



NOT PROTECTIVELY MARKED

MINUTES OF THE 219TH PUBLIC MEETING OF THE SCOTTISH AMBULANCE SERVICE BOARD

1000 HOURS ON WEDNESDAY 24 SEPTEMBER 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
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
Irene Oldfather, Non Executive Director
Madeline Smith, Non Executive Director
Jim Ward, Medical Director
Maggie Watts, Non Executive Director

Regular attendees: Paul Bassett, Chief Operating Officer
Karen Brogan, Associate Director of Strategy, Performance and Planning
Graeme Ferguson, Deputy Director of Workforce
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: Lori Cait McCann, Member of the Public (Observing from 10:20)
Scott Murray, Member of the Public (Observing from 10:20)
Sarah Stevenson, Risk Manager (Item 07)

WELCOME AND INTRODUCTION

The Chair welcomed everyone to the 219th Scottish Ambulance Service Board meeting. Apologies were noted from regular attendees, Avril Keen, Stephen Massetti, Kenny Freeburn and Mark Hannan.

ITEM 01 PATIENT STORY

Board members viewed the patient experience video in advance of the meeting which featured the story of mum Olivia Dunn and her baby Bonnie who was born on January 27, 2025, following severe complications. Olivia credited Glenrothes crew Dale Brown and Emma Hulme for saving her baby's life.

Doc: 2025-09-24 Draft minutes for approval	Page 1	Author: Board Secretary
Date: 2025-09-24	Version 0.2	Review Date: -

The Board discussed the clinical decision making involved, particularly the crew's ability to recognise and respond to the complexity of the incident and noted the importance of updated guidance in JRCALC for obstetric emergencies. Members reflected on the emotional impact on patients and staff, the value of learning from lived experience, and the need for ongoing staff training and support to staff after traumatic events.

The Chair asked that thanks be conveyed to Olivia Dunn for sharing her experience and the crew for contributing to the video.

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.
- 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.

The Board noted that Paul Bassett's term as Trustee of the Scotland's Charity Air Ambulance (SCAA) had now ended and that this declaration would be removed from the Register of Interests.

ITEM 03 MINUTES OF MEETING HELD ON 20 JULY 2025

Members **approved** the minutes of the 30 July 2025 public Board meeting.

ITEM 04 MATTERS ARISING

The Board noted that four actions were proposed for closure and three actions were not due until November 2025 and would therefore be carried over to the next Board meeting.

Board members **approved** the closure of matters arising 214/06/10, 215/05/10, 218/07/08 and 218/07/13 (2).

Doc: 2025-09-24 Draft minutes for approval	Page 2	Author: Board Secretary
Date: 2025-09-24	Version 0.2	Review Date: -

ITEM 05 BOARD QUALITY INDICATORS AND PERFORMANCE REPORT

Michael Dickson presented the performance report, highlighting positive developments and ongoing challenges.

Michael Dickson highlighted that following submission of the Board approved business case confirmation had been received for Scottish Government funding to March 2026 to continue the Palliative and End of Life Care workstream allowing the Service to build on the legacy of the three-year partnership with MacMillan.

The Board noted the progress update in relation to improvement in punctuality and reduction in cancellations within scheduled care and welcomed the successful recruitment of twelve Scheduled Care Coordinators.

The Board discussed ongoing challenges with hospital turnaround times, which remain a significant barrier to operational efficiency. Persistent delays at certain sites were highlighted as requiring ongoing significant attention. The Board noted that following a Centre for Sustainable Delivery visit to Aberdeen Royal Infirmary to analyse the current systems in place, the report recommended 7 key actions, two of which refer specifically to ambulance turnaround delays:

- *The Unscheduled Care Board should aim to reduce occupancy in acute services to improve flow and therefore reduce turnaround times for the ambulance service.*
- Collaborative 'Joint Escalation Framework' between NHS Grampian and SAS ensuring appropriate internal escalations. Also focussing on:
 1. Rapid release of ambulance resource for Immediately Life Threatening (ILT) calls in the community.
 2. Escalation process for the deteriorating patient in stack.
 3. Process for pre-alerting Emergency Department for incoming high acuity patient.

Michael Dickson highlighted that performance against the 10-second call handling target has declined, due to staff absence and vacancy rates. The Board noted the call handler plan in place to recruit and train call handlers in time for the winter period along with the development of a Call Handler Business Case to support call handler numbers over the coming 2 years. It was noted that work is also underway to streamline rosters and working patterns to reduce pressure on staff and improve utilisation rates. The Board also discussed the importance of benchmarking whole time equivalents against call volumes and learning from other services to inform future workforce planning.

The Board agreed that continued focus on workforce resilience, operational efficiency, and collaborative improvement initiatives will be essential to meet service demands and deliver high-quality care.

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 Board at this time, with all identified risks being actively managed through respective portfolio boards or already captured within the Corporate Risk Register.

Doc: 2025-09-24 Draft minutes for approval	Page 3	Author: Board Secretary
Date: 2025-09-24	Version 0.2	Review Date: -

Karen Brogan reported that portfolio performance is progressing well, with 29 projects currently in Green status and 1 project in the Amber status for delivery. The Board noted that a lead has been identified to take forward the development of the Workforce Plan in alignment with the 2026/27 Annual Delivery Plan, 3 Year Medium Term Plan and Financial Plan timescales.

The Board discussed the Health Care Professionals Online Booking project and noted that, following last year's pilot in Lanarkshire and Greater Glasgow & Clyde, a wider rollout had been anticipated. However, the lack of single sign on capability in the current system resulted in the need to implement a labour intensive process to create and maintain logins for all users across each Board, outweighing the benefits of implementation. As a result, the project board made the decision to close the project. The Board also noted that discussions with the supplier will continue to explore if single sign on functionality may become available in the future.

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 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.

Members discussed workforce pressures, operational challenges, and system wide risks, including hospital delays and winter pressures. They recommended that the report's 'Interconnected and Future Risk' section include wording to indicate that more specific reviews may be triggered during winter due to the significant pressures facing the Service. Sarah Stevenson confirmed she will take this forward for discussion at the next Performance and Planning Steering Group and update the report as appropriate.

Milne Weir highlighted that engagement with NHS Grampian continues on shared risk dashboards, along with ongoing work to develop a consistent improvement plan in relation to Hospital Turnaround Times.

Julie Carter advised that the Board's risk appetite will be reviewed at the January 2026 Board Development Session. This review will be aligned with the strategy refresh and the ongoing work on risk alignment.

The Board **approved** the Corporate Risk Register as presented.

ITEM 08 PATIENT EXPERIENCE ANNUAL REPORT

Emma Stirling presented the Patient Experience Annual Report to the Board for formal approval.

Members noted that the report is an annual publication providing an update of our patient experience activity over the last year.

Doc: 2025-09-24 Draft minutes for approval	Page 4	Author: Board Secretary
Date: 2025-09-24	Version 0.2	Review Date: -

The paper highlights data on compliments, Involving People work as well as complaints, their themes and actions to address them.

Emma Stirling advised that the report was presented to the Clinical Governance Committee in August 2025, with any feedback from members reflected in the version presented to the Board for approval.

Members noted that following Board approval and prior to publication the presentation of the report will be refreshed to include a front page and graphics and will also reflect any changes requested by Board members at the meeting.

Board members **approved** the Patient Experience Annual Report.

ITEM 9 EQUALITY MONITORING REPORT

Graeme Ferguson presented the Equality Monitoring Report for Board approval prior to publication on the SAS website.

The Board reviewed the report and noted it is a requirement under the Equality Act (Specific Duties) (Scotland) Regulations 2012 to gather and use employee information.

Graeme Ferguson highlighted the importance of improving rates of self-disclosure to better analyse trends and identify appropriate actions to take forward. Members noted that whilst some progress is being made there are still gaps particularly with regard to religion and belief and sexual orientation.

The Board noted that the report was approved by the Staff Governance Committee on the 04 September 2025 and once approved by the Board the Workforce Equality Monitoring Report will be published on the Scottish Ambulance Service website.

Members **approved** the reviewed the Equality Monitoring Report for publication.

ITEM 10 FINANCIAL PERFORMANCE TO 31 AUGUST 2025

Julie Carter provided a summary of the key points from the Financial Performance Report to 31st August 2025:

1. The financial position at the end of month 5 is reporting a deficit of £2.15million.
2. Post COVID/operational pressures of £2.22 million have been incurred over this period, these are offset against the non-recurring funding confirmed by Scottish Government. This funding was anticipated in the Finance Plan to be received recurrently as per discussions with Scottish Government in 2024/25.
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 £2.36 million has been delivered against a year-to-date target of £2.33 million and £4.24 million achieved against the full year target. Recognising that this is early in the financial year and delivery of savings increases as the year progresses, 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 £2.31 million has been incurred to date.

Doc: 2025-09-24 Draft minutes for approval	Page 5	Author: Board Secretary
Date: 2025-09-24	Version 0.2	Review Date: -

6. The delivery of the 2025/26 financial plan is on track. A detailed financial forecast has been prepared with best, likely and worst-case scenarios reported and will be updated on a monthly basis.

The Board discussed overtime costs and noted that an overtime dashboard has been developed which will be presented to the next Audit and Risk Committee.

The Board discussed the report, acknowledged the current financial position, and expressed appreciation for the comprehensive detail and assurance it provided. Members also welcomed the progress achieved on the savings plan.

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).

Emma Stirling highlighted that between 01 April 2025 to 31 August 2025 a total of 488 complaints were received by the Service with the 5 most common themes being:

1. Attitude and Behaviour – 146 complaints (32.59% of the total, compared to 35% in the last paper)
2. Triage/Referral to NHS24 – 103 complaints (23% of the total, which is the same as the last paper)
3. Clinical Assessment- 41 complaints (9% of the total, which is the same as the last paper)
4. Delayed Response – 42 complaints (9% of the total which is similar to the last paper of 8%)
5. PTS Eligibility – 23 complaints (5% of the total, which is the same as the last paper)

The Board noted that between 01 April 2025 and 31 August 2025 a total of 501 compliments had been received by the Service which was a 11.8% increase in compliments compared to the same period last year.

Emma Stirling highlighted that complaints related to Attitude and Behaviour are being actively reviewed to better understand root causes and identify appropriate support measures. A pilot review of 100 complaints is underway, using a structured approach to explore patterns and contributing factors. Staff engagement and operational insights will inform the next steps, with findings shared through governance channels. The Board welcomed this exploratory work which reflects a clear commitment to learning and improvement.

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 the report presented did not include Infection Prevention and Control (IPC) data as this falls out with the governance reporting schedule. Members noted that the next scheduled quarterly data reporting will be presented to the November Board.

Doc: 2025-09-24 Draft minutes for approval	Page 6	Author: Board Secretary
Date: 2025-09-24	Version 0.2	Review Date: -

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

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

Emma Stirling provided assurance that SIPC audit compliance remains a priority, with Regional Directors and the IPC team working to ensure continued compliance. The Board noted the clear plans are in place to ensure all required audits are completed.

Board members **noted** the report.

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:

- A focus on conducting weekly wellbeing visits and support to staff in Ambulance Control Centres (ACCs) along with various other Organisational Development and Wellbeing location visits throughout the organisation.
- Development and progression of bids to support staff health & wellbeing through our Endowment Funds.
- As of 8 September, SAS TURAS Appraisal completion rate is 16.85%. There are currently 1794 in progress appraisals, and should these be completed alongside the 317 partially completed we would see our completed appraisals within SAS reach 48.8%.
- A new attendance dashboard is currently being trialled and this will provide access to significantly more attendance related data.
- 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.
- 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. Following completion of the evaluation a paper will be presented to the Executive Team for consideration.

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

ITEM 14 HEALTH AND CARE STAFFING ACT Q1 2025 REPORT

Emma Stirling provided a summary of the main points from the paper which included that:

1. Reports received from all areas with the exception of the Integrated Clinical Hub, facilitating a near complete organisational picture of alignment to the Act.
2. SAS has the systems and processes in place to accurately describe its position.
3. Quarterly reports moved to use of Red, Amber, Green (RAG) statuses as encouraged by Healthcare Improvement Scotland.

Doc: 2025-09-24 Draft minutes for approval	Page 7	Author: Board Secretary
Date: 2025-09-24	Version 0.2	Review Date: -

4. SAS has improved its overall position since Q3 2024.
5. The Real-Time Staffing reporting tool is now available via InPhase.

Members discussed the terminology used in the report, particularly the reference to 'assurance', and suggested that it should be described as 'compliance'. Emma Stirling explained that the language used within the report aligns with that specified within the Act.

Members suggested that the presentation of summary figures with accompanying narrative such as that contained within page 7 of the report should be adopted throughout the paper to ensure clarity and consistency.

The Board **noted** the report and welcomed the progress being made.

ITEM 15 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 attended the Proud@SAS 10th anniversary event and awards ceremony.
- The Chair attended the BASICS Scotland conference.
- The Chair and Chief undertook visit to Aberdeen and attended the unveiling of new Chaiy Air Ambulance.

ITEM 16 CHIEF EXECUTIVE'S UPDATE

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

- The Chief Executive hosted a visit from the Chair of Ambulance Association of Chief Executives (AACE) with a focus on violence against ambulance crews.
- The BASICS Scotland conference attended highlighted the importance that volunteers play in Service.
- The Chief Executive attended a service of thanksgiving in Perth and met with a number of Community First Responders.

ITEM 17 BOARD DEVELOPMENT UPDATE

Board members **noted** the report.

ITEM 18 CLINICAL GOVERNANCE COMMITTEE

Board members **noted** the minutes of the Clinical Governance Committee held on 12 May 2025, approved by the Committee on 11 August 2025 and the agenda from the meeting held on 11 August 2025.

ITEM 19 STAFF GOVERNANCE COMMITTEE

Board members **noted** the minutes of the Staff Governance Committee held on 05 June 2025, approved by the Committee on 04 September 2025 and the agenda from the meeting held on 04 September 2025.

Doc: 2025-09-24 Draft minutes for approval	Page 8	Author: Board Secretary
Date: 2025-09-24	Version 0.2	Review Date: -

ITEM 20 AOB AND DATE OF NEXT MEETING

None to note.

Date of next meeting:

26 November 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.

DRAFT

Doc: 2025-09-24 Draft minutes for approval	Page 9	Author: Board Secretary
Date: 2025-09-24	Version 0.2	Review Date: -