUALITY INDICATORS AND PERFORMANCE REPORT

The Board considered the Board Quality Indicators and Performance Report and received an update on key quality, operational and clinical performance measures from the Chief Executive.

Members noted continued progress in a number of areas, including the permanent establishment of the Integrated Clinical Hub, increased non conveyance rates supporting patients to access the most appropriate care pathway, improvements in 999 call handling performance, and ongoing work to improve staff wellbeing through enhanced rest break compliance and implementation of the reduced working week. The Board also noted progress in the national ECMO CPR (eCPR) pilot and welcomed the continued focus on population health and preventative approaches to care.

Members discussed the continuing challenges associated with hospital turnaround times and acknowledged the impact of system wide pressures across health and social care. Assurance was provided regarding ongoing collaborative work with Scottish Government, territorial NHS Boards and partners to improve patient flow and reduce delays, including the establishment of a dedicated hospital turnaround improvement programme.

The Board also welcomed the progress being made through collaboration with NHS 24 and flow navigation initiatives to support patients receiving care in the right place and at the right time.

The Board welcomed the enhanced format of the performance report and discussed the presentation of performance data, including the use of statistical process control charts and future opportunities to strengthen performance forecasting and assurance arrangements. It was agreed that a review would be undertaken to improve the use and presentation of control limits in board performance charts to better highlight extreme cases and ensure the narrative draws attention to significant variation.

Members recognised areas of good practice highlighted within the report and noted the continued commitment to improving patient outcomes, quality of care and service performance. The Board noted the report and the assurance provided.

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

Action:

- 2. 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.

ITEM 06 DELIVERING OUR 2030 STRATEGY – PORTFOLIO UPDATES

Karen Brogan presented a summary of the key points from the report, highlighting progress against the Service's 2030 Strategy Portfolio. The Board noted that the majority of projects continue to progress as planned. Members were advised that while a small number of projects remain behind schedule, including the Air Ambulance Replacement Programme and the GRS Cloud Project, these delays relate primarily to implementation timescales and do not currently impact on patient care or service delivery. The Board welcomed the continued progress being made across the portfolio and the robust governance arrangements in place to oversee delivery of strategic programmes.

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The Board noted the establishment of a number of new priority projects aligned to the delivery of the 2030 Strategy, including the National Business Systems Programme, Data Platform Optimisation Project, Improving Hospital Turnaround Times Programme and the Healthcare Professional Call Triage Project. Members discussed the opportunities these programmes present to improve service efficiency, strengthen the use of data and technology, support workforce planning, and enhance patient care and system flow. The Board welcomed the strategic focus on innovation, collaboration and continuous improvement and noted the assurance provided regarding the management and delivery of the portfolio.

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

ITEM 07 CORPORATE RISK REGISTER (PUBLIC)

Sarah Stevenson joined the meeting for this item and presented the Board with the corporate risk register.

The Board considered the Corporate Risk Register and noted the principal strategic and operational risks facing the Service together with the controls, mitigations and assurance mechanisms in place to manage them.

Members received an update on the ongoing work to strengthen risk management arrangements, including the development of risk tolerance measures and enhanced assurance processes to better support Board oversight and scrutiny of key risks. The Board welcomed the progress being made and noted the potential to apply the learning from this work more broadly across the organisation's risk management framework.

Members discussed a range of strategic risks, including hospital turnaround delays, cyber security, workforce risks and statutory and mandatory training compliance. Assurance was provided regarding the processes in place to monitor and escalate risks through governance committees, the Planning and Performance Steering Group and the Corporate Risk Register where appropriate.

The Board also discussed the relationship between statutory and mandatory training compliance and broader organisational risks and received assurance regarding current monitoring and escalation arrangements.

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

Action:

- 3. 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 appropriate governance routes and to the Board.

ITEM 08 BOARD ASSURANCE FRAMEWORK

The Board received the latest update on the Board Assurance Framework which had been approved by the Audit and Risk Committee in April and noted the continued development of the framework as a key component of the Service's governance and assurance arrangements.

Julie Carter advised the Board that additional developments to further enhance the 26-27 BAF now incorporates:

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- The updated 2026-27 plan on a page, as the underpinning plan for delivery in 2026-27. This provides the golden thread that links the overarching plan to the delivery actions and assurance.
- Continued recognition of the need to be assured on strategic initiatives with business as usual activities (aligned to our performance framework)
- Inclusion of the updated and approved performance framework and recognising the work that is ongoing to develop further quality and clinical outcome KPI's
- Removal of the 'no assurance threshold'.
- The addition of further information of the Board standing committees
- The update confirming the role of the Executive Team Meeting
- The agreed Performance and Planning Committee terms of reference and ways of working
- Addition of the role of the Innovation Hub and the 2030 Strategy Group
- An update reflecting the 2026-27 activities of the Portfolio reporting processes and Board reporting

Next steps, as part of the evolution of the BAF have also been added to include:

- work during 2026/27 to align performance measures to the outcomes
- Addition of Resilience Committee and assurance of 'our response to major incidents' delivery actions
- NHS24 Collaboration and Reform Collaboration Group reporting to Board and 2030 Steering Group, to be updated reflecting agreed Board reporting and
- Alignment of the BAF PPSG assurance to the new timetable and PPSG approach

It was noted that these will aim to be developed for the next version of the BAF due to be presented to the Audit and Risk Committee in October.

Members recognised the progress that has been made in strengthening the link between the Service's strategic objectives, principal risks, performance measures and governance structures, providing a clear line of sight from organisational priorities through to Board oversight and assurance. The Board noted that the Framework remains a live document and will continue to evolve as priorities, risks and programmes of work develop throughout the year. Members welcomed the assurance provided that the Board Assurance Framework is aligned to the Service's strategic objectives, Plan on a Page and governance arrangements, and noted the positive feedback received through the Audit and Risk Committee.

The Board acknowledged that the Framework is supporting a more structured approach to monitoring outcomes, identifying areas of over-reporting and ensuring focus is maintained on matters of greatest strategic importance.

The Board **approved** the Board Assurance Framework.

ITEM 09 BOARD STANDING FINANCIAL INSTRUCTIONS

The Board received the revised Standing Financial Instructions which had been presented to the Audit and Risk Committee and recommended to the Board for approval. The Board noted the amendments made to the undernoted sections:

Section 08	Contracting for the provision of services
Section 10	Non-pay expenditure
Section 12	Fixed Asset Registers and Security of Assets

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Section 14	Disposals, Losses and Special Payments
Section 15	Information Technology & Security
Section 18	Scheme of Delegation

The Board subsequently **approved** the revised Standing Financial Instructions.

ITEM 10 FINANCIAL PERFORMANCE TO END JUNE 2026

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

The Board considered the financial performance report and noted a year to date deficit position of £3.7 million. Members were advised that a number of factors were contributing to the current position, including increased overtime expenditure associated with the implementation of the reduced working week, the continuation of winter pressure arrangements, and the phasing of planned savings programmes. The Board noted that the majority of the overtime pressure related to temporary staffing arrangements pending recruitment to newly established posts funded through the reduced working week programme. Assurance was provided that recruitment plans were progressing and that expenditure would continue to be closely monitored throughout the year.

The Board discussed the delivery of savings programmes and the importance of maintaining robust financial oversight whilst continuing to support service delivery and system wide improvement initiatives. Members noted that capital expenditure remained slower than planned but that a number of schemes had now been approved and were progressing. Assurance was provided that, whilst the current financial position remained closely monitored, there were no immediate indicators suggesting that the Service would be unable to deliver its approved financial plan.

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

ITEM 11 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).

The Board noted the continued positive feedback received from patients, carers and families through a range of channels, including Care Opinion and the complaints process. Members welcomed the high level of compliance being achieved in the management of complaints and noted that performance continued to exceed national standards. The Board recognised the commitment of staff across frontline services, Ambulance Control Centres and the Integrated Clinical Hub in delivering compassionate, person centred care and in responding constructively to feedback to support continuous improvement.

The Board also noted progress in relation to Patient Focus and Public Involvement activities, including work to strengthen engagement with communities and underrepresented groups and to increase opportunities for people with lived experience to contribute to service improvement and governance. Members discussed the important contribution made by volunteers, including Community First Responders and BASICS responders, and welcomed the significant role they play in supporting patient care and community resilience across Scotland. In addition, the

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Board received an update on engagement with the newly established Patient Safety Commissioner and welcomed the positive and collaborative approach being taken to support organisational learning and improvement.

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

Action:

4. **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.
5. **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.

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

Emma Stirling presented the Board with a paper which provided an update on Infection Prevention and Control (IPC) activity and noted the continued progress being made to strengthen governance, resilience and compliance across the Service.

The Board noted ongoing progress in a number of key assurance measures, including improvements in audit activity and face fit testing compliance. Members were advised that targeted work continues across regions to strengthen compliance and support the delivery of safe and effective care for patients and staff. The Board welcomed the positive progress being made and noted the continued oversight provided through the Infection Prevention and Control governance structure.

The Board discussed the introduction of revised National Transmission Based Precautions guidance and received assurance that appropriate plans were in place to support organisational preparedness, staff training and implementation. Members also noted the establishment of a short life working group to review the Service's preparedness for High Consequence Infectious Diseases and to ensure that any required actions are identified and progressed.

The Board sought and received assurance regarding vehicle cleanliness monitoring arrangements and was advised that, whilst recorded completion rates for vehicle cleaning checks remained low, independent audit and inspection activity had identified no concerns regarding the cleanliness of operational vehicles.

The Board **noted** the report.

ITEM 13 STAFF EXPERIENCE AND PERFORMANCE REPORT

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

The Board noted the continued focus on supporting workforce wellbeing, engagement and organisational culture. Members discussed workforce performance indicators, including staff absence levels, and received assurance that targeted actions remain in place to support attendance, wellbeing and early intervention. The Board noted that further analysis was being undertaken to better understand trends and influences on workforce absence and to ensure that appropriate support continues to be available to staff.

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The Board welcomed the increase in participation in the iMatter Staff Experience Survey and recognised the significant effort undertaken across the Service to encourage staff engagement. Members were advised that the organisation had entered the action planning phase following receipt of the survey results and that work was underway to identify and implement improvements based on staff feedback.

The Board also noted progress in evaluating the Staying Well Service and discussed the ongoing review of workforce reporting arrangements to ensure that future reports provide clearer insight into the measures that most effectively reflect staff experience, wellbeing and organisational performance. The Board noted the report and the assurance provided.

The Board **noted** the report.

ITEM 14 SAS/NHS24 COLLABORATION – VERBAL UPDATE

Michael Dickson provided the Board with a verbal update on the ongoing collaboration between the Scottish Ambulance Service and NHS 24 and noted the positive progress being made across a range of joint workstreams.

Members were advised that the collaborative programme continues to focus on areas where both organisations can work together to improve patient pathways, service integration and the overall patient experience. The Board welcomed the progress achieved to date and noted that the programme is increasingly focused on embedding collaborative working as business as usual across both organisations.

Members also noted the development of benefits realisation arrangements to demonstrate the impact and value of the collaborative programme and welcomed the focus on outcomes as well as delivery of individual projects. Assurance was provided that joint working is supporting wider national priorities, including patient flow, urgent and unscheduled care, winter planning and digital transformation. The Board acknowledged the strong commitment from both organisations to continue identifying opportunities for collaboration and recognised the potential benefits for patients, staff and the wider health and care system.

The Board **noted** the update.

ITEM 15 CHAIR'S VERBAL REPORT

The Chair provided the Board with a verbal update on his recent activities undertaken on behalf of the Service. Members noted the Chair's continued engagement with key stakeholders across the health and care system and his participation in operational visits to frontline services. The Chair reflected on a recent shift undertaken with an operational ambulance crew, highlighting the valuable insight gained into frontline service delivery, patient pathways and hospital handover arrangements. The Board noted the importance of these visits in strengthening understanding of the challenges and opportunities facing staff and patients and in supporting informed Board decision making.

The Chair further advised that he had accepted a further extension to his term of office until May 2027, providing continuity of leadership during a period of ongoing organisational and system change.

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ITEM 16 CHIEF EXECUTIVE'S UPDATE

The Chief Executive provided a verbal update on recent strategic and operational activities undertaken on behalf of the Service. Members noted ongoing engagement with newly elected MSPs and key stakeholders to increase awareness of the role of the Scottish Ambulance Service and the challenges facing urgent and unscheduled care services. The Board welcomed the positive response received from elected representatives and noted the importance of maintaining strong relationships with national partners and decision makers. The Chief Executive also highlighted the Service's contribution to major national events, including the Commonwealth Games, and recognised the effective multi agency collaboration between the emergency services and partner organisations in supporting public safety and event delivery.

The Board further noted the Service's continued commitment to community engagement and inclusion, including participation in Pride events across Scotland and ongoing work to ensure services remain responsive to the diverse needs of local communities. Members also received an update on national workforce discussions relating to newly qualified paramedics and the wider opportunities being explored with Scottish Government and NHS partners to maximise the contribution of the paramedic workforce across health and care services. The Board welcomed the continued focus on partnership working, innovation and service development and noted the update.

ITEM 17 STAFF GOVERNANCE COMMITTEE

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

ITEM 18 AUDIT AND RISK COMMITTEE

Board members **noted** the minutes of the Audit and Risk Committee held on 23 April 2026, approved by the Committee on 11 June 2026 and the agenda from the meeting held on 11 June 2026.

ITEM 19 AOB & DATE OF NEXT MEETING

Date of next meeting:

- 30 September 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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