



**NOT PROTECTIVELY MARKED**

## **MINUTES OF THE 218<sup>TH</sup> PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD**

**1000 HOURS ON WEDNESDAY 30 JULY 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  
David Robertson, Regional Director West  
Emma Stirling, Director of Care Quality and Professional Development  
Milne Weir, Regional Director North

In attendance: Neil Mapes, Member of the Public (Observing from 10:20)  
Jordan Cresswell, Member of the Public (Observing from 10:20)  
Lori Cait McCann, Member of the Public (Observing from 10:20)  
Carrie Downie, Corporate Governance Administrator (Observing)  
Sarah Stevenson, Risk Manager (Item 07)

### **WELCOME AND INTRODUCTION**

The Chair welcomed everyone to the 218<sup>th</sup> Scottish Ambulance Service Board meeting. Apologies were noted from regular attendees, Avril Keen, Stephen Massetti and Mark Hannan.

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## ITEM 01 PATIENT STORY

Board members viewed the patient experience video in advance of the meeting which featured the story of Katie Miller and her four-year-old son Joshua, who bravely called 999 for his mum following an asthma attack at home. Joshua spoke to East Ambulance Control Centre (ACC) call handler Lauren Inglis, who arranged for Ayr Paramedic Marta Pabian and Kilmarnock Technician Kyle Burns to attend.

The Board discussed the story and acknowledged a deeply moving and professionally handled emergency call, highlighting the exceptional skill and compassion demonstrated by the call handler. This incident powerfully illustrates the critical role call handlers play in shaping clinical outcomes and public trust in the Scottish Ambulance Service (SAS). Their ability to adapt scripts and respond intuitively, particularly in high stress scenarios involving children or vulnerable individuals.

Building on this, members discussed the strategic opportunity to reengage with community education, particularly targeting early years and parental awareness. Historically, SAS has delivered outreach in schools and nurseries to demystify emergency services and reduce fear among young people. There was strong consensus that revitalising this approach is essential and aligns with SAS's ethos of proactive public engagement.

Suggestions from members included:

- Developing a child friendly campaign, potentially featuring a validated animation and facilitation pack, to educate children on emergency response behaviours.
- Exploring funding avenues to support this initiative.
- Leveraging existing health and wellbeing curricula in schools and linking with local authority partnerships and children's planning networks to embed messaging.
- Considering digital resources like interactive colouring books and story led materials to reinforce learning.

Paul Bassett advised that he would coordinate the communications and engagement workstream, consolidating suggestions from Board members and liaising with the Communications Team to take this work forward.

The Chair asked that thanks be conveyed to the Katie Miller for sharing her experience.

### Action:

1. **Chief Operating Officer** to coordinate the child friendly communications and engagement workstream, consolidating suggestions from Board members and liaising with the Communications Team to take this work forward.

## ITEM 02 DECLARATION OF INTERESTS

The following standing declarations were noted: -

- Tom Steele – Member of Audit Scotland Advisory Group for NHS in Scotland Report.
- 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.

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- 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
- 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 28 MAY 2025

Members **approved** the minutes of the 28 May 2025 public Board meeting.

### ITEM 04 MATTERS ARISING

The Board noted that two actions were proposed for closure. On behalf of Emma Stirling, Pippa Hamilton provided an update on the progress of Action 214/06/10(2), specifically regarding the Patient Transport Patient Needs Assessment. It was highlighted that an Equality Impact Assessment (EQIA) of the current Patient Needs Assessment (PNA) is expected to be completed within the next fortnight.

Pippa Hamilton also reported ongoing collaborative work with the Samaritans, Scottish Action for Mental Health (SAMH), and See Me, supported by colleagues across the Service. This initiative aims to ensure that Ambulance Control Centre (ACC) staff are equipped with the appropriate tools to support patients experiencing poor mental health.

Board members noted that Emma Stirling will provide a brief update within the Person Centred Care paper at the September Board meeting. This will outline the impact of previous changes made to the PNA on Service users, offering assurance to the Board on the effectiveness of these improvements.

Carol Sinclair advised that action 216/07/14, concerning the review of data charts within the Staff Experience and Performance Report, had been discussed with Paul Bassett and will now be incorporated into the broader data reporting workstream as part of the ongoing Board paper review. In light of this, she recommended that the action be closed. Members noted that an update on the Board paper review will be presented at the November Board meeting.

Board members **approved** the closure of matters arising 216/03/06, 216/05/08 and 216/07/14. Following the updates provided in the accompanying paper and the verbal briefings during the meeting, the Board also endorsed the extension of the target dates for actions 214/06/10(2) and 215/05/10 to September 2025.

#### Action:

2. **Chief Operating Officer** to present an update on the Board paper review work to the November Board.

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## ITEM 05 BOARD QUALITY INDICATORS AND PERFORMANCE REPORT

Michael Dickson presented the performance report, noting that any new information since the previous iteration was highlighted in red text to support effective discussion.

Michael reported that overall performance remains within normal control limits. Notably, bystander CPR rates stand at 65.8%, alongside strong public access defibrillator usage, reflecting the success of ongoing efforts to promote community engagement in emergency response. He also highlighted the recent cardiac symposium, which was supported by the Endowment Fund.

Members noted that non-conveyance rates are around 50%, which is a positive indicator of patients receiving appropriate care in the right setting. A strategic review of the Critical Care Desk is underway, and Michael advised that the Board will be kept apprised of progress.

While Hospital Turnaround Times (HTAT) performance appears relatively stable in broad terms, there has been limited improvement in key areas such as Grampian, Ayrshire & Arran, and Lanarkshire. Michael acknowledged the significant commitment from NHS Lanarkshire in driving improvement and noted ongoing discussions aimed at addressing these challenges.

Scheduled care performance remains within control limits, and the Scheduled Care Improvement Programme Board has been reestablished. The paediatric retrieval review continues to be a critical area of focus. Progress is also being made in the Air Ambulance reprocurement process.

Finally, Michael emphasised the renewed partnership focus on rest break compliance, in collaboration with Scottish Government. This reflects a shared commitment to staff health and wellbeing, with regular engagement and a clear drive for improvement.

Board members discussed the update on system pressures and performance across the North Region, with a particular focus on NHS Grampian. The Chair confirmed ongoing engagement with the Chair of NHS Grampian, with further discussions scheduled for mid August.

Board members expressed their ongoing concern and reiterated the urgency of stabilising the position with NHS Grampian ahead of winter.

Members welcomed the continued emphasis on non-conveyance, recognising its role in delivering appropriate care in the right setting. Stuart Currie raised the importance of evaluating outcomes for non-conveyed patients and linking this to hospital at home initiatives.

Concerns were raised regarding the sustainability of corridor care. Irene Oldfather highlighted the need for assurance that patients are receiving appropriate care. Members commended the planned trial of a transport hub at Queen Elizabeth University Hospital aimed at reducing delayed discharge and improving hospital flow as an example of innovative collaboration.

Jim Ward provided assurance on clinical governance, noting low recontact rates for non conveyed patients and robust incident review processes. He emphasised that corridor care is not a promoted model and called for hospitals to provide appropriate clinical spaces to support ambulance crews.

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Call handling performance was discussed, and Paul Bassett reported that there was no change to call handling time with an average of 353 seconds, along with a drop in performance for 999 Telephone Answering Standards (TAS). Paul added that in the interim escalation protocols will be utilised where required to manage any increase in demand. Members noted that a call handling business case is in development and would be presented to the September private Board meeting.

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

**Action:**

3. **Chief Operating Officer** to presented Call Handling Business Case to September Private Board meeting.

## **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 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 portfolio performance is progressing well, with previously Amber rated projects now back on track. Three new projects have moved to Amber but are expected to return to Green status in the next reporting cycle. The Healthcare Professional (HCP) Online Booking project remains Red pending a decision on its future. Karen also referenced the letter of response on the SAS's Annual Delivery Plan (ADP) from Scottish Government acknowledging the breadth and depth of SAS's contribution, particularly in planned care, and encouraged further exploration of opportunities in the primary care space.

Stuart Currie raised the importance of understanding the trajectory towards 2030, including potential tipping points and dependencies on external partners. He emphasised the need for coordinated risk registers, particularly in relation to population health strategy and public service reform.

Carol Sinclair welcomed updates on GRS Timecard and HCP Online Booking, noting that delays in these areas have operational consequences. She requested clarity on how these impacts are being managed and what they may mean for service delivery.

Madeline Smith expressed interest in the outputs from Community Planning Partnership (CPP) engagement.

In response to members discussions, Julie Carter noted that GRS Timecard delays and associated financial savings are being tracked, and a recent stakeholder workshop on CPPs and will be reported to the Integrated Governance Committee (IGC).

The Board **noted** the paper and progress 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.

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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 and approve the Corporate Risk Register and note the actions in place and the assurance being received that the risks are being controlled effectively.
- **Approve** the updated Risk Description for Risk ID 5889 – Future Workforce following further review by the Audit and Risk Committee.
- **Approve** the proposed reduced risk level of Risk ID 5890 - Environmental Sustainability. It is proposed this risk is reduced from 'Possible' to 'Unlikely' with impact remaining at 'Major', which would reduce to a medium risk. This is given the progress made in securing additional funding, the green champion lead visits and progress against the CERAS action plan. The risk would therefore be removed from the Corporate Risk Register and monitored through the Climate Emergency Response and Sustainability Group (CERAS) group.
- **Approve** the risk register as presented.

Members discussed the presented risk register and the ongoing risk associated with Hospital Turnaround Times (HTAT), particularly the potential impact on patients who are not transported to hospital in a timely manner. Jim Ward noted that the Clinical Governance Committee (CGC) triangulates multiple data sources to monitor this risk, and a new group, the Patient Safety and Risk Group, has been established within the clinical governance framework to strengthen links between patient safety and risk oversight.

The Chair emphasised the importance of viewing HTAT within the broader whole system context. Julie Carter confirmed that Directors of Finance (DoFs) are now leading a coordinated piece of work to review and align risk registers across partner organisations. This mapping exercise is expected to support triangulation and drive targeted action. The Board welcomed this development and noted its strategic significance.

Thane Lawrie referenced the list of mitigating controls related to the Project Management Office (PMO), specifically the need to enhance the skills of PMO staff in delivering change. Karen Brogan responded that the PMO team is highly skilled and have been undergoing further upskilling, particularly in change management. The aim is to equip staff with a broader set of tools beyond the standard PRINCE2 methodology to support more adaptive and transformational delivery.

Julie Carter added that much of the current work now falls into complex and transformational territory, requiring a wider skill base and more agile approaches to ensure best value and sustainable change.

The Board **approved** the updated Risk Description for Risk ID 5889, the proposed reduced risk level of Risk ID 5890 and the Corporate Risk Register as presented.

## ITEM 08 BOARD ASSURANCE FRAMEWORK

Julie Carter presented the Board Assurance Framework (BAF) to the Board for formal approval.

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Members noted that the Framework is a dynamic, live document that will be regularly reviewed and updated. It provides a structured overview of the organisation's assurance processes, mapping delivery actions and corporate risks, and underpins the Service's 2030 Strategy. It also defines the annual delivery plan objectives, actions and outcomes, forming the 'golden thread' that links strategic ambitions to operational delivery.

Julie Carter added that the BAF has been reviewed by the Audit and Risk Committee in June and is now presented for Board approval with the key updates included:

- Adoption of consistent terminology across aims, objectives and plans.
- Integration of the approved 'Plan on a Page' as the central organising principle throughout the document.
- Recognition of the need to balance strategic corporate objectives with business as usual activities, and the assurance mechanisms supporting both. This aligns with the two distinct reports presented at each Board meeting: one tracking progress against the SAS 2030 Strategy, and the other monitoring performance against the improvement trajectory.
- Inclusion of the updated SAS Performance Framework.

Board members welcomed the clarity and structure of the Framework, noting its contribution to the Blueprint for Good Governance. Madeline Smith commended the visual presentation of the 'Plan on a Page' and suggested that the recent appointment of Committee Vice Chairs would be reflected in future iterations.

It was also suggested that the section on Board responsibilities (page 5) be updated to acknowledge the context of operating within budgetary constraints.

Board members **approved** the Board Assurance Framework.

**Action:**

- 4. Director of Finance, Logistics and Strategy** to include the undernoted amendments to the BAF:
  - The recent appointment of Committee Vice Chairs.
  - Section on Board responsibilities (page 5) be updated to acknowledge the context of operating within budgetary constraints.

## **ITEM 9 BOARD STANDING FINANCIAL INSTRUCTIONS**

Julie Carter presented the revised Standing Financial Instructions (SFIs) to the Board for approval, following their prior review and endorsement by the Audit and Risk Committee.

The Board received the full set of SFIs, with proposed amendments clearly marked in tracked changes across the following sections:

- Section 02 – Roles and Responsibilities
- Section 03 – Audit
- Section 04 – Business Planning, Budget Setting and Control
- Section 05 – The Annual Accounts and the Annual Report
- Section 06 – Banking and Security of Cash, Cheques and Other Negotiable Instruments
- Section 13 – Stores and Receipt of Goods
- Section 17 – Non-Public Funds – Scottish Ambulance Service Benevolent Fund
- Section 18 – Scheme of Delegation

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Carol Sinclair, as Chair of the Audit and Risk Committee, formally endorsed the revised SFIs.

Members **approved** the reviewed Standing Financial Instructions.

## ITEM 10 FINANCIAL PERFORMANCE TO 30 JUNE 2025

Julie Carter provided a summary of the key points from the Month 3 Financial Performance Report:

1. The Service is reporting a year-to-date deficit of £1.56 million.
2. Operational pressures, including post-COVID costs totalling £1.38 million, have been incurred during this period. These are being offset against the recurring funding allocation agreed with Scottish Government for 2024/25.
3. Given the significance of overtime as a cost driver, the report includes a detailed analysis of the underlying factors contributing to overtime expenditure.
4. Against the agreed £12.7 million efficiency savings target, £0.39 million has been delivered to date versus a year-to-date target of £1.27 million. While performance is behind trajectory, this is recognised as early in the financial year, and the full-year forecast has been adjusted accordingly.
5. Delivery of the 2025–26 financial plan remains on track. A detailed financial forecast is currently being finalised and will be reported monthly from July onwards.
6. Agenda for Change reform funding is currently being used to offset costs associated with the Reduced Working Week programme, with £1.24 million incurred to date.

Board members welcomed the level of detail provided and discussed the financial position.

Stuart Currie enquired about in year reductions and Julie Carter confirmed that no in year reductions have been communicated and that the financial plan remains signed off. Key risks continue to centre around pay and the implications of the Reduced Working Week, which are reflected in the report.

Madeline Smith noted the encouraging reduction in overtime hours and costs, while expressing concern about the efficiency savings being behind target. Julie Carter confirmed that the forecast has been adjusted to reflect the current trajectory and that financial, workforce and service delivery considerations are being actively balanced.

Mike McCormick raised the issue of post-COVID financial implications. Carol Sinclair advised members that updates on the oversight of risk and financial matters are discussed in deeper detail at the Performance and Planning Steering Group (PPSG), the decision log of which is presented to each Audit and Risk Committee. Carol reminded Board members that they are welcome to attend meetings of PPSG and encouraged members seeking deeper understanding to attend these meetings.

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

## 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).

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Emma Stirling highlighted that between 01 April 2025 to 07 July 2025 a total of 280 complaints were received by the Service with the 5 most common themes being:

1. Attitude and Behaviour – 98 complaints (35% of the total, compared to 31% for the same period last year)
2. Triage/Referral to NHS24 – 63 complaints (23% of the total, compared to 12% for the same period last year)
3. Clinical Assessment- 25 complaints (9% of the total, compared to 10% for the same period last year)
4. Delayed Response – 23 complaints (8% of the total, compared to 13% for the same period last year)
5. Lack of communication/co-ordination – 14 complaints (5% of the total, compared to 3% for the same period last year)

The Board noted compliance of complaint response targets remains well above the 70% threshold. It was highlighted that compliments accounted for nearly half of all contacts with the Patient Experience Team.

Board members noted and discussed the paper and acknowledged the importance of contextualising raw complaint data and the ongoing work to explore complaint themes in depth.

The Board noted positive feedback on the new InPhase system, particularly its adaptability. It was also acknowledged that work is ongoing to identify and address areas within the system that may not be functioning optimally, with efforts underway to implement appropriate fixes.

The Chair raised the need to clarify whether complaints related to hospital turnaround times are being captured through existing internal reporting mechanisms or via external platforms such as Care Opinion.

In response, Emma Stirling noted that complaints specifically related to hospital turnaround times are not currently detailed individually. Emma advised that she would discuss this with the Patient Experience Team to determine whether this issue is being tracked or could be incorporated within existing complaint themes.

The Board **noted the report** and endorsed continued efforts to improve patient experience and learning from complaints.

## **ITEM 12      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
- Standard Infection Control Precautions (SIPCs) Audits
- Audit Scores
- National Cleanliness Standards (NCSS) Compliance

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Emma Stirling provided assurance that SIPC audit compliance remains a priority, with Regional Directors and the IPC team working diligently behind the scenes. Clear plans are in place to ensure all required audits are completed.

Maggie Watts raised a query regarding whether mobile vaccination efforts under IPC also include staff vaccinations. Emma confirmed that the team has been exploring options, including discussions with QGUARD and learning from other ambulance services. While the IPC team has taken on the Mobile Vaccination Team (MVT) workstream, challenges remain due to the lack of a dedicated vaccine supply, which would incur additional costs. Alternative solutions are being considered.

Irene Oldfather noted that the Winter Vaccination Group, which met on 29 July with Health Scotland and the Scottish Government, confirmed changes to COVID-19 vaccine eligibility this year. The group is keen to understand any barriers to uptake and is open to supporting solutions and therefore suggested engaging with them may help progress some of the IPC team's work.

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

### ITEM 13 STAFF EXPERIENCE AND PERFORMANCE REPORT

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

- **Occupational Health Data**  
The data for Q4 2024/25 and Q1 2025/26 has not yet been received from National Services Scotland (NSS) due to staffing shortages. NSS is actively working to complete the dataset in time for the next meetings of the Health, Safety & Wellbeing Group, National Partnership Forum, and Staff Governance Committee.
- **iMatter Contract Renewal**  
The rolling contract with Webropol for delivery of the iMatter staff experience tool is due for renewal in summer 2027. Unless alternative arrangements are agreed in advance, the contract will automatically renew, potentially delaying consideration of other tools. While iMatter has provided a consistent national framework for over a decade, engagement levels remain low. Feedback from other NHS Boards indicates growing concern about its effectiveness in driving meaningful change. The Board acknowledged that the upcoming renewal presents an opportunity to assess whether iMatter continues to deliver the necessary insights to improve staff experience at individual, team, and organisational levels.
- **Healthy Culture Week**  
The third Healthy Culture Week took place from 23–27 June 2025, themed “*Care and Compassion – It’s All About You.*” A total of 12 events were held, with 434 participants and an average session rating of 8.8/10 for effectiveness.
- **Appraisal Compliance**  
Progress continues in improving appraisal compliance across the Service.

Michael Dickson noted that the Executive Team will keep the Board updated on any developments in relation to the iMatter contract renewal. The importance of regular dialogue with teams and the potential value of organisational pulse surveys were emphasised by the

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Board. The Board also noted that Trickle was being evaluated by the Head of Organisational Development and Wellbeing for its potential benefits as an employee engagement tool. Graeme Ferguson advised that an update on Trickle would be provided within a future report, including comparison with current approaches of staff engagement.

Madeline Smith welcomed the inclusion of statutory and mandatory training data within the report, however, requested that future reports include trend data on the training to show how statistics are evolving over time. It was agreed that Graeme Ferguson would incorporate this into the next report.

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

**Action:**

5. **Acting Director of Workforce** to provide an update on the evaluation of Trickle within a future Board report, including comparison with current approaches of staff engagement.
6. **Acting Director of Workforce** to include statutory and mandatory training trend data within next Board report to show how statistics are evolving over time.

## **ITEM 14 CHAIR'S VERBAL REPORT**

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

- The Chair participated in two days of interviews for Board member appointments at NHS Greater Glasgow and Clyde.
- The Chair and the Chief Executive carried out a joint visit to the NHS Lanarkshire Flow Navigation Centre on 2 July 2025.
- The Vice Chair attended a Chairs' meeting with the Cabinet Secretary on 23 July 2025,

## **ITEM 15 CHIEF EXECUTIVE'S UPDATE**

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

- Productive collaboration discussions have taken place between NHS24 and SAS, with project initiation documents currently being developed.
- Michael commended the visibility and public support for Pride events across Scotland.
- Michael attended the Lanarkshire First Responders Group Day, noting strong participation and engagement from SAS staff.
- Following a recent visit to the Airwave Team Michael gave his recognition to the team for their continued hard work in ensuring the system operates effectively across Scotland.

## **ITEM 16 AUDIT AND RISK COMMITTEE**

Board members **noted** the minutes of the Audit and Risk Committee held on 17 April 2025, approved by the Committee on 12 June 2025 and the agenda from the meeting held on 12 June 2025.

## **ITEM 17 STAFF GOVERNANCE COMMITTEE**

Board members **noted** the minutes of the Staff Governance Committee held on 13 March 2025, approved by the Committee on 05 June 2025 and the agenda from the meeting held on 05 June 2025.

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## **ITEM 21      AOB AND DATE OF NEXT MEETING**

### **SAS Board Vice Chair Appointment**

At the previous Board meeting, Irene Oldfather confirmed her intention to step down as Vice Chair and the recruitment process for her successor was initiated. The Chair advised that the process has now concluded, and confirmation was received this morning from the Scottish Government that Carol Sinclair will be appointed as the next Vice Chair, effective from 01 August 2025.

Board members expressed their appreciation for Irene's contribution over the past six years, acknowledging her tremendous support and leadership. Her individual approach and commitment were noted as invaluable, and her tenure as Vice Chair was marked by a strong sense of collaboration and integrity.

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

24 September 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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