



PUBLIC BOARD MEETING

September 2026

Item 08

THIS PAPER IS FOR APPROVAL

**TRANSITION OF THE BLUEPRINT FOR GOOD GOVERNANCE
DEVELOPMENT PLAN INTO BUSINESS AS USUAL**

Lead Director Author	Julie Carter, Director of Finance, Logistics and Strategy Pippa Hamilton, Board Secretary
Action required	The Board is asked to - Note the good progress in the Blueprint for Good Governance Development Plan and - approve the transition of this into business as usual governance arrangements. This now business as usual reporting will replace the dedicated reporting of the plan through the Integrated Governance Committee
Key points	The Integrated Governance Committee has reviewed progress against the Development Plan and agreed that an end of commission paper should be prepared for the Board. The Committee considered that the improvement themes are now embedded within established governance and reporting arrangements. Continuing activity will be managed through the relevant Board committees, executive arrangements and established assurance processes. The Service will confirm with the Scottish Government whether any further reporting against the standalone Development Plan is required.
Timing	Board approval is sought at the September 2026 Board meeting, following consideration by the Integrated Governance Committee on 20 August 2026.
Associated Corporate Risk Identification	The paper supports effective management of governance and assurance risks through established Board, committee, corporate risk and audit arrangements. Any emerging governance risks will continue to be considered through the Corporate Risk Register and relevant governance structures.
Link to Corporate Ambitions	This paper is aligned to all of the Service's corporate ambitions.

Link to NHS Scotland's Quality Ambitions	This paper is aligned to and supports all three of NHS Scotland's quality ambitions to enable our workforce to provide safe, effective and person centred care.
Benefit to Patients	Strong and integrated governance supports clear accountability, effective scrutiny and timely management of risks. This provides assurance that decisions and improvement activity remain focused on the delivery of safe, effective and person-centred services.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	No direct adverse equality or diversity impacts have been identified from the proposed transition. Equality, diversity and inclusion activity will continue through established People and Culture and Staff Governance arrangements, rather than through the standalone Development Plan. The latest tracker records significant assurance for much of this theme, with ongoing activity concerning recruitment and diversity of thought receiving moderate assurance.



SCOTTISH AMBULANCE SERVICE BOARD

TRANSITION OF THE BLUEPRINT FOR GOOD GOVERNANCE DEVELOPMENT PLAN INTO BUSINESS-AS-USUAL GOVERNANCE ARRANGEMENTS

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SECTION 1: PURPOSE

The purpose of this paper is to provide assurance to the Board on the progress achieved through the Blueprint for Good Governance Development Plan and to seek approval for the formal transition of the Plan into business as usual governance arrangements.

The paper also seeks approval to close the Development Plan as a standalone improvement programme, with any remaining or continuing areas of work managed through the Service's established Board, Committee, Executive, risk and assurance arrangements.

This paper responds to the decision of the Integrated Governance Committee on 20 August 2026 that an end of commission document should be prepared for consideration by the Board and, if required, submission to the Scottish Government.

SECTION 2: EXECUTIVE SUMMARY

The Blueprint for Good Governance Development Plan was established as a time limited improvement plan to strengthen governance arrangements and to support identified development activity across the Service.

The latest progress tracker, dated 12 August 2026, demonstrates significant assurance across the majority of the Development Plan. It also confirms that key activities are now being progressed through established organisational arrangements, including the Innovation Hub, the 2030 Strategy Steering Group and reporting arrangements, People and Culture activity, Staff Governance Committee, Clinical Governance Committee, the Board Assurance Framework and stakeholder engagement processes.

At its meeting on 20 August 2026, the Integrated Governance Committee considered whether continued reporting through the standalone tracker remained useful and proportionate. Members recognised that the principal themes had either been completed or were now embedded in routine governance arrangements. The Committee agreed that the Plan should be closed through an end of commission paper to the Board, while maintaining appropriate oversight of continuing activity.

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Transitioning the Development Plan does not end governance improvement activity. It moves ownership and monitoring into the established arrangements best placed to sustain delivery, manage risk and provide assurance. The Integrated Governance Committee will continue to provide a forum for cross cutting matters, emerging risks and areas that do not sit solely within a single standing committee.

Confirmation will be sought from the Scottish Government regarding any further reporting expectations.

SECTION 3: BACKGROUND

The Blueprint for Good Governance Development Plan was developed to consolidate and oversee governance improvement activity arising from the Service's governance development and self-assessment work.

The Plan has provided a structured means of monitoring improvements across five principal themes:

- technical and scientific innovation;
- culture;
- equality, diversity and inclusion;
- integration and collaboration with external stakeholders; and
- the Board Assurance Framework.

Progress has been monitored through the Integrated Governance Committee, with activity also reported through the Board and the relevant standing committees.

The format was intended to be time limited. As actions matured, the expectation was that completed work and continuing responsibilities would transfer into established governance and management arrangements. During its review on 20 August 2026, the Integrated Governance Committee concluded that this point had now largely been reached.

SECTION 4: DISCUSSION

Overall position

The latest tracker provides significant assurance across the actions. It records that several principal deliverables have been completed, while other work is continuing through established organisational programmes and reporting routes.

The Integrated Governance Committee considered that continued use of the full standalone tracker risked duplicating reporting already undertaken through the Board, standing committees, executive governance and established programmes.

Technical and scientific innovation

The Innovation Hub has been established and an associated multi year work programme has been developed. Innovation activity has been mapped to Annual Delivery Plan outputs, and dashboard reporting is being used to align activity with outcomes and provide status information.

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Reporting will be taken through the 2030 Strategy arrangements and the Innovation Hub. Relevant clinical governance and research governance assurance will also be reported through the Clinical Governance Committee.

Culture

The Culture Programme was approved by the Board in May 2026 and continues through established executive, People and Culture and Staff Governance arrangements.

Work on refreshed people and culture measures, including a culture dashboard, is due to be considered by the Staff Governance Committee. The tracker records significant assurance for established programme activity and moderate assurance for measures that remain under development.

Culture is therefore not proposed as a separate reporting stream under the closed Development Plan. Cross cutting or emerging culture matters may, however, be considered by the Integrated Governance Committee when a collective view across committee chairs would add value.

Equality, diversity and inclusion

The tracker identifies substantial progress in staff networks, the Equality, Diversity and Inclusion Steering Group, equality outcomes, Board development and population health activity.

The principal activity is embedded within the People and Culture and Staff Governance arrangements. Continuing work relating to recruitment from diverse communities and diversity of thought at Board level will remain subject to the relevant established oversight.

Integration and collaboration with external stakeholders

Stakeholder mapping, review of Community Planning Partnership engagement and the development of stakeholder engagement tools have progressed, with significant assurance recorded in the tracker.

Stakeholder arrangements will require continuing attention as the external landscape evolves. This theme is particularly cross cutting and will continue to benefit from consideration at the Integrated Governance Committee. This will continue to be reviewed at each meeting.

Board Assurance Framework

The review of the Board Assurance Framework has been completed and the revised approach has been considered by the Executive Team, Audit and Risk Committee and the Board.

The tracker records significant assurance for the development and implementation of the Framework, including updated assurance thresholds, alignment with corporate objectives and continuing work on triangulation and performance reporting. The Framework is now an established component of the Board's assurance arrangements.

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Future governance and oversight

Following closure of the standalone Plan, ongoing oversight will be provided as follows:

Area	Ongoing oversight
Cross-cutting governance effectiveness, emerging risks and committee underlaps or overlaps	Integrated Governance Committee
Corporate governance and overall assurance	Board
Board Assurance Framework and audit assurance	Audit and Risk Committee, with reporting to the Board
Culture, workforce and equality, diversity and inclusion	Staff Governance Committee and executive People and Culture arrangements
Clinical and research governance associated with innovation	Clinical Governance Committee
Innovation delivery and reporting	Innovation Hub and 2030 governance arrangements
Corporate and emerging risks	Corporate Risk Register and relevant risk governance arrangements
Stakeholder strategy and cross cutting stakeholder matters	Integrated Governance Committee, Board and relevant executive or committee arrangements
Audit recommendations	Relevant management leads and Audit and Risk Committee

A Governance Committee Checklist will also be implemented to support a near real time assessment of whether any emerging opportunities or risks arose from discussion, and whether any matters should be considered elsewhere in the governance structure.

Scottish Government and external assurance

The Scottish Government has previously requested updates against the Development Plan. The Board Secretary will confirm whether reporting against the standalone tracker remains necessary following formal transition.

Where any continuing reporting is required, it will be aligned with routine governance and assurance information wherever possible to avoid unnecessary duplication.

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The formal Board decision, the final tracker and evidence of continuing oversight will provide an auditable record that the Plan has been transitioned rather than discontinued without assurance.

Risks and mitigations

The principal risk associated with closure is that residual activity could lose visibility or accountability. This is mitigated by assigning each area to an established governance route, maintaining cross-cutting oversight through the Integrated Governance Committee and retaining the final tracker as the transition record.

There is also a risk that the external governance environment may change and create new requirements. This will be mitigated through routine horizon scanning, stakeholder engagement, the Corporate Risk Register and the Integrated Governance Committee's focus on emerging and cross cutting issues.

Closure should not be interpreted as meaning that governance development is complete. Continuous review, constructive challenge and improvement will remain integral to the Service's governance framework.

SECTION 6: CONSULTATION

The transition proposal was considered by the Integrated Governance Committee on 20 August 2026.

The discussion included the Chair, Chief Executive, Director of Finance, Logistics and Strategy, Director of People and Culture, Medical Director, Board committee chairs and the Board Secretary. Members supported preparation of an end of commission document for submission to the Board.

The latest tracker incorporates updates from the Executive and Non-Executive leads responsible for the individual Development Plan themes.

The Scottish Government will be consulted to establish whether any further reporting is required following formal closure and transition.

APPENDICES:

Appendix 1: Final Blueprint for Good Governance Development Plan as presented to the Integrated Governance Committee on 20 August 2026.

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Scottish Ambulance Service Governance Development Plan - Action Progress Tracker

Note - Updates since last presentation to Integrated Governance Committee highlighted in red text

Progress Status:

- Action Complete
- Progressing
- Action on Track
- Action Not on track – Delays identified

Assurance Thresholds:

- Significant Assurance
- Moderate Assurance
- Limited Assurance
- No Assurance

Action Theme: Technical and Scientific Innovation Establish a shared understanding of innovation and a structured triple helix approach in delivering our change programme and improvement work.	High Level Actions	Lead	Timeline	Progress Update	Assurance Threshold	Status
	Joint working to define a shared understanding of innovation and being innovative and what this means for SAS.	Carol Sinclair, Non-Executive Director	3 year programme of work – underpinned by milestones agreed annually.	Innovation Hub established with preliminary work to be undertaken December 2024 to March 2025 for inclusion in new strategy.	Significant Assurance	
	Consider the means of developing a disinvestment and evaluation framework to support the Board's decision making process.	Paul Bassett, Chief Operating Officer		Will form part of the Innovation Hub Workplan April 2025 – 2028. A draft workplan reflecting on “the past, managing the present, and aspiring for the future” has been updated and is aiming to be presented to a future Board meeting.	Significant Assurance	
	Review and consider data linked to industry.			Problem statements developed. Two procurement presentations have been provided on how to procure innovations. Data Group has been established. Data group is taking forward and assessment of the current status. Project management support is being provided to progress the data group work. Additional data resource is also being considered. This is being considered against the work from Zuhlke to develop a dashboard highlighting escalation plans for NOAP tables and clinical hub input. Zuhlke have developed a prototype and an inhouse version of this is being developed, with some further input from Zuhlke being considered.	Significant Assurance	
	Enhance the good relationships developed with universities.			Building upon strong foundations with multiple universities including but not limited to those which provide paramedic undergraduate training.	Significant Assurance	
Action Theme: Culture Develop the means for the Board to	High Level Actions	Lead	Timeline	Progress Update	Assurance Threshold	Status
	Highlight, raise awareness and learn from the initiatives already in place.	Mike McCormick	3 year programme of work – underpinned by	The Executive Team has recently launched its cultural development programme with an action plan and road map currently being developed. A culture lead has been appointed to	Significant Assurance	

have a clear and easily accessible oversight of the culture of the organisation in order to define distinctive priorities for the future and support the organisation through cultural change.		Non Executive Director	milestones agreed annually	take forward this work, and We await the detailed findings from the People and Culture Consultant regarding the proposed action plan for taking forward the culture transformation programme within SAS. This is due to be presented to the Board in May 2026. The Culture programme was approved by the Board in May 2026.		
	Strengthen mechanisms for the Board to gain relevant insight on the culture of the organisation, particularly at times of change within the workforce.	Graeme Ferguson, Deputy Director of People and Culture		Further work being undertaken by the OD Team building upon the pulse surveys. Internal audit is also underway. Recommendations for refreshed people and culture measures, including a 'culture dashboard' will be discussed at SGC in September	Moderate Assurance	
	Develop appropriate metrics to enable coherency of approach to improve Board oversight of culture.	Elise Gallagher Director of People and Culture		Working underway by OD Team to develop a culture heatmap. Recommendations for refreshed people and culture measures, including a 'culture dashboard' will be discussed at SGC in September	Moderate Assurance	
	Build on the valuable contribution and expertise of staff to define and deliver a culture for the future.			Piloted a staff led change initiative which has been very successful in securing funding and implementing improvement across hospital flow. This model and local regional mechanisms are being used to encourage other ideas.	Significant Assurance	
	Learn from other organisations including the AACE Review			Work underway, including sexual safety.	Moderate Assurance	
Action Theme: Equality, Diversity and Inclusion Develop a shared understanding of equality, diversity and inclusion, building on the learning from diversity networks to embed a culture of inclusion across the organisation and making diversity and inclusion part of the decision making process.	High Level Actions	Lead	Timeline	Progress Update	Assurance Threshold	Status
	Develop a shared understanding of how to embed equality and inclusion across SAS programmes, building on the learning and internal expertise of diversity networks along with the voice of lived experience.	Maggie Watts, Non-Executive Director	Over next 12 months by April 2025	Prior to 2023, three staff networks were established within SAS. These were the Ethnic Minority Forum (previously named, Black, Asian and Minority Ethnic) Forum, the Proud@SAS Network for Lesbian, Gay, Bisexual & Transgender + (LGBT+) staff and the Disability Network. During 2023, we saw the launch of our Armed Forces and Gender Equality/Women's networks. We also re-established the Equality, Diversity and Inclusion Steering Group. Staff networks participated fully on the refresh and development of the EDI plan to deliver against our identified equalities outcomes.	Significant Assurance	
	Build on the Board's understanding of diversity, the impact of health inequalities and links to anchor institution through shared discussion and internal and external expertise at Board Seminars.	Graeme Ferguson, Deputy Director of People and Culture Elise Gallagher Director of People and Culture		- Roll out of Young Minds Save Lives Programme and community action team. - Ongoing progress on anchor plan - Following the release of Scotland's Population Health Framework the implications for SAS were discussed as part of the Hot Topic item at the August 2025 Clinical Governance Committee. - Population Health action plan is being updated	Significant Assurance	
				Equality, Diversity and Inclusion session to be undertaken as part of the April Board Development session. - Complete	Significant Assurance	

	Consider diversity of thought and voice of the Board table and seek to understand if a new approach is appropriate to future Board recruitment. Develop initiatives to enhance recruitment from diverse communities to the organisation.			The Workforce Section of the Anchor Plan is developing actions to focus on targeted recruitment. Significant programme of outreach work, contributes strongly to diversifying recruitment pipelines.	Moderate Assurance	
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Action Theme: Integration and Collaboration with External Stakeholders Develop the Board's understanding and oversight of the organisation's stakeholders and develop the means for more effective engagement with relevant stakeholders, to enhance SAS profile and develop mutual understanding of adding value and giving direction.	High Level Actions	Lead	Timeline	Progress Update	Assurance Threshold	Status
	Undertake stakeholder mapping with clear differentiation of internal and external stakeholders and embed an understanding of the importance of value added stakeholder relations across the organisation.	Maggie Watts Non-Executive Director	Over next 12 months by April 2025 however work will be ongoing	Presentation of current stakeholder map provided and discussed at meeting on 6 th March 2025. This is being continually reviewed.	Significant Assurance	
	Consider relevance of links to Community Planning Partnerships and strategic planning groups at a Territorial Board (local), regional and National level (issue based relationships) and develop effective mechanisms to ensure SAS are included as part of stakeholder decision making processes.	Julie Carter, Director of Finance Logistics and Strategy		- Review of the CPP engagement undertaken i.e. who attends what and when across the country. Meeting took place with Stuart Currie, Non Executive Director lead on 6th March which also provided an update on the CPP SAS input. - Stakeholder engagement tools developed.	Significant Assurance	
	Ensure SAS continues to maximise opportunities to influence and is proactive in its approach.	Karen Brogan, Director of Strategy Planning and Programmes		- A number of actions were taken at the meeting which took place on 6th March, including that an internal workshop with key leads would be set up, building on the stakeholder map, with the aim of having a clear plan on who is doing what, how we collate/lead/influence and monitor. - It was agreed that the actions taken from the 6th of March meeting would be collated along with the stakeholder map to form a paper to be presented to the 2030 Steering Group for agreement on next steps and contribution to the workshop.	Significant Assurance	
Continued Focus Actions						
Action Theme: Board Assurance Framework Ensure the Board's Assurance Framework is fit for purpose and	High Level Actions	Lead	Timeline	Progress Update	Assurance Threshold	Status
	Undertake a deep dive exercise to review whether the current framework data provides the right assurance, adds value and has the right Board oversight.	Carol Sinclair, Non-Executive Director Julie Carter, Director of	12 Months (June 2025)	Review carried out and presented to Executive Team and Audit and Risk Committee. It was agreed that a Board Assurance Framework based on the NHS Wales Framework would be adopted by SAS, which has now been developed and was presented to the January 2025 Audit and Risk Committee and January 2025 Board. - Complete	Significant Assurance	

implementing active governance process.	Board members to consider what questions are asked/ information is being requested, why and how it adds value to assurance.	Finance, Logistics and Strategy		- Assurance Thresholds identified and proposed that scales of assurance against corporate objectives are used within the BAF. - Building on the plan on a page and new corporate objectives for 25/26 the BAF updated.	Significant Assurance	
	Consider the triangulation of information and where appropriate, the benchmarking of performance.			- Annual review of Performance Measures will take place at April Board Development Session. - Review the balanced scorecard being undertaken by PPSG along with a review of best practice. This was paused awaiting the review by the BI team which was presented to the Board development session in February 2026. - Further discussions are being progressed in relation to a performance team/lead that would produce performance data, aligned to a scorecard approach. This would support the new approach to PPSG. - Continued update on the BAF with July Board approval - Redesign of PPSG approach being implemented and will then consider if a performance team/lead is required and how would contribute to this new approach	Significant Assurance	