



NOT PROTECTIVELY MARKED

Public Board meeting		30 July 2025 Item 08
THIS PAPER IS FOR APPROVAL		
2025-26 BOARD ASSURANCE FRAMEWORK		
Lead Director Author	Julie Carter, Director of Finance, Logistics and Strategy Pippa Hamilton, Board Secretary	
Action required	Board members are asked to approve the SAS 25/26 Board Assurance Framework. This notes the current position, recognising this is a live document, on the SAS agreed corporate objectives for 25-26 and the Business As Usual priorities. These have been incorporated into Executive objectives and cascaded through management teams.	
Key points	<p>The Board Assurance Framework is a live document that will be regularly updated that maps our assurance processes highlighting our delivery actions and corporate risks. This underpins our 2030 strategy and delivers our 'plan on page' defining our annual delivery plan objectives, actions and outcomes. This has been reviewed by the June Audit and Risk Committee and presented for Board approval for 2025-26.</p> <p>The update includes:</p> <ul style="list-style-type: none">- The need for consistent language in relation to aims, objectives and plans- The now approved plan on a page as the 'golden thread' throughout the paper- Recognising the need to balance strategic objectives (defined in the paper as corporate objectives) with business as usual activities (with improvement) and the assurance supporting both of these, This also supports the two distinct reports presented to every Board meeting, progress against SAS 2030 strategy and SAS performance against our improvement trajectory- Inclusion of the updated and approved SAS performance framework	
Timing	The Board Assurance Framework will be reviewed on an ongoing basis and updates provided to SAS Audit and Risk Committee. Any significant changes will be presented to the SAS Board, with a further update presented for the 26/27 plan.	

Associated Corporate Risk Identification	This paper aligns to all Corporate Risks.
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	
Climate Change Impact Identification	<p>This paper identifies climate change impacts on the undernoted category(s):</p> <ul style="list-style-type: none"> Land and Buildings Environmental Impact (e.g significant flood and wildfires etc). Travel Fleet Goods and Service (Procurement)
Equality and Diversity	



**Scottish
Ambulance
Service**

Working in Partnership with Universities



Board Assurance Framework

July 2025

Version 2

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Introduction

The purpose of this document is to summarise how the Scottish Ambulance Service delivers and sustains good corporate governance to ensure delivery of its corporate ambitions outlined within [Our 2030 Strategy](#) to save more lives, reduce inequalities and improve health and wellbeing.

All NHS Scotland Boards must deliver the functions described within [the Blueprint for Good Governance in NHS Scotland](#) to the standard set by the Scottish Government. Promoting and delivering good governance starts with the development of a Board Assurance Framework (BAF). This simple model brings together the organisation's purpose, aims, values, corporate objectives and risks with the strategic plans, change projects and operating plans necessary to deliver the desired outcomes.

The Board Assurance Framework (BAF) is primarily used to identify and resolve any gaps in control and assurance and helps identify any areas where assurance is not present, insufficient or disproportionate in relation to the delivery of the NHS Board's corporate objectives or operational priorities. This also describes the performance indicators, change project milestones and targets linked to each of the corporate objectives and forms the foundations for the assurance information system that provides the accountability reports to the NHS Board and standing committees.

The BAF provides a clear picture of the links between the outcomes expected by the Board and the strategic plans, transformational change projects and operational plans developed by the Executive Team to deliver those outcomes.

The BAF is a live document that will be regularly reviewed and updated, mapping our assurance processes, highlighting our corporate objectives and corporate risks. This underpins our 2030 Strategy. This BAF now reflects the update as at June 2025 for the year 2025-26.

2030 Strategy



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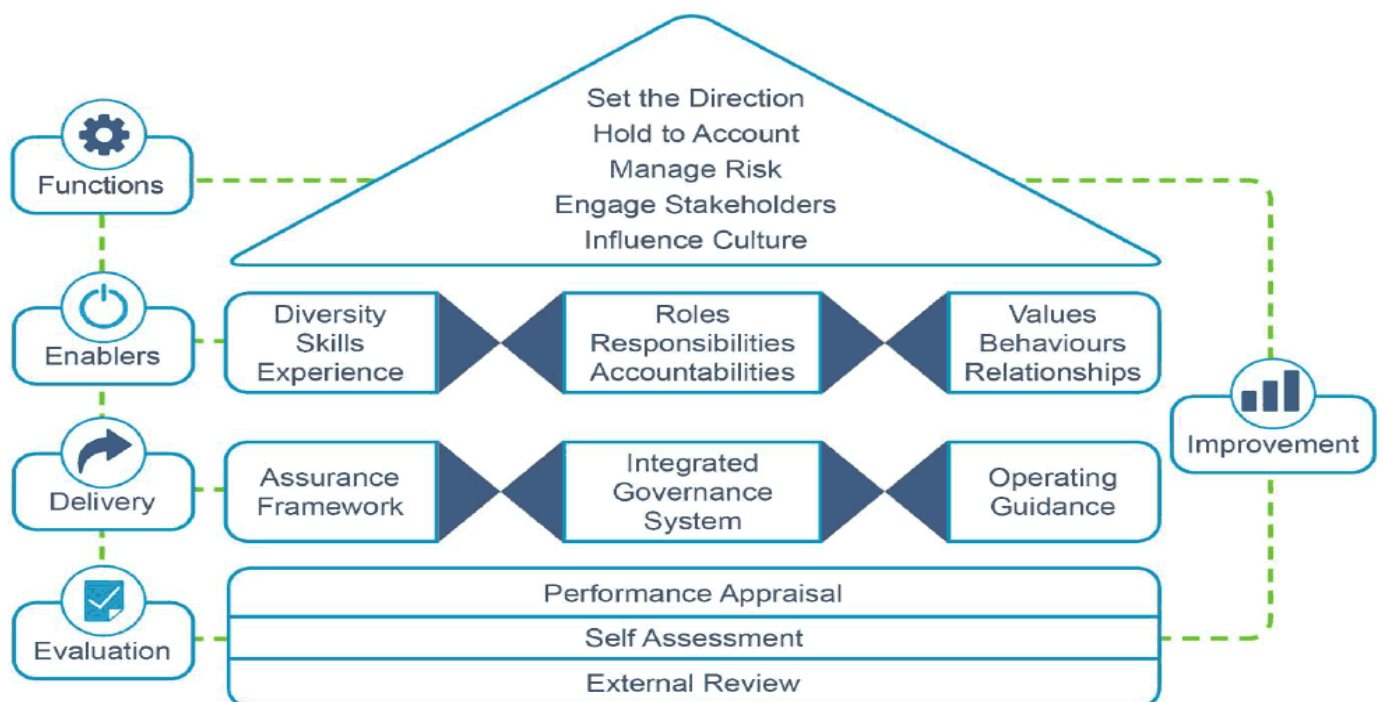
Our Governance Framework

Our governance arrangements incorporate all aspects of our business and how we operate., including:

- Board and Committee Governance arrangements
- Information Governance
- Clinical Governance
- Staff Governance
- Financial Governance
- Service Delivery
- Safety and Quality Standards
- Innovation and Transformational Change
- Education, Training and Development

We have adopted an integrated approach to governance with the establishment of our Integrated Governance Committee as a standing committee of the Board. The remit of the Integrated Governance Committee is to provide assurance to the Board of coordinated corporate governance across all strands of governance within the Scottish Ambulance Service. The Committee has oversight of ongoing effective corporate governance in line with the Blueprint for Good Governance.

The Blueprint for Good Governance Model



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This model builds on the Principles of Good Governance that describe what good governance looks like and provides more detailed guidance to NHS Boards on the functions and the enablers of good governance. It provides definitions of the assurance framework, the integrated governance system and the operating guidance that also required to be in place to support good governance.

Delivering good governance need the functions, the enablers, **the assurance framework**, the integrated system and the operating procedures to be in place. This June 2025 update incorporates ongoing discussions from Board meetings and governance committees and specifically now incorporates:

- **The 2025-26 plan on a page, as the underpinning plan for delivery in 2025-26.** This recognises feedback from Board members that the language of aims/objectives/plans were not consistently applied and finding the 'golden thread' from the overarching plan (the plan on a page) to the delivery would further add to the BAF
- **Recognition of the need to balance strategic initiatives (defined thereafter as our corporate objectives) with business as usual activities and the assurance supporting both of these.** This supports the 2 distinct reports presented to every Board meeting - one paper focused on day-to-day delivery, performance and risks; and the second paper focused on performance against strategic programmes.
- **Inclusion of the now updated and approved performance framework.** This will also include a note of the work in developing further the Service Balanced Scorecard

Our Board and Executive Team

The Scottish Ambulance Service Board is accountable for setting strategic direction, and assurance in relation to governance, risk management and internal controls of the organisation. The Chief Executive (and Accountable Officer) of the organisation has responsibility for maintaining appropriate governance structures and procedures.

The Board functions as a corporate decision making body, with Executive Directors and Non-Executive Directors sharing corporate responsibility for all the decision of the Board, ensuring focus on developing and maintaining a strategic direction designed to deliver the Scottish Government's policies and priorities, provide effective scrutiny, challenge, support and advice to the Executive Team in the delivery of the organisation's purpose, aims, values, corporate objectives, operational priorities and targets.

In particular, the Board has responsibility for:

- Setting the strategic direction
- Setting the governance framework
- Holding Executives to account for delivery
- Steering the risk appetite and overseeing corporate risk
- Engaging with stakeholders
- Influencing organisational culture and development
- Successful delivery of the Scottish Ambulance Services' aims and objectives.

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With the exception of powers reserved for the Board and its Committees (as outlined in the Scheme of Delegation) the Board delegates authority for operational delivery and operational decisions to the Chief Executive.

The Chief Executive recognises the Executive Team as the key executive leadership team for the collective execution of delegated responsibility. This is in addition to the delegated individual accountabilities and responsibilities that each Executive Director has within their respective portfolios.

The Executive Team comprises of the Chief Executive and Directors (some of whom are Executive Directors) and has responsibility for the leadership and operational management of the organisation. The Executive Team meets formally each monthly, with weekly meetings in place to discuss currently finance challenges, and this flexes to include operational, clinical and workforce issues.

An annual Board Work Plan has been developed to ensure that the Board discharges its responsibilities in a planned manner. It assists with agenda planning and is updated throughout the year to ensure that the Board considers any additional items arising during the year.

The delivery plan as summarised on the plan on a page below, defines both our **business as usual actions** (steady state activities) and our **corporate objectives** being our measurable steps taken to achieve the strategic ambitions in our 2030 strategy.

The Service corporate objectives are agreed each year and form the basis of the Executive objectives allowing for these delegated within Executive teams' objectives and spread throughout the Service. These annual corporate objectives are aligned to the Service Annual Delivery Plan, the 2030 Strategic objectives and aim to mitigate the Service key corporate risks.

The Plan on a Page summarises these below.

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Vision
Save more lives, Reduce Inequalities and Improve Health & Wellbeing

Our Values
Care & Compassion,
Equality, Dignity & Respect
Openness, Honesty & Responsibility
Quality & Teamwork

Mission
Work together with the people of Scotland, our staff and partners to deliver sustainable and effective care, experience and treatment, anticipating needs and preventing ill health



Our 2030 Strategy Ambitions

We will provide people in Scotland with Safe & Effective Care

We will be a great place to work, focusing on staff experience, health and wellbeing

We will innovate to continually improve our care and enhance the resilience and sustainability of our services

We will work collaboratively with citizens and our partners to create healthier and safer communities

We will improve population health and tackle the impact of inequalities

We will deliver our net-zero climate targets

Our Delivery Plan for 2025/26

OHCA Improvement Project
Stroke Improvement Project
Trauma Improvement Project
Urgent & Unscheduled Care
- IHUB Optimisation
- Pathways Development
Palliative & End of Life Care
Improvement
Scheduled Care Improvement
Mental Health Strategy
Dementia Strategy
HIU Plan
Realistic Medicine Plan
Enhancing Major Incident Capability
Hospital Turnaround Plan

Health & Wellbeing Strategy
Delivery
Improving Attendance Project
Leadership Training & Development
Statutory & Mandatory Training
Delivery
RWW Programme
NQP Recruitment Improvement Plan
Workforce Planning improvement plan
Technician to Paramedic Training Review
Sexual Safety & Misogamy
Developing our Culture

HCP Online Booking
NHS24 Digital Patient Handover
National E-Rostering Project
GRS Timecard Project
Remote Monitoring Expansion
O365 Optimisation Project
Research & Development
Innovation Projects
Digital Prescribing (APs in IHUB)
GRS Cloud Migration Project
Business Systems Transformation Programme
Digital Maturity Action Plan
Data Optimisation Plan

Anchor Plan Delivery
Young Minds Saves Lives Project
Air Ambulance Efficiency
Reform Collaboration Workplan
NHS 24 Collaboration Plan
Air Contract Implementation
South Station Project
Enhancing Capability of Volunteers
Enhance our Contribution to Primary & Community Care

Population Health Plan

Population Health Data Development

Drug Harm Reduction

Anti Racism Plan

Women's Health Plan

Protecting Vulnerable Adults and Children

Electric Vehicle Replacement & Infrastructure Programme

Travel Policy Implementation

Medical Gases Project

Medicine & Equipment Review

CERAS Action Plan

Outcomes

Improved OHCA Survival Rates
Improved Clinical Outcomes
Increase in patients treated at home
Reduction in unnecessary Ambulance & ED attendance
Improved whole system flow
Improved Access to Right Care
Increase in Operational Efficiency
Better Value Health & Care
Improved Patient Experience
Improved Staff Experience
Reduction in Clinical Risk
Achievement of call answer standards
Reduction in hospital turnaround
Improved response times

Increased awareness, access and usage of wellbeing support
Improved Staff Wellbeing
Improved Staff Experience
Increase in Attendance at work
Maintain Safe Staffing Levels
Reduction in working hours
Reduction in Overtime and Cost
Improvements to Estate
Improved staff retention
Increasing the diversity of workforce

Improved Patient Experience
Improved Staff Experience
Better Value Health & Care
Access to improved data to support informed planning & decision making
Increase in digital skills across the workforce

Improved Access to Care
Improved patient experience
Improved staff experience
Reduced health inequalities
Reduction in carbon footprint
Prevention of ill health and Improved population health

Access to improved data to support informed planning & decision making
Prevention of ill health, harm and death
Reduced health inequalities
Greater understanding of Equality & Diversity
Increase Fair Work Opportunities

Increase in electric charging infrastructure
Increase in electric vehicles
Reduction in Medical Gas Holdings and cost
Reduction in carbon footprint
Reduction in Travel
Better Value Health & Care
Prevention of ill health and Improved population health

Supporting Delivery of NHS Scotland Priorities

Urgent & Unscheduled Care

Planned Care

Mental Health

Cancer Care

Workforce

Women's & Children's Health

Population Health & Reducing Inequalities

Digital & Innovation

Population Health & Reducing Inequalities

Primary Care

Urgent & Unscheduled Care

Population Health & Reducing Inequalities

Digital & Innovation

Women's & Children's Health

Climate

Population Health & Reducing Inequalities

Our principles

We will adopt a quality, and human rights based approach

Our services will be planned, designed and delivered around people and their lived experience

Ensure best value, good governance, joined up working and effective management of resources

Implementation will build on evidence and good practice, championing digital & Innovation

This summarises our Delivery plan for 2025-26, aligned to our strategic ambitions, outcomes, values, mission and vision. This is our 'golden thread' connecting the 2030 strategy including vision and our daily operations through our delivery plan for 2025-26. This will remain live and will be refreshed on at least an annual basis.

This work is underpinned by financial, clinical and staff governance.

Our Board Committees

In accordance with our Standing Orders and Scheme of Delegation, each Board Committee has key roles in the system of governance and assurance. They provide assurance to the Board through scrutiny of functions, services and matters delegated to them by the Board, making decisions, recommendations and escalating issues to the Board as appropriate.

They make a significant contribution to the monitoring and evaluation of the progress towards achieving the Board's purpose, aims, values, corporate objectives, priorities and targets by providing the time, space and expertise to effectively scrutinise performance across the system.

The Scottish Ambulance Service has implemented the following Board Committees:

- Audit and Risk Committee
- Clinical Governance Committee
- Staff Governance Committee
- Integrated Governance Committee
- Remuneration Committee (*reported through Staff Governance Committee*)

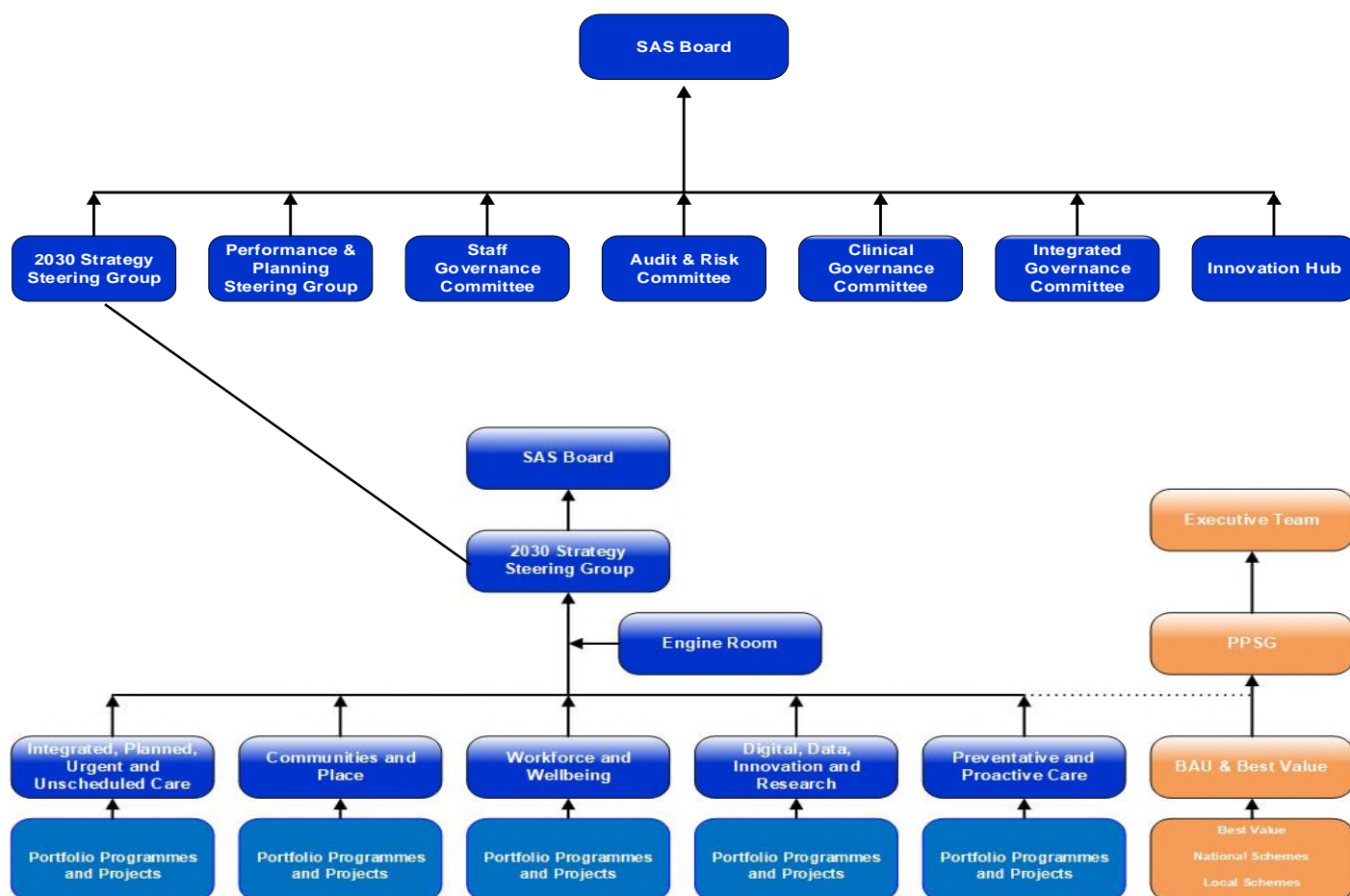
Each committee:

- Is chaired by a Non-Executive Director and is supported by an Executive Lead and Governance Officer.
- Sets and agreed an annual work plan for each Committee.
- Has terms of reference which are reviewed annually, and this is submitted to the Board for approval.
- The agenda for each meeting is set by the Committee Chair in discussion with the Executive Lead, supported by the Governance Officer.
- Agendas and approved minutes from each meeting are submitted to the Board as part of the Committee Chairs update to each Board meeting.
- Undertakes an annual self-assessment.
- Produces an annual report which is submitted to the Board for assurance that the Committee is meeting its terms of reference.

The Committees are delivered through the following governance structure.

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Delivery & Governance Structure



The assurance framework describes these delivery plans assigned to each of these committees and groups, that these committees need to provide assurance on to the SAS Board.

Annual Delivery Plans 25-26

The annual delivery plans, as shown on the plan on a page are aligned to the strategic aims of our 2030 strategy as shown on page 3:

- ❖ We will provide people of Scotland with safe and effective care
- ❖ We will be a great place to work, focusing on staff experience, health and wellbeing
- ❖ We will innovate to continually improve our care and enhance the resilience and sustainability of our services
- ❖ We will work collaboratively with citizens and our partners to create healthier and safer communities
- ❖ We will improve population health and tackle the impact of inequalities
- ❖ We will deliver our net zero climate targets

The delivery plans against each of these aims are shown below split between

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- Business as Usual (with improvements) and
- Corporate Objectives – steps to deliver our strategy

We will provide people in Scotland with safe and effective care

Business As Usual Activities (with improvement)	Corporate Objectives – steps to achieve our strategy
OHCA Improvement Project	Scheduled Care improvement (given the range of improvements within this workstream)
Stroke Improvement Project	Mental Health Strategy (given still developing)
Trauma Improvement Project	Dementia Strategy (given still developing)
Ihub Optimisation (or is this a corporate objective to develop a case to expand)	Realistic medicine plan (given still developing)
Pathways development (assuming this is BAU and continuous improvement)	Hospital Turnaround plan (given need to do something different)
Palliative and end of life care	
HIU plan	
Enhancing major incident capability	

We will be a great place to work, focusing on staff experience, health and wellbeing

Business As Usual Activities (with improvement)	Corporate Objectives – steps to achieve our strategy
Leadership training and development	Health and Wellbeing strategy delivery
Statutory and Mandatory Training delivery	
Technician to paramedic training review	RWW Programme
NQP Recruitment Improvement plan	Workforce planning improvement plan (given the scale of the improvement actions)
Improving attendance project (given the scale of the improvement actions)	
Sexual safety and mysogony (given the wider culture work)	
	Developing our culture

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We will innovate to continually improve our care and enhance the resilience and sustainability of our services

Business As Usual Activities (with improvement)	Corporate Objectives – steps to achieve our strategy
NHS24 Digital patient handover (now gone live)	HCP Online booking (given scale of roll out needed)
National rostering project (almost at go live stage)	GRS Timecard not gone live yet but at scale across the service
M365 optimisation project (expanding what we have in place)	Remote monitoring expansion
Research and Development innovation projects (BAU aspect)	Digital prescribing (APs in Hub)
Digital maturity action plan	GRS Cloud migration project (given scale of change potential)
	Business services transformation programme
	Data optimisation plan

We will work collaboratively with citizens and our partners to create healthier and safer communities

Business As Usual Activities (with improvement)	Corporate Objectives – steps to achieve our strategy
Air ambulance efficiency	Anchor Plan delivery (given still in early stages)
Reform collaboration workplan	YMSL Project (given business case due in July)
	NHS24 collaboration plan (given needing refresh)
Research and Development innovation projects (BAU aspect)	South Station Project
Enhancing capability of volunteers	Enhance our contribution to primary and community care
	Air Contract implementation

We will improve population health and tackle the impact of inequalities

Business As Usual Activities (with improvement)	Corporate Objectives – steps to achieve our strategy
Drug harm reduction (or if business case due should this be in corporate objectives)	Population health plan (given still in early stages)
Protecting vulnerable adults and children	Population health data development
	Anti racism plan (given still in development)
	Womens health plan

We will deliver our net zero climate targets

Business As Usual Activities (with improvement)	Corporate Objectives – steps to achieve our strategy
Electrical vehicle replacement and infrastructure programme	CERAS action plan
Travel policy implementation	
Medical gases project	
Medicines and equipment review	

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The Service prepares their NHS Board Delivery Plan to provide the overarching planning and prioritisation context which sets out, at a Board-wide level, the planning for the key services the Board will deliver in the following year. It is informed by appropriate quality, financial and workforce planning, as well as setting the context for more detailed planning for the delivery of specific services and the effective running of the organisation, such as digital, governance, and other corporate functions.

As NHS Board Delivery Plans are ultimately developed, approved and delivered by the Board itself and as such, should reflect the Boards own individual strategic context and priorities. It is however essential that Delivery Plans are aligned to the national priorities of the Scottish Government and NHS Scotland as a whole, and this is particularly important as planning becomes more collaborative, as set out in the recently issued Scottish Government's Director Letter "A renewed approach to population based planning for services across NHS Scotland".

It is also important to recognise that whilst NHS Board Plans should be primarily focussed on setting out plans for services directly managed by individual Boards in support of national priorities, this takes place within an increasingly integrated health and social care landscape. Board level planning should also be appropriately aligned to planning undertaken by other partners in the health and social care sector, with particular reference to Local Authorities and Integration Authorities planning.

The annual delivery plan therefore sets out the actions SAS will take to deliver on our strategic vision, ambitions and statutory responsibility as a board. These are underpinned by both financial and workforce plans.

The Board Assurance Framework (BAF) uses these delivery plans split between both BAU and corporate objectives as the basis of this assurance framework.

Corporate Risks

Our Corporate Risk Register identifies risks to achieving our corporate objectives and strategic aims. As a key component of the Board Assurance Framework (BAF), the Corporate Risk Register is a "live" document which is actively owned, reviewed updated and used by the Board to oversee, scrutinise and address corporate risks.

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Performance Measures

For financial year 2025/26, the following performance measures have been agreed with the Scottish Government. Performance against these are reported to the Performance and Planning Steering Group and to every Board meeting.

Measures	Aim
Sickness Absence %	8.0%
A&E Crew Shift Coverage	95.0%
Critically Unwell Patients – survival @ 30 days	58%
Worked Arrests – All Rhythms – survival @ 30 days	14%
Worked Arrests – VF/VT Rhythms (Utstein Comparator) – survival @ 30 days	36%
Worked Arrests – All Rhythms – ROSC	37%
Worked Arrests – VF/VT Rhythms (Utstein Comparator)	35%
Bystander CPR rates	81%
Pre SAS arrival PAD use	17%
Median time Purple incidents responded to from identification & dispatch	00:07:00
95 th Centile time Purple incidents responded to from identification & dispatch	00:20:00
Median time Red incidents responded to from identification & dispatch	00:08:00
95 th Centile time Red incidents responded to from identification & dispatch	00:20:00
Stroke – Call to Treatment (thrombolysis)	-
Median time Amber incidents responded to from identification & dispatch	00:16:00
95 th Centile time Amber incidents responded to from identification & dispatch	00:50:00
Emergency patients managed at point of call or on scene	50%
Emergency patients managed at point of call	25%
Emergency patients managed on scene	25%
Emergency patients conveyed	50%
Median time Yellow incidents responded to from identification & dispatch	00:31:00
95 th Centile time Yellow incidents responded to from identification & dispatch	03:30:00
Average Turnaround Time at Hospital – Emergency patients	00:50:00
Turnaround Time at Hospital > 1 Hour (arrival to handover <45 mins)	52,000
% Turnaround Time at Hospital <= 1hour (arrival to handover <45 mins)	86%
999 Call Handling Pickup in 10 Seconds	90%
PTS Punctuality for Inward Journey	74%
PTS Punctuality for Outward Journey	80%
PTS Cancelled by SAS No Resource	1.0%
Stage 1 Complaints Compliance	90%
Stage 2 Complaints Compliance	701%
Greenhouse Gas Emissions (tCo2e)	23,303 0.5% reduction

The Board also receives performance data on the following:

- Critically unwell patients (purple response)
- Patients at risk of deterioration (red response)

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- Patients requiring further specialist intervention (amber response)
- Patients with highest potential for non emergency department attendance
- Turnaround time at hospital
- Scheduled care performance
- 999 call performance (picked up in 10 seconds)
- Sickness absence
- Shift coverage

Work is also commencing in how this can be developed into a Balanced Scorecard approach to drive continuous learning and improvements. Early thinking on this would ensure that

using balanced scorecard to drive learning and improvements

Should align to the strategy and vision

Vision of where you want the business to get to – bringing in the 2030 pillars from the plan on a page

Will aid decision making, focus on learning – what do we learn from our strategy and performance

Help with communication across staff – operationalising what are key elements of our strategy and performance

Measures needing to drive behaviours (although recognising also external scrutiny) and need to be adapted and changed

A small working group has been established to develop this further during 25-26.

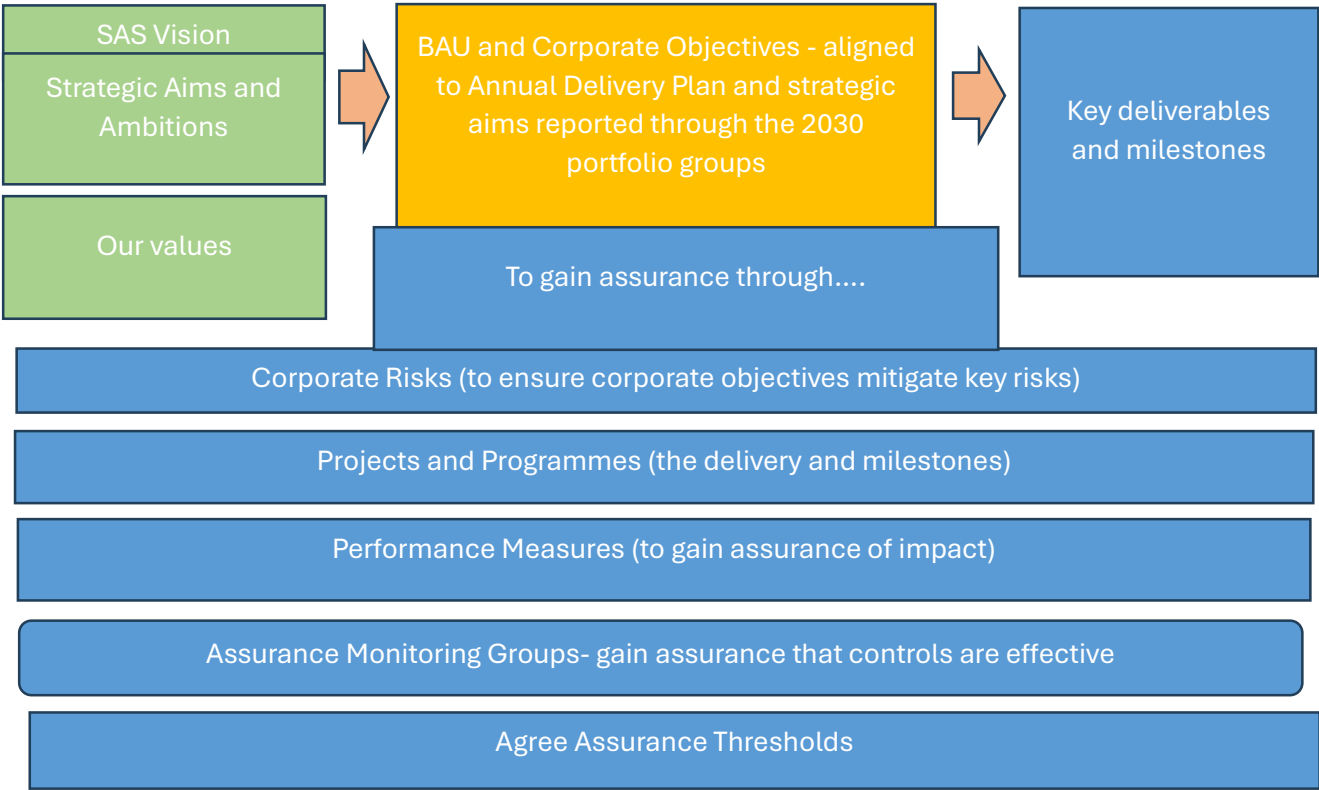
In bringing this all together promoting and delivering good governance starts with the development of a Board Assurance Framework. This simple model brings together the organisation's purpose, aims, values, corporate objectives and risks with the strategic plans, change projects and operating plans necessary to deliver the desired outcomes.

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The diagram below summarises the Board Assurance Framework aligning the objectives with the deliverables underpinned by the Corporate risks, the assurance groups and tolerance.

Board Assurance Framework

Our Plan on a Page



Assurance Framework Implementation

A framework is currently in place for reporting key information to the Board and Committees. This ensures that both the delivery of strategic and transformational change (within the 2030 reporting) and the current operational outputs and outcomes (within the performance reporting) are subject to appropriate scrutiny, at the appropriate level and in the appropriate place within the governance system.

There is a plan of business that is reported to the Board and Committees, and the Strategic and Corporate Risk Registers allow the Board to identify what risks need to be reported upon.

Our assurance framework has been framed around the Integrated Governance System and builds a picture of our Integrated Governance Infrastructure that collates in one place the relevant assurance provided to the board.

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The framework aims to provide a clear picture of the links between the outcomes expected by the Board as defined on the plan on a page and the delivery plans, both business as usual and corporate objectives developed by the Executive Leadership Team to deliver those outcomes.

This assurance framework includes taking each **corporate objective** describing the key milestones, the target completion date, what group is monitoring progress of these actions and the key measures that will show the impact of the actions.

Corporate Objective	Exec Lead	Project (if in place)	ADP Ref	Key Milestones	Target Date of milestones	Performance Measures (showing the impact)
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This then assesses the corporate objectives against the corporate risks ensuring that the objectives are aiming to reduce our highest risks.

And finally details how the Board will seek assurance of the delivery of the milestones, what Board committee is tasked with this and the agreed assurance threshold.

Risk mitigation and controls (not all projects are intended to mitigate corporate risks)	Assurance that controls are effective – how are we providing the assurance	Board Assurance Committee	Board Approvals / Assurance	Assurance Threshold
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These are detailed in **Appendix A (sample)**

The **Business as Usual** delivery plans are primarily focused on reporting on performance (and improvement) through the Performance and Planning Steering Group and reported to each Board meeting. Assurance is also provided through the relevant Board Assurance Committee(s). A similar assurance approach is in place for these as shown below:

BAU activity (with improvements)	Exec Lead	Reporting timeline	Performance Measures	Board Assurance Committee	Outcomes
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These are detailed in **Appendix A (sample)**

Assurance Thresholds

The SAS delivery plans include business as usual activities with some long established steady state and some newer established steady state, corporate objectives including short term and long term projects, projects in closing phase and projects in development phases.

Given this diversity there requires to be different levels of assurance, and therefore scrutiny and supporting actions against these corporate objectives. The BAF will describe these, noting they can change depending on internal and external factors. Agreeing these at the outset avoids

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unnecessary additional work and scrutiny and makes clear the level of assurance that is acceptable to the Board.

The different levels of scrutiny are summarised below:

- Significant assurance
- Moderate assurance and
- Limited assurance

In very extreme situations no assurance would be considered but these would be highlighted to the Chief Executive and Chair.

The assurance levels are described in further detail below:

1. Significant Assurance

Examples of when significant assurance can be taken are:

- The purpose is quite narrowly defined, and it is relatively easy to be comprehensively assured.
- There is little evidence of system failure, and the system appears to be robust and sustainable.
- The committee is provided with evidence from several different sources to support its conclusion.

DEFINITION	MOST LIKELY COURSE OF ACTION
The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	<p>If no issues at all, may not require a further report until the next scheduled periodic review of the subject, or if circumstances materially change.</p> <p>In the event of there being any residual actions to address, may ask for assurance that they have been completed at a later date agreed with the relevant director, or it may not require that assurance.</p>

2. Moderate Assurance

Examples of when moderate assurance can be taken are:

- In most respects the “purpose” is being achieved.
- There are some areas where further action is required, and the residual risk is greater than “insignificant”.
- Where the report includes a proposed remedial action plan, the committee considers it to be credible and acceptable.

DEFINITION	MOST LIKELY COURSE OF ACTION	
The Board can take reasonable assurance that controls upon which	The Board or committee will ask the director to provide assurance at an agreed later date that the remedial	
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the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

actions have been completed. The timescale for this assurance will depend on the level of residual risk.

3. Limited Assurance

Examples of when limited assurance can be taken are:

- There are known material weaknesses in key areas.
- It is known that there will have to be changes to the system (e.g. due to a change in the law) and the impact has not been assessed and planned for.
- The report has provided incomplete information and not covered the whole purpose of the report.
- The proposed action plan to address areas of identified residual risk is not comprehensive or credible or deliverable.

DEFINITION	MOST LIKELY COURSE OF ACTION
The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken.	The Board or committee will ask the director to provide a further paper at its next meeting and will monitor the situation until it is satisfied that the level of assurance has been improved.

4. No Assurance

DEFINITION	MOST LIKELY COURSE OF ACTION
The Board cannot take any assurance from the information that has been provided. There remains a significant amount of residual risk.	The director to provide a further paper at its next meeting, and the committee will monitor the situation until it is satisfied that the level of assurance has been improved. Additionally, the chair of the meeting will notify the Chief Executive of the issue.

The following brings this all together showing the Board Assurance Framework as at June 2025, incorporating the 25/26 corporate objectives and applying the model as described in this document.

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Conclusion and Next Steps

The Assurance Framework has been updated with 2025-26 delivery plans.

As this continues to be further developed the next steps are proposed to be:

- Work to progress on the balance scorecard development – using the BAF framework and those measures being reported to PPSG. This would aim to be completed by October 2025
- To add financial, staff governance and clinical governance assurance as a further memorandum. This will be developed from the Committee terms of reference and delegated risks and assurance data that is in place currently.
- 2030 Board Reporting to be updated reflecting the corporate objectives for 25/26.

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APPENDIX A

We will innovate to continually improve our care and enhance the resilience and stability of our services						
Corporate Objectives aligned to this portfolio	Exec Lead	Project resourced		Key Milestones – What are we planning to do?	Target Date	Performance Measures linked to outcomes on the plan on a page – noting these are being developed as the work progresses
Deliverable 1 HCP online Booking	DoF	Yes		Deliver a system to enable Health Care Professionals within acute, primary care and out-of-hours to book an ambulance digitally instead of a traditional phone call. Key milestones are: <ul style="list-style-type: none"> • First Board Go Live • Last Board Go Live 	March 2026 recognising need to ensure Territorial Board committment	Outcomes (Plan on a page) Improved Patient Experience - performance measures through reduced complaints, patient surveys Improved Staff Experience – staff feedback Better Value Health & Care – reduced staff costs
Deliverable 2 Implement GRS Timecard.	DoF	Yes		Enable digitalised claims for unsocial hours, planned and unplanned overtime and on-call claims to feed the payroll system.. Key mileastones Live system upgrade. <ul style="list-style-type: none"> • Small scale pilot complete. • Training complete. • Go Live. • Live roll out complete. • Project closed. 	August 2025	Outcomes (Plan on a page) Improved Staff Experience – staff feedback processes Better Value Health & Care – reduced variation and improved forecasting and workforce planning Access to improved data to support informed planning & decision making – consider link to performance measures Increase in digital skills across the workforce
Deliverable 3	DoF			Embed technologies in routine care	March 2026	Outcomes (Plan on a page) Improved Patient Experience - use of remote monitoring

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Remote monitoring expansion				Design pilot of stroke video assessment. Embed technologies in routine care Map Point of Care testing opportunities Become test bed for innovative technologies (CAELUS 2)		Improved Staff Experience – staff feedback Better Value Health & Care – consider reduction in need for ambulance resource Access to improved data to support informed planning & decision making – linked to clinical hub
Deliverable 4 Digital prescribing (APs in the Hub)	DoF	To be developed		Detailed actions to be developed and linked to overall AP review led by Director of Care Quality and Professional Development	TBC	Outcomes (Plan on a page) Improved Patient Experience - increased use, avoiding hospital admissions Improved Staff Experience – AP feedback Better Value Health & Care – consider reduction in need for ambulance resource Access to improved data to support informed planning & decision making – linked to clinical hub
Deliverable 5 GRS Cloud Migration	DoF	Yes		Business case being presented to the SAS Board in July		Outcomes (Plan on a page) Improved Staff Experience - develop staff feedback processes Better Value Health & Care –more efficiency rostering Access to improved data to support informed planning & decision making – link to workforce planning
Deliverable 6 Business Services Transformation Project	DoF	Yes		Linked to the OBC due to be presented to BCE meeting in June		Will be developed from the final OBC
Deliverable 7 Data Optimisation plan	DoF	tbc		Small working group established and next steps agreed through Innovation Hub		Will be updates from the workplan and next steps agreed through the Innovation Hub

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Corporate Risks, Mitigation and Assurance						
Number of associated risks on the risk register (ensuring objectives and aiming to reduce our highest risks)			Very High/High Rated on Corporate Risk Register			
			Link actions back to the Corporate risk register eg <ul style="list-style-type: none"> - Cyber Risk (to be developed further) - Turnaround time 			
Risk mitigation and controls (not all projects are intended to mitigate current corporate risks)		Assurance that controls are effective – how are we providing the assurance		Board Assurance Committee	Board Approvals / Assurance	Assurance Threshold
Deliverable 1 Implement a Health Care Professional online booking system.		Assurance is through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting		2030 Strategy Steering Group Portfolio Board	2030 progress update to SAS Board at each meeting.	Significant Assurance – actions and reporting in place
Deliverable 2 Finalise the implementation of an electronic timecard application on our current e-rostering system.		Assurance is through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting		2030 Strategy Steering Group. Portfolio Board	2030 progress update to SAS Board at each meeting.	Significant Assurance
Deliverable 3 Further develop our remote monitoring processes		Assurance is through the 2030 Reporting Process - <ul style="list-style-type: none"> - Progress update on highlight report against key milestones and dashboard reporting - Working with Innovation Hub for new developments 		2030 Strategy Steering Group. Portfolio Board Innovation Hub	2030 progress update to SAS Board at each meeting.	Moderate assurance (as this is being developed)

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Deliverable 4 Digital Prescribing	Assurance will be through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting Agreement on the action plan to be confirmed	2030 Strategy Steering Group. Portfolio Board	2030 progress update to SAS Board at each meeting.	Moderate Assurance – in development phase
Deliverable 5 GRS Cloud migration	Business case nearing completion and will be developed from this	2030 Strategy Steering Group. Programme board leading implementation Portfolio Board	2030 progress update to SAS Board at each meeting.	Significant assurance (following business case approval)
Deliverable 6 Business Services Transformation Project	Linked to work on national business case – to be developed	2030 Strategy Steering Group. BSP implementation Board (being set up) Portfolio Board	2030 progress update to SAS Board at each meeting.	Significant Assurance
Deliverable 7 Data Optimisation Plan	Working group established and action plan being developed	2030 Strategy Steering Group Innovation Hub Portfolio Board	2030 progress update to SAS Board at each meeting.	Moderate Assurance – as this is being developed

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We will innovate to continually improve our care and enhance the resilience and stability of our services

Business As Usual (with improvement)	Exec Lead	Reporting Timeline		Performance Measures (and improvement trajectory)	Board Assurance Committee	Outcomes
NHS24 Digital Patient handover	COO through national operations director	To be agreed		Building on work already on place and metrics to be agreed	PPSG through balanced scorecard reporting	Improved Patient Experience Improved Staff Experience Better Value Health & Care Improved efficiency reduction in patient complaints
National Erostering project – go live now in place	DoF through Director of Strategy planning and programmes	Quarterly update to PPSG		To be agreed and presented in logistics report to PPSG	PPSG – through the logistics report	Improved Staff Experience Better Value Health & Care
M365 optimisation project	DoF	Monthly or quarterly as this develops		Plan in final stages links to RWW and copilot roll out	PPSG and Best Value Reporting	Improved Staff Experience Better Value Health & Care Access to improved data to support informed planning & decision making Increase in digital skills across the workforce improved efficiency
Research and Development Innovation projects	COO	Monthly to DDIR		To be taken from the highlight report	Innovation Hub Research Committee DDIR 2030 Steering Group	Improved Patient Experience Improved Staff Experience Better Value Health & Care Access to improved data to support informed planning & decision making

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						Increase in digital skills across the workforce improved efficiency
Digital Maturity action plan	DoF	Monthly to DDIR		Plan being developed linked to updated Digital Maturity Assessment	DDIR 2030 Steering Group PPSG	Increase in digital skills across the workforce

We will provide people in Scotland with Safe and Effective Care

Corporate Objectives aligned to this portfolio	Exec Lead	Project resourced		Key Milestones – What are we planning to do?	Target Date	Performance Measures linked to outcomes on the plan on a page – noting these are being developed as the work progresses
Deliverable 1 Scheduled Care Improvement	COO through East Regional Director	Yes		Workstreams agreed	TBC	<u>Outcomes (Plan on a page)</u> Increase in Operational Efficiency – performance measures to be agreed Better Value Health & Care – improve efficiency Improved Patient Experience – reduced complaints Improved Staff Experience – workforce measures to be developed
Deliverable 2 Mental Health Strategy	Director of Care Quality	Yes		<ul style="list-style-type: none"> - Implement strategy in line with plan - Work to reduce stigma - Continue to strengthen approach 		<u>Outcomes (Plan on a page)</u> Improved Clinical Outcomes Increase in patients treated at home Reduction in unnecessary Ambulance & ED attendance Improved Access to Right Care Increase in Operational Efficiency

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						Better Value Health & Care Improved Patient Experience
Deliverable 3 Dementia Strategy	Director of Care Quality	Yes		Dementia lead had now been appointed and is in process of updating the key milestones. The key output will be to develop a dementia strategy/delivery plan	Dec 2025	Will be developed from the national dementia strategy
Deliverable 4 Realistic Medicine Plan	Medical Director			Update current plan	TBC	<u>Outcomes</u> (Plan on a page) – metrics to be developed Improved Access to Right Care Increase in Operational Efficiency Better Value Health & Care Improved Patient Experience Improved Staff Experience Reduction in Clinical Risk
Deliverable 5 Hospital Turnaround Plan	COO through Regional Directors	Yes		Action plans to be added		<u>Outcomes</u> (Plan on a page) Improved whole system flow Improved Patient Experience Improved Staff Experience Reduction in Clinical Risk Reduction in hospital turnaround Improved response times

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Corporate Risks, Mitigation and Assurance					
Number of associated risks on the risk register (ensuring objectives and aiming to reduce our highest risks)		Very High/High Rated on Corporate Risk Register			
		Link actions back to the current Corporate risk register - Turnaround time -			
Risk mitigation and controls (not all projects are intended to mitigate current corporate risks)		Assurance that controls are effective – how are we providing the assurance	Board Assurance Committee	Board Approvals / Assurance	Assurance Threshold
Deliverable 1 Scheduled Care Improvement Programme.		Assurance is through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting and reporting to Portfolio Board	2030 Strategy Steering Group Portfolio Board	2030 progress update to SAS Board at each meeting.	Significant Assurance – actions and reporting in place
Deliverable 2 Mental Health Strategy.		Assurance is through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting to Portfolio Board	2030 Strategy Steering Group. Portfolio Board	2030 progress update to SAS Board at each meeting.	Significant Assurance
Deliverable 3 Dementia Strategy		Assurance is through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting to Portfolio Board	2030 Strategy Steering Group. Portfolio Board	2030 progress update to SAS Board at each meeting.	Moderate assurance (as this is being developed)
Deliverable 4 Realistic Medicine plan		Assurance will be through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting to Portfolio Board	2030 Strategy Steering Group. Portfolio Board to be agreed	2030 progress update to SAS Board at each meeting.	Moderate Assurance – as this is being developed and updated
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Deliverable 5 Hospital Turnaround plan	Assurance will be through the 2030 Reporting Process -	2030 Strategy Steering Group.	2030 progress update to SAS Board at each meeting..	Significant assurance
	Progress update on highlight report against key milestones and dashboard reporting to Portfolio Board	Portfolio Board	Performance report to the Board	
	Also presented to the Board through the performance report			

We will provide people in Scotland with safe and effective care

Business As Usual (with improvement)	Exec Lead	Reporting Timeline		Performance Measures (and improvement trajectory)	Board Assurance Committee	Outcomes (linking back to the plan on a page)
OHCA Improvement Project	Medical Director	Aiming to include in balanced scorecard for each PPSG meeting		Metrics to be added and performance improvement in the KPI's agreed with SG	PPSG and then balanced scorecard reported to the Board Clinical Governance Committee	Improved OHCA survival rates
Stroke Improvement Project	Medical Director	Aiming to include in balanced scorecard for each PPSG meeting		Metrics to be added	PPSG and then balanced scorecard reported to the Board Clinical Governance Committee	Improved clinical outcomes
Trauma Improvement Project	Medical Director	Aiming to include in balanced scorecard for each PPSG meeting		Metrics to be added	PPSG and then balanced scorecard reported to the Board Clinical Governance Committee	Improved clinical outcomes

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Clinical Hub Optimisation	COO through Director of National Operations	Metrics already go to PPSG		Metrics added and performance improvement agreed in Board KPI's	PPSG and then balanced scorecard reported to the Board	Reduction in unnecessary Ambulance & ED attendance Better value health and care
Further development of Pathways	Medical Director	Metrics to PPSG		Metrics added and performance improvement agreed in Board KPI's	PPSG and then balanced scorecard reported to the Board Clinical Governance	Reduction in unnecessary Ambulance & ED attendance Better value health and care
Palliative and end of life care	Medical Director	Metrics to be presented to PPSG		Metrics to be added	PPSG and then balanced scorecard reported to the Board	Reduction in unnecessary Ambulance & ED attendance Better value health and care
HIU plan	Director of Care Quality	Metrics to be presented to PPSG		Metrics to be updated from the highlight report	PPSG and then balanced scorecard reported to the Board	Reduction in unnecessary Ambulance & ED attendance Better value health and care
Enhancing major incident capability	COO through Director of Operations	Metrics presented to Resilience Committee and PPSG		Metrics to be added	PPSG and Resilience Committee	Improved Patient Experience Improved Staff Experience Reduction in Clinical Risk

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We will be a great place to work, focusing on staff experience, health and wellbeing

Corporate Objectives aligned to this portfolio	Exec Lead	Project resourced		Key Milestones – What are we planning to do?	Target Date	Performance Measures linked to outcomes on the plan on a page – noting these are being developed as the work progresses
Deliverable 1 Health and Wellbeing Strategy Delivery	Director of Workforce			Delivery of Strategy and aligned to workplan	March 2026	Outcomes (Plan on a page) Increased awareness, access and usage of wellbeing support – metrics agreed as per of the strategy Improved Staff Wellbeing Improved Staff Experience workforce measures to be developed
Deliverable 2 Reduced Working Week Programme	COO	Yes		Workstreams agreed and project plan produced	March 2026	Outcomes (Plan on a page) Reduction in working hours Improved Staff Wellbeing Improved Staff Experience
Deliverable 3 Workforce planning improvement plan	Director of Workforce	Yes		Improvement plan to be updated	October 2025	Outcomes (Plan on a page) Maintain Safe Staffing Levels Reduction in working hours

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						Improved staff retention
Deliverable 4 Developing our culture	Director of Workforce			Action plan in progress and being updated	March 2025	Outcomes (Plan on a page) – metrics to be Improved Staff Wellbeing Improved Staff Experience Increase in Attendance at work Improved staff retention Increasing the diversity of workforce

Corporate Risks, Mitigation and Assurance

Number of associated risks on the risk register (ensuring objectives and aiming to reduce our highest risks)		Very High/High Rated on Corporate Risk Register			
		Link actions back to the current Corporate risk register <ul style="list-style-type: none"> - Health and Wellbeing of staff affected - Organisational culture - Workforce planning - Future workforce 			
Risk mitigation and controls (not all projects are intended to mitigate current corporate risks)		Assurance that controls are effective – how are we providing the assurance	Board Assurance Committee	Board Approvals / Assurance	Assurance Threshold
Deliverable 1 Health and Wellbeing Strategy Delivery		Assurance is through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting and reporting to Portfolio Board	2030 Strategy Steering Group Portfolio Board Staff Governance Committee	2030 progress update to SAS Board at each meeting.	Significant Assurance – actions and reporting in place
Deliverable 2 Reduced Working Week		Assurance is through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting to Portfolio Board	2030 Strategy Steering Group. Portfolio Board	2030 progress update to SAS Board at each meeting.	Significant Assurance

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Deliverable 3 Workforce planning improvement plan	Assurance is through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting to Portfolio Board	2030 Strategy Steering Group. Portfolio Board Staff Governance Committee	2030 progress update to SAS Board at each meeting.	Significant Assurance
Deliverable 4 Developing our culture	Assurance will be through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting to Portfolio Board	2030 Strategy Steering Group. Portfolio Board Staff Governance Committee	2030 progress update to SAS Board at each meeting.	Moderate Assurance – as this is being developed and updated

We will be a great place to work, focusing on staff experience, health and wellbeing

Business As Usual (with improvement)	Exec Lead	Reporting Timeline		Performance Measures (and improvement trajectory)	Board Assurance Committee	Outcomes (linking back to the plan on a page)
Leadership Training and Development	Director of Workforce	PPSG workforce report and/or balanced scorecard		Metrics within workforce report	PPSG and then balanced scorecard reported to the Board Staff Governance Committee	Increased awareness, access and usage of wellbeing support Improved Staff Wellbeing Improved Staff Experience

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Statutory and Mandatory training delivery	Director of Care Quality	Data to be presented to PPSG		Metrics developed and presented to PPSG	PPSG and then balanced scorecard reported to the Board Staff Governance Committee	Improved Staff Experience
Technician to Paramedic training review	Director of Care Quality	Data presented to PPSG (frequency to be agreed)		Metrics to be developed as we monitor impact and continue with discussions on business case outputs	PPSG and then balanced scorecard reported to the Board Staff Governance Committee	Improved Staff Experience
NQP Recruitment Improvement plan	Director of Workforce	Metrics for PPSG		Metrics presented to PPSG – in balanced scorecard and/or workforce report	PPSG and then balanced scorecard reported to the Board	Maintain Safe Staffing Levels Improved Staff Wellbeing Improved Staff Experience
Improving attendance project	Director of Workforce	Metrics to PPSG		performance reporting to PPSG and workforce reporting	PPSG and then balanced scorecard reported to the Board Staff Governance Committee	Increase in Attendance at work Maintain Safe Staffing Levels Reduction in Overtime and Cost
Sexual safety and misogyny	Director of Workforce	Metrics to be presented to PPSG		Metrics to be updated from the developing workforce report	PPSG and then balanced scorecard reported to the Board Staff Governance Committee	Increased awareness, access and usage of wellbeing support Improved Staff Wellbeing Improved Staff Experience Improved staff retention Increasing the diversity of workforce

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We will work collaboratively with citizens and our partners to create healthier and safer communities

Corporate Objectives aligned to this portfolio	Exec Lead	Project resourced		Key Milestones – What are we planning to do?	Target Date	Performance Measures linked to outcomes on the plan on a page – noting these are being developed as the work progresses
Deliverable 1 Anchor Plan delivery	Director of Care Quality			Delivery of Anchor plan	March 2026	Outcomes (Plan on a page) Improved Access to Care Improved patient experience Reduced health inequalities Prevention of ill health and Improved population health
Deliverable 2 YMSL Project	DoF	Yes		Way Forward proposal being presented to Board in July		Outcomes (Plan on a page) Improved staff experience Reduced health inequalities Prevention of ill health and Improved population health
Deliverable 3 NHS24 Collaboration Plan	COO			Collaboration Plan to be developed and further updated following publication of Service Reform Framework		Outcomes (Plan on a page) Improved Access to Care Improved patient experience Improved staff experience Prevention of ill health and Improved population health
Deliverable 4 South Station Project	DoF	Yes		Programme to be developed	March 2026	Outcomes (Plan on a page) Improved Access to Care Improved staff experience Reduced health inequalities Reduction in carbon footprint

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						Prevention of ill health and Improved population health
Deliverable 5 Enhanced our contribution to primary and community care	Medical Director	Yes		Business case being progressed with SG		Outcomes (Plan on a page) Improved Access to Care Improved patient experience Improved staff experience Reduced health inequalities Prevention of ill health and Improved population health
Deliverable 6 Air Ambulance Contract Implementation	COO through Director of National Operations	Yes		Implementation Plan in place		Outcomes (Plan on a page) Improved Access to Care Improved patient experience Improved staff experience Reduction in carbon footprint

Corporate Risks, Mitigation and Assurance

Number of associated risks on the risk register (ensuring objectives and aiming to reduce our highest risks)		Very High/High Rated on Corporate Risk Register			
		Link actions back to the current Corporate risk register <ul style="list-style-type: none">- Maintaining required service levels- Service transformation- Environmental sustainability- Collaborative Working			
Risk mitigation and controls (not all projects are intended to mitigate current corporate risks)	Assurance that controls are effective – how are we providing the assurance		Board Assurance Committee	Board Approvals / Assurance	Assurance Threshold
Deliverable 1 Anchor Plan delivery	Assurance is through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting and reporting to Portfolio Board		2030 Strategy Steering Group Portfolio Board	2030 progress update to SAS Board at each meeting.	Significant Assurance – actions and reporting in place

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Deliverable 2 YMSL Project	Assurance is through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting to Portfolio Board	2030 Strategy Steering Group. Portfolio Board Endowment Committee	2030 progress update to SAS Board at each meeting. Endowment Committee	Significant Assurance
Deliverable 3 NHS24 Collaboration Plan	Assurance is through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting to Portfolio Board NHS24/SAS Collaboration Board	2030 Strategy Steering Group. Portfolio Board	2030 progress update to SAS Board at each meeting.	Significant Assurance
Deliverable 4 South Station Project	Assurance will be through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting to Portfolio Board South Station Programme Board	2030 Strategy Steering Group. Portfolio Board	2030 progress update to SAS Board at each meeting.	Moderate Assurance as this is being developed
Deliverable 5 Enhanced our contribution to primary and community care	Assurance will be through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting to Portfolio Board	2030 Strategy Steering Group. Portfolio Board	2030 progress update to SAS Board at each meeting.	Moderate Assurance as this is being developed
Deliverable 6 Air Ambulance Contract Implementation	Assurance will be through the 2030 Reporting Process -	2030 Strategy Steering Group. Portfolio Board	2030 progress update to SAS	Significant Assurance

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	Progress update on highlight report against key milestones and dashboard reporting to Portfolio Board		Board at each meeting.	
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We will work collaboratively with citizens and our partners to create healthier and safer communities

Business As Usual (with improvement)	Exec Lead	Reporting Timeline		Performance Measures (and improvement trajectory)	Board Assurance Committee	Outcomes (linking back to the plan on a page)
Air Ambulance Efficiency	COO through Director of National Operations	PPSG workforce report and/or balanced scorecard and Best Value		Metrics agreed	PPSG and then balanced scorecard reported to the Board Audit and Risk Committee (through best value report)	Improved Access to Care Reduction in carbon footprint
Reform Collaboration Workplan	DoF	Data to be presented to PPSG		Metrics to be developed and presented to PPSG	PPSG and then balanced scorecard reported to the Board Six month report to the Board	Improved Access to Care Improved patient experience Improved staff experience Reduced health inequalities Prevention of ill health and Improved population health
Research and Development Innovation projects	COO	Data presented to Innovation Hub and PPSG (though		Metrics developed	Innovation Hub and performance reporting to the Board	Improved Access to Care Improved patient experience Improved staff experience Prevention of ill health and Improved population health

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		balanced scorecard)				
Enhancing capability of volunteers	COO through Director of National Operations	Metrics for PPSG		Metrics presented to PPSG – in balanced scorecard?	PPSG and then balanced scorecard reported to the Board	Improved Access to Care Improved patient experience Improved staff experience

We will improve population health and tackle the impact of inequalities						
Corporate Objectives aligned to this portfolio	Exec Lead	Project resourced		Key Milestones – What are we planning to do?	Target Date	Performance Measures linked to outcomes on the plan on a page – noting these are being developed as the work progresses
Deliverable 1 Population Health Plan	Medical Director			Delivery of Population Health Plan	March 2026	<u>Outcomes (Plan on a page)</u> Access to improved data to support informed planning & decision making Prevention of ill health, harm and death Reduced health inequalities
Deliverable 2 Population health data development	Medical Director			Data plan to be developed		<u>Outcomes (Plan on a page)</u> Access to improved data to support informed planning & decision making Prevention of ill health, harm and death Reduced health inequalities

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Deliverable 3 Anti racism plan	Director of Workforce			Plan to be developed		Outcomes (Plan on a page) Reduced health inequalities Greater understanding of Equality & Diversity Increase Fair Work Opportunities
Deliverable 4 Womens Health Plan	Director of Care Quality			Plan to be developed		Outcomes (Plan on a page) Reduced health inequalities Greater understanding of Equality & Diversity Increase Fair Work Opportunities

Corporate Risks, Mitigation and Assurance

Number of associated risks on the risk register (ensuring objectives and aiming to reduce our highest risks)		Very High/High Rated on Corporate Risk Register			
		Link actions back to the current Corporate risk register <ul style="list-style-type: none"> - Health and Wellbeing of Staff - Organisational Culture - Workforce planning - Collaborative working 			
Risk mitigation and controls (not all projects are intended to mitigate current corporate risks)		Assurance that controls are effective – how are we providing the assurance	Board Assurance Committee	Board Approvals / Assurance	Assurance Threshold
Deliverable 1 Population Health Plan		Assurance is through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting and reporting to Portfolio Board	2030 Strategy Steering Group Portfolio Board	2030 progress update to SAS Board at each meeting.	Moderate Assurance as this is being developed
Deliverable 2 Population health data development		Assurance is through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting to Portfolio Board	2030 Strategy Steering Group. Portfolio Board	2030 progress update to SAS Board at each meeting.	Moderate Assurance as this is

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				being developed
Deliverable 3 Anti racism plan	Assurance is through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting to Portfolio Board	2030 Strategy Steering Group. Portfolio Board	2030 progress update to SAS Board at each meeting.	Moderate Assurance as this is being developed
Deliverable 4 Womens health plan	Assurance will be through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting to Portfolio Board	2030 Strategy Steering Group. Portfolio Board	2030 progress update to SAS Board at each meeting.	Moderate Assurance as this is being developed

We will improve population health and tackle the impact of inequalities

Business As Usual (with improvement)	Exec Lead	Reporting Timeline		Performance Measures (and improvement trajectory)	Board Assurance Committee	Outcomes (linking back to the plan on a page)
Drug Harm reduction	Medical Director	PPSG workforce report and/or balanced scorecard		Metrics agreed	PPSG and then balanced scorecard reported to the Board	Access to improved data to support informed planning & decision making Prevention of ill health, harm and death improved Access to Care

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Protecting Vulnerable Adults and Children	Director of Care Quality	Data to be presented to PPSG		Metrics to be developed and presented to PPSG	PPSG and then balanced scorecard reported to the Board	Access to improved data to support informed planning & decision making Prevention of ill health, harm and death improved Access to Care
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We will deliver our net-zero climate targets

Corporate Objectives aligned to this portfolio	Exec Lead	Project resourced		Key Milestones – What are we planning to do?	Target Date	Performance Measures linked to outcomes on the plan on a page – noting these are being developed as the work progresses
Deliverable 1 CERAS action plan	DoF			Delivery of CERAS plan	March 2026	<u>Outcomes (Plan on a page)</u> Increase in electric charging infrastructure Increase in electric vehicles Reduction in Medical Gas Holdings and cost Reduction in carbon footprint Reduction in Travel Better Value Health & Care Prevention of ill health and Improved population health

Corporate Risks, Mitigation and Assurance

Number of associated risks on the risk register (ensuring objectives and aiming to reduce our highest risks)	Very High/High Rated on Corporate Risk Register
	Link actions back to the current Corporate risk register - Environmental Sustainability

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Risk mitigation and controls (not all projects are intended to mitigate current corporate risks)	Assurance that controls are effective – how are we providing the assurance	Board Assurance Committee	Board Approvals / Assurance	Assurance Threshold
Deliverable 1 CERAS action plan	Assurance is through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting and reporting to Portfolio Board	2030 Strategy Steering Group Portfolio Board	2030 progress update to SAS Board at each meeting. CERAS Annual Plan	Significant assurance

We will deliver our net-zero climate targets

Business As Usual (with improvement)	Exec Lead	Reporting Timeline		Performance Measures (and improvement trajectory)	Board Assurance Committee	Outcomes (linking back to the plan on a page)
Electrical Vehicle replacement and infrastructure programme	DoF	PPSG quarterly update		Metrics agreed and reported to PPSG	PPSG and then balanced scorecard reported to the Board?	Increase in electric charging infrastructure Increase in electric vehicles Reduction in carbon footprint Reduction in Travel Better Value Health & Care
Travel Policy implementation	Director of Workforce	Agreed implementation plan		Metrics to be developed and presented to PPSG	PPSG and then balanced scorecard reported to the Board (if necessary)	Reduction in carbon footprint Reduction in Travel Better Value Health & Care Prevention of ill health and Improved population health
Medical gases project	DoF	Agreed implementation plan		Metrics to be developed and presented to PPSG	PPSG and then balanced scorecard reported to the Board (if necessary)	Better Value Health & Care Prevention of ill health and Improved population health

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					Audit and Risk Committee (through best value)	
Medicines and Equipment review	Medical Director	Agreed plan		Actions included within plan	PPSG and then balanced scorecard reported to the Board (if necessary) Audit and Risk Committee (through best value)	Better Value Health & Care Prevention of ill health and Improved population health

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