Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

PUBLIC BOARD MEETING **29 July 2026**
Item 08

THIS PAPER IS FOR APPROVAL

2026-27 BOARD ASSURANCE FRAMEWORK

Lead Director	Julie Carter, Director of Finance, Logistics and Strategy Pippa Hamilton, Board Secretary
Action required	Board members are asked to approve the attached Board Assurance Framework (BAF) for 26/27. This is based upon the plan on a page and the annual delivery plan linked to the SAS strategic ambitions. Recognising this is a live document, this has been updated to reflect the agreed 2030 portfolio reporting for 2026/27. This will continue to be updated and regularly reported to the Audit and Risk Committee.
Key points	The document outlines the Scottish Ambulance Service's Board Assurance Framework as of July 2026 (version 3), detailing its governance structure, corporate objectives aligned with the 2030 Strategy and Annual Delivery Plan, performance measures, risk management, and assurance processes through various Board committees and delivery groups to ensure effective oversight, strategic delivery, and continuous improvement. The BAF is a live document that will be regularly updated and regularly reported to the Audit and Risk Committee, that maps our assurance processes against our delivery actions and corporate risks. The SAS Board Assurance Framework has been developed over the last 2-3 years. The BAF aims to provide a clear picture of the links between the outcomes expected by the Board as defined on the "Plan on a Page" with the delivery plans and BAU activities to deliver those outcomes. The Audit and Risk Committee in April approved the BAF to be presented to the July Board meeting. The additional developments to further enhance the 26-27 BAF now incorporate

	• The updated 2026-27 plan on a page, as the underpinning plan for delivery in 2026-27. This provides the golden thread that links the overarching plan to the delivery actions and assurance. • Continued recognition of the need to be assured on strategic initiatives with business as usual activities (aligned to our performance framework) • Inclusion of the updated and approved performance framework and recognising the work that is ongoing to develop further quality and clinical outcome KPI's • Removal of the 'no assurance threshold'. • The addition of further information of the Board standing committees • The update confirming the role of the Executive Team Meeting • The agreed Performance and Planning Committee terms of reference and ways of working • Addition of the role of the innovation hub and the 2030 strategy group • An update reflecting the 2026-27 activities of the Portfolio reporting processes and Board reporting Next steps, as part of the evolution of the BAF have also been added to include • work during 2026/27 to align performance measures to the outcomes • Addition of Resilience Committee and assurance of 'our response to major incidents' delivery actions • NHS24 Collaboration and Reform Collaboration Group reporting to Board and 2030 Steering Group, to be updated reflecting agreed Board reporting and • Alignment of the BAF PPSG assurance to the new timetable and PPSG approach These will aim to be developed for the next version of the BAF due to be presented to the Audit and Risk Committee in October.
Timing	Following review by the Audit and Risk Committee the BAF will be presented to the July Board meeting. The Board Assurance Framework will be reviewed on an ongoing basis and updates provided to SAS Audit and Risk Committee.
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	This paper identifies climate change impacts on the undernoted category(s): Land and Buildings Environmental Impact (e.g significant flood and wildfires etc). Travel Fleet Goods and Service (Procurement)
Equality and Diversity	None to note.

Scottish Ambulance Service

Working in Partnership with Universities

NHS SCOTLAND

Board Assurance Framework

July 2026

Version 3

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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 May 2026 for the year 2026/27.

2030 Strategy

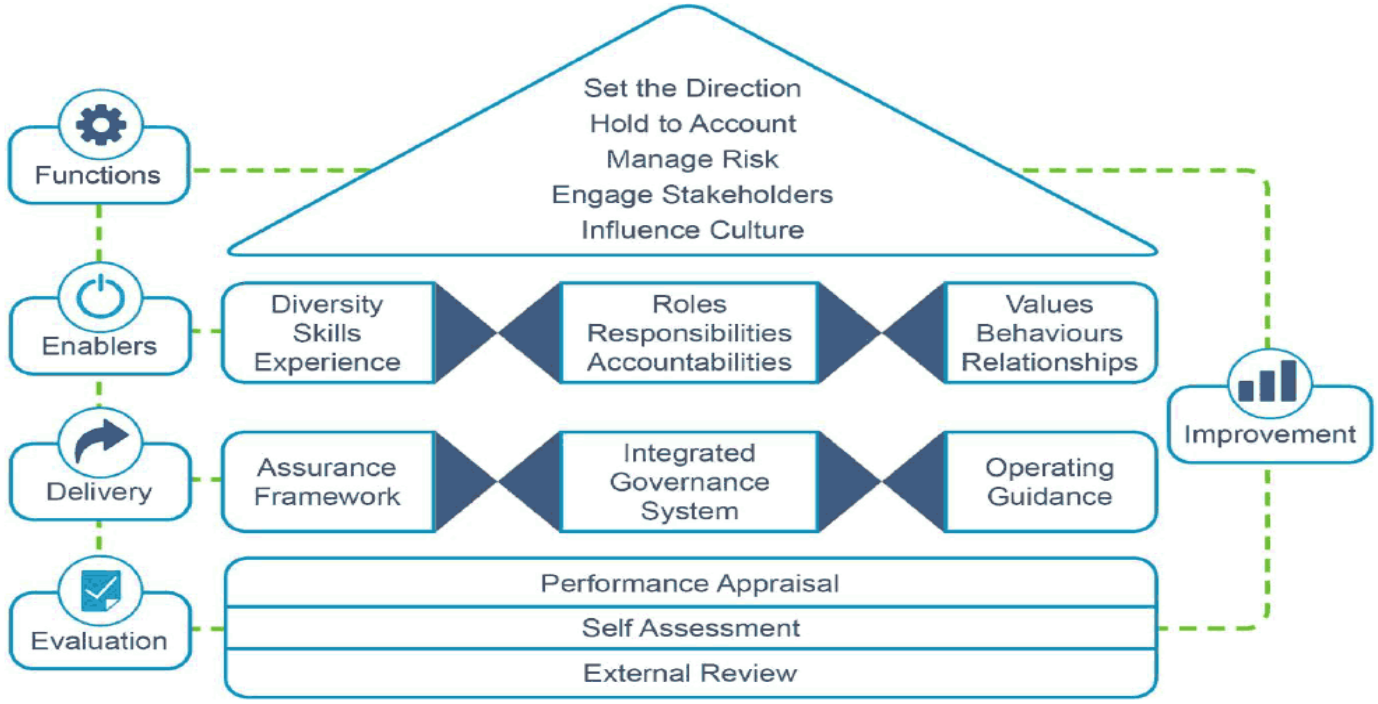
Our Governance Framework

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



This model builds on the Principles of Good Governance that describe what good governance looks like and provides more detailed guidance no 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 May 2026 (v3) update incorporates ongoing discussions from Board meetings and governance committees and now incorporates:

- **The updated 2026-27 plan on a page, as the underpinning plan for delivery in 2026-27**. This provides the golden thread that links the overarching plan to the delivery actions and assurance.
- **Continued recognition of the need to balance strategic initiatives with business as usual activities (aligned to our performance framework) and the assurance supporting both of these**.
- **Inclusion of the updated and approved performance framework** and recognising the work that is ongoing to develop further quality and clinical outcome KPI's
- Removal of the **'no assurance threshold'**. Board members considered this was never likely to materialise
- The addition of further information of the **Board standing committees**
- A review of the role of the **Executive Team Meeting**,
- A review of the **Performance and Planning Committee** terms of reference and ways of working
- Addition of the role of the **innovation hub** and the **2030 strategy group**
- An update reflecting the 2026-27 activities of the **Portfolio reporting processes and Board reporting**

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.

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 have recently updated their terms of reference with greater clarity that

- The Executive Team is the primary organisational decision-making forum.
- All strategic and corporate decisions will be routed through the Executive Team
- This aims to shift the focus from regular performance to future direction and organisational level decisions
- This is supported by a monthly meeting with structured papers and clear decision routes.

In addition, there is a Directors Meeting, a short, operational risk-focused Executive forum, which meets fortnightly and where the membership mirrors the Executive Team. The meeting is aimed to be short (20-30 mins) focusing on situational awareness and support the timely and rapid management of emerging and operational issues. This forum will escalate decisions to ET as required.

The Performance and Planning Steering Group functions as the main performance scrutiny body prior to submission of performance reports to the Board. The Steering Group receives and scrutinises both the operational and corporate performance to ensure alignment on behalf of the SAS Board ensuring all activities are aligned to the Annual Delivery Plan (ADP) as summarised on the plan on a page. The key performance indicators are also aligned to the 2030 strategic aims and will enable the Board to deliver its 2030 vision. The Steering Group provides a scrutiny and assurance function to the SAS Board that systems and procedures are in place to monitor, manage and improve performance. This has a non decision making remit, focused on monitoring short term performance and delivery.

This recent review clarifies further the respective roles and relationship between the Executive Team and the Performance and Planning Steering Group.

These revised arrangements will reduce duplication of reporting across the Executive Team, Performance and Planning and the Board, and will strengthen clarity of governance and accountability. These came into effect from June 2026.

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

The **Service corporate objectives**, incorporating both of these BAU and delivery plan activities, 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 then 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 and is shown in **Appendix A**

This plan on a page is our ‘golden thread’ connecting the 2030 vision and strategy and our daily operations through our delivery plan for 2026-27. This plan will remain live and will be refreshed on at least an annual basis.

This plan sets out how the Service will deliver its ambitions and statutory responsibilities, in line with Scottish Government policy and ministerial priorities. This includes supporting delivery of the Operational Improvement Plan, Service Renewal Framework and Population Health Framework, and contributing to wider health and social care reform.

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 and annual report which is submitted to the Board for assurance that the Committee is meeting its terms of reference.

Audit and Risk Committee

The Audit and Risk Committee provide assurance to the Board in support of their responsibilities for issues of risk, control and governance and associated assurance through a process of constructive challenge. The Committee will support the Board by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.

Clinical Governance Committee

The Clinical Governance Committee provide oversight of SAS clinical governance to assure the Board that the arrangements are working and to bring to the attention of the Board regular reports on the operation of the system and specific reports on any problems that emerge. The Committee will monitor the delivery of clinical quality being provided in the Scottish Ambulance Service including oversight of performance against clinical quality indicators, the procedures in place for effective clinical practice and measured performance against those procedures. It provides assurance on the arrangements and achievement of clinical learning, learning from complaints and clinical adverse events. It will also provide assurance on the arrangements for clinical risk management and patient safety, the programme for clinical audit and research and development. In addition to assurance on Scottish Public Services Ombudsman (SPSO) responsibilities and the Board compliance with corporate parenting legislation.

Staff Governance Committee

The Staff Governance Committee has responsibility, on behalf of the SAS Board for ensuring that the NHS Staff Governance Standards are implemented in SAS and that an effective structure is in place to support and monitor implementation and delivery. The Committee will provide assurance to the Board in their role of monitoring and evaluating strategies and implementation plans in relation to people management. They provide a role, on behalf of the Board to approve any policy (including organisational policy directly affecting staff) amendment, funding or resource submission to achieve the Staff Governance Standard. They will provide assurances to the Board that systems and procedures are in place to manage the pay arrangements and terms of service for senior management. The committee will provide scrutiny and oversight of the Board's strategic workforce planning and Health and Safety matters. It will provide assurance on the governance of SAS wide Education, Learning and Development.

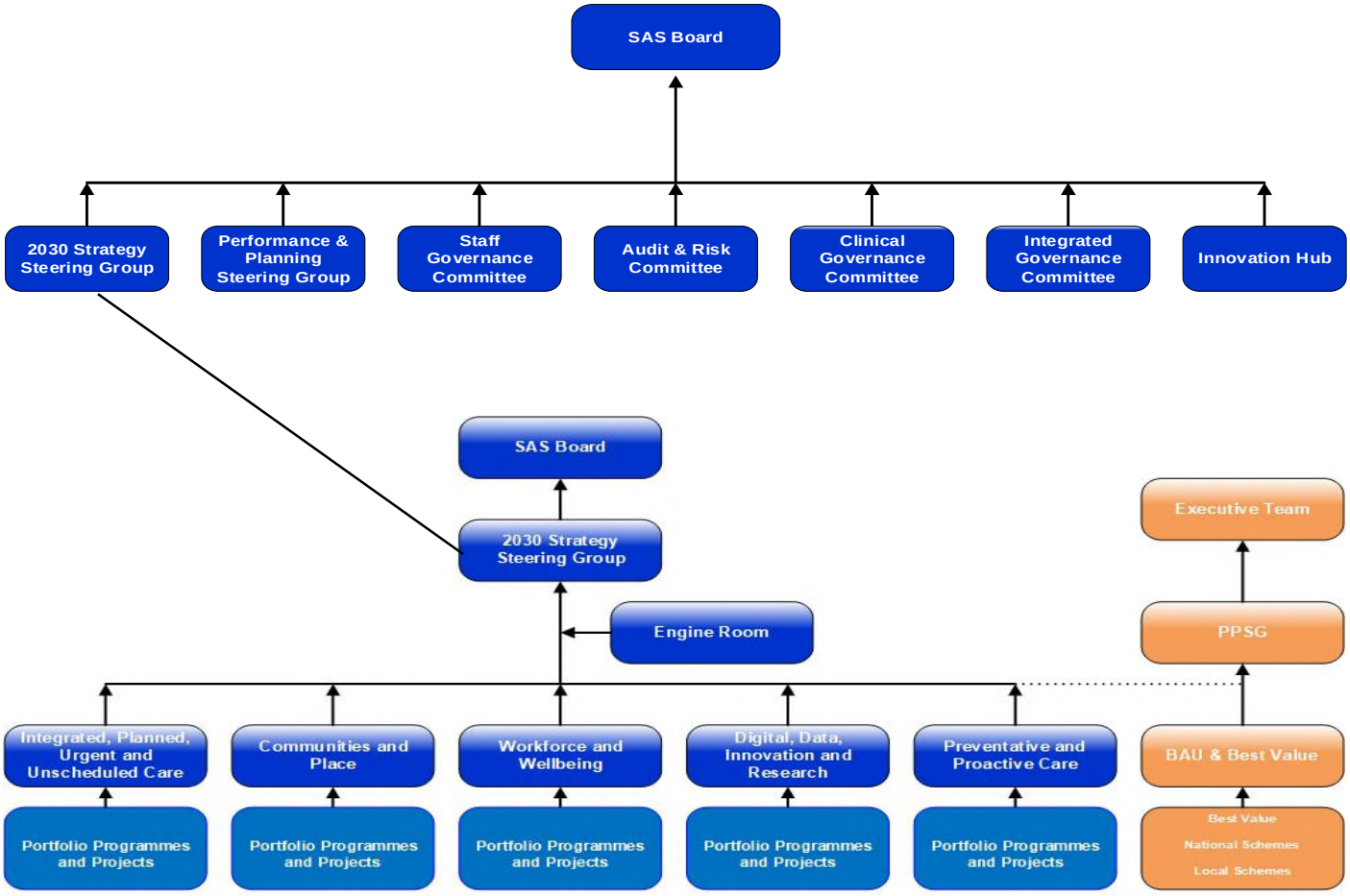
The Remuneration Committee, which reports to Staff Governance Committee, and provides assurance on the consistency of policy and equity of treatment of staff across the local NHS system, including remuneration issues, where they are not already covered by existing arrangements at national level.

Integrated Governance Committee

The Integrated Governance Committee is in place primarily to ensure there are no governance gaps or duplication between the business of each Committee.

These Committees are delivered through the following governance structure.

Delivery & Governance Structure



The 2030 Strategy Steering Group

The 2030 Strategy Steering Group is represented by the Executive Team and workstream delivery leads with the responsibility of ensuring the delivery programmes within the 'plan on a page' are on track and aim to resolve strategic and directional issues between programmes. Project mandates supported by the Project Management Office (PMO) are presented and approved by this group. The group also maintains a pipeline of potential future projects or programmes.

Five Portfolio Boards are in place, aligned to the 2026-27 Corporate Objectives, and chaired by an Executive lead. Progress on the delivery of these objectives are presented to the 2030 Strategy Steering Group and the SAS Board.

The Portfolio Boards review progress of the programmes and projects within the portfolio from submitted monthly highlight reports that:

- Review of very high, high risks and high issues
- Review programme or project financials.

- Review milestones to ensure programme or project is on track.
- Approve decisions required of the SRO or agree decisions that need to be presented to the 2030 Strategy Steering Group.

Innovation Hub

The Innovation Hub serves as the driving force for the development and leadership of Innovation across the Service. The hub brings together the Scottish Ambulance Service (SAS) and NHS partners, academic institutions and education providers, as well as representatives from industry. The Hub is tasked with monitoring and governing the delivery of innovation activities, ensuring these are closely connected to the organisation's long-term vision. The Hub establishes innovation priorities underpinned by defined problem statements. It proactively seeks opportunities for both internal and external collaboration and ensures robust governance of innovation activities with clear link to other governance structures including clinical, financial, procurement and intellectual property frameworks. Reporting is currently to the 2030 Strategy Steering Group through the Digital, Data and Research Portfolio Board. The reporting of the Innovation Hub activities and of Research and Development activities are likely to be developed further during 2026-27.

The assurance framework now describes how the SAS 2026-27 delivery plans are assigned to each of these committees and groups.

Corporate Objectives (incorporating our delivery plan and BAU improvement actions)

These Corporate Objectives (including both the delivery plan actions and the BAU improvement work) are defined within the Service annual delivery plans, as shown on the plan on a page.

These 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 2026-27 delivery plans against each of these aims are shown below as an extract from the plan on a page

We will provide people in Scotland with Safe and Effective Care

Our Delivery Plan – delivering our strategy

- Urgent & Unscheduled Care
- NHS 24 Collaboration Plan
- Pathways Development
- FNC Integration
- Transport Hubs
- Scheduled Care Programme
- Mental Health Delivery
- Dementia Strategy
- Trauma (including EMRS East)
- Best Start - Neonatal
- Paediatric Business case

BAU Improvement Work for 26-27

- OHCA Improvement Project
- Stroke Improvement Project
- Palliative & End of Life Care
- HIU Plan
- Realistic Medicine Plan/VBH
- Hospital Turnaround Plan

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

Our Delivery Plan – delivering our strategy

- Health & Wellbeing Delivery
- RWW Programme
- Future Workforce
- Leadership Training & Development
- Training Review
- Developing our Culture
- ACC Call Handling Review

BAU Improvement Work

- Improving Attendance Project
- Statutory & Mandatory Training
- WFP Improvement Plan
- NQP Recruitment Improvement Plan

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

Our Delivery Plan – delivering our strategy

- NHS24 Digital Patient Handover
- Research & Development
- Digital Front Door
- Artificial Intelligence
- Point of Care Testing
- Business Systems Transformation
- Data Optimisation Plan
- ESN
- Defib Replacement
- GRS Cloud Migration

BAU Improvement Work

- GRS Timecard Project
- Digital Automation - O365
- Cyber Resilience & Security

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

Our Delivery Plan delivering our strategy

- Anchor Plan Delivery
- Young Minds Saves Lives Project
- Reform Collaboration Workplan
- South Station Project
- Enhancing Capability of Volunteers
- Paramedics in Primary Care

BAU Improvement Work

- Air Contract Implementation
- Air Ambulance Efficiency

We will improve population health and tackle the impact of inequalities

Our Delivery Plan – Delivering our Strategy

- Population Health Plan
- Drug Harm Reduction
- Anti Racism Plan
- Women's Health Plan

BAU Improvement Work

- Protecting Vulnerable Adults and Children
- UNCRC/GIRFEC

We will deliver our net zero climate targets

Our Delivery Plan – delivering our strategy

- Electric Vehicle Replacement & Infrastructure Programme
- Medicine & Equipment Review
- CERAS Action Plan
- Future Estate

BAU Improvement Work

- Medical Gases Project

The Service prepares the 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". This also includes supporting delivery of the Operational Improvement Plan, Service Renewal Framework and Population Health Framework, and contributing to wider health and social care reform.

Our Delivery plan aligns with national expectations and builds on established cross-system working through sub-national planning groups, community planning and joint programmes with NHS 24 and the Emergency Service Reform Collaboration.

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 this annual delivery plan 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.

Performance Measures

SAS has developed a performance management framework which comprises updates on key performance indicators (KPIs) at each meeting of the Performance and Planning Steering Group in a balanced scorecard format and a more detailed report presented at each Board meeting.

On an annual basis, the Board review the KPIs and targets to ensure they remain appropriate. The latest review was undertaken in May 2026 to inform the 2026/27 performance targets which highlighted the work ongoing with Scottish Government to develop clinical process and outcome measures that meaningfully reflect the role played by SAS in responding to people faced with a range of clinical conditions.

The Board Quality Indicators Performance Report presented to the May 2026 Board meeting highlighted the key areas of development of SAS's performance framework including the use of Power BI Board dashboards. A significant amount of work has been undertaken in 2025/26 to develop the dashboards which will allow for Board members to receive performance information in a more clear and consistent visual format alongside strengthened trend analysis. The use of dashboards is aimed to provide greater focus in Board meeting discussions on changes in performance, emerging issues and areas requiring attention. The dashboards have been implemented from April 2026 Board meetings.

This performance measurement framework sets out the key measures to provide assurance to the organisation, with the aim of reflecting the impact of SAS interventions in communities, and to provide data that enables scrutiny of quality of care and performance. This provides assurance not only to the SAS Board but also to stakeholder out with SAS.

In developing these measures, they are:

- aligned to Scotland's strategic health and care aims,
- mapped to SAS clinical response categories,
- framed within our overarching 2030 Strategy aims to save more lives, reduce health inequalities, and improve the health and wellbeing of Scotland's population.

This will continue to develop to report on further quality measures.

The 2026-27 performance measurement framework is detailed below:

	2026/27 Proposed Improvement Aim	Ultimate Improvement Aim
PEOPLE		
Sickness Absence - Total	<8.0%	<5.0%
UNSCHEDULED CARE		
999 Call Handling Pickup in 10 Seconds	≥90%	≥90%
Emergency patients managed at point of call	≥26%	≥27%
A&E Shift Coverage	≥95%	≥95%
OHCA - All Rhythms - survival @ 30 days per million population	70	80
OHCA - Bystander CPR rates	≥85%	85% by 2026
OHCA - Pre SAS arrival PAD use	≥20%	20% by 2026
Median time Purple incidents responded to from identification & dispatch	≤00:07:00	≤00:06:00
95th Centile time Purple incidents responded to from identification & dispatch	≤00:20:00	≤00:15:00
Median time Red incidents responded to from identification & dispatch	≤00:08:00	≤00:07:00
95th Centile time Red incidents responded to from identification & dispatch	≤00:24:00	≤00:18:00
Stroke - Call to Treatment (thrombolysis)	N/A	TBC
Median time Amber incidents responded to from identification & dispatch	≤00:16:00	≤00:15:00
95th Centile time Amber incidents responded to from identification & dispatch	≤00:50:00	≤00:30:00
Median time Yellow incidents responded to from identification & dispatch	≤00:31:00	≤00:20:00
95th Centile time Yellow incidents responded to from identification & dispatch	≤03:30:00	≤01:00:00
Emergency patients conveyed - rate	≤50%	≤50%
Average Turnaround Time at Hospital - Emergency Patients	<00:50:00	<00:30:00
Turnaround Time at Hospital > 1 Hour (arrival to handover < 45 mins)	52,000	0
% Turnaround Time at Hospital <= 1 Hour (arrival to handover < 45 mins)	≥86%	100%
SCHEDULED CARE		
PTS Punctuality for Inward Journey	≥74%	≥75%
PTS Punctuality for Outward Journey	≥80%	≥80%
PTS Cancelled by SAS No Resource	≤1.0%	≤0.5%
OTHER MEASURES		
Stage 1 Complaints Compliance	≥90%	≥90%
Stage 2 Complaints Compliance	≥70%	≥70%
Greenhouse Gas Emissions (tCo2e)	23,186 0.5% reduction	Ongoing reduction

The Board also receives performance data on the following:

- Critically unwell patients (purple response)
- Patients at risk of deterioration (red response)
- 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 greater use of a Balanced Scorecard approach to drive continuous learning and improvements. Consideration of a performance team to drive forward this work is in the final stages of review.

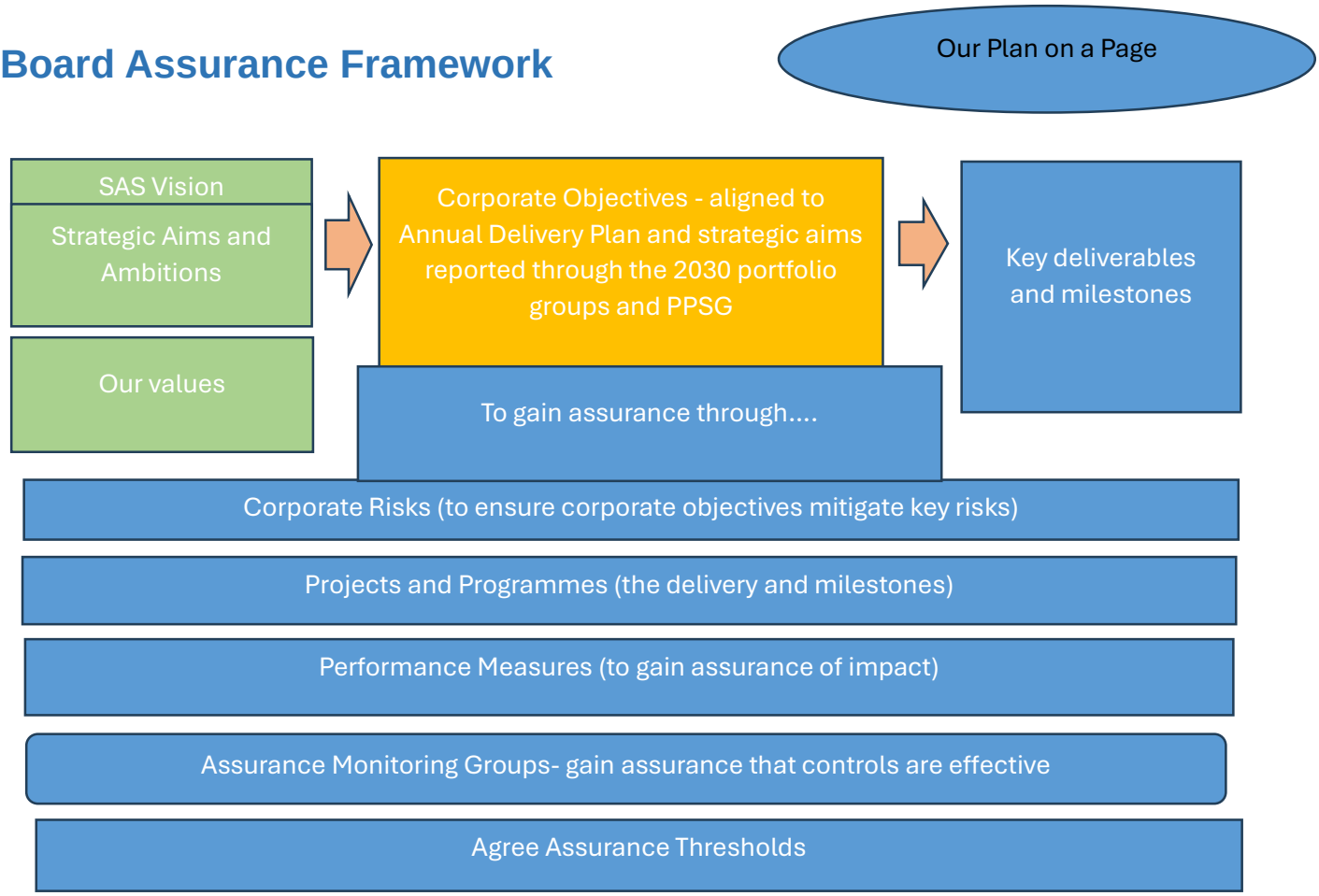
From June 2026 Meetings of the Performance and Planning Steering Group will take place monthly, with a rotational model focusing on one area/region per meeting to ensure full and effective scrutiny.

This is recognising the work in reporting on the BAU (steady state), linked to the current performance framework and in developing a balanced scorecard approach and a modernised data reporting framework using Power BI.

In bringing this all together promoting and delivering good governance drives this Board Assurance Framework. This simple model brings together the organisation's purpose, aims, values, corporate objectives and risks necessary to deliver the desired outcomes.

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



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.

Through the BAF recognising the need to balance strategic initiatives with business as usual activities. The BAF therefore differentiates between:

- Our 2030 strategy ambitions that SAS aim to achieve and recognising that these are actions/programmes progressing the implementation of this 2030 strategy.
- Business as usual activities these refer to our normal day-to-day operations, also referred to as steady-state, although noting that these do not stand still and aim for continuous improvement and
- Then into our corporate objectives which are the SMART steps that support achieving these BAU and Strategic goals.

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 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)**

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**

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**

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 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

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.	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. 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.

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 organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.	The Board or committee will ask the director to provide assurance at an agreed later date that the remedial 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.

The following now brings this all together showing the Board Assurance Framework as at June 2026, incorporating the 26/27 corporate objectives and applying the model as described in this document.

Conclusion and Next Steps

The Assurance Framework has been updated with 2026-27 delivery plans and is shown in the next section.

This continues to be a live document with further reviews reported through the Audit and Risk Committee, to the SAS Board.

In further development of this Assurance Framework, next steps are:

1. focus work during 2026/27 to align performance measures to the outcomes, linked to greater use of data
2. Addition of Resilience Committee and assurance of ‘our response to major incidents’
3. NHS24 Collaboration and Reform Collaboration Group reporting to Board and 2030 Steering Group- to be updated reflecting agreed Board reporting
4. Align the PPSG reporting from this BAF to the new timetable and PPSG approach

Further Updates will be provided to the Audit and Risk Committee in October 2026.

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 NHS24 Digital Patient Transfer	DoF	Yes		Implement phase 2 of the digital patient handover interface to enable seamless data transfer of calls between NHS 24 and SAS to improve flow for patients and reduce unnecessary call handler time. Reduction in calls from NHS 24 and Healthcare professionals through the implementation of digital patient handover and healthcare online booking	March 2027 recognising NHS24 contribution	Outcomes Improved Patient Experience - Improved patient experience when being managed between healthcare providers. performance measures through reduced complaints, patient surveys Better Value Health & Care – reduced staff costs
Deliverable 2 Research and Development and Innovation (this also includes point of care testing)	MD and COO	Yes		Deliver the PREPARE point-of-care troponin trial in partnership with UK ambulance services and academic collaborators. Deliver the North Islands Point of Care Testing (PoCT) study in Orkney and Shetland, Support delivery of PoCT as part of the NHS Lanarkshire Falls Car and support wider adoption	March 2027	Outcomes Improved patient experience and outcomes Improved clinical outcomes using research and evaluation to inform the development, testing, and adoption of new care pathways. Improved system efficiency and value. Enhanced clinical decision-making through the responsible use of digital technologies, data, and emerging decision-support tools. Improved equity of access to diagnostics and care.
Deliverable 3 Digital Front Door	DoF			A watching brief on the roll out of digital front door. Follow up actions from SAS/DFD workshop. Explore all SAS opportunities.	March 2027	Outcomes Improved Patient Experience - use of dfd Access to improved data to support informed planning & decision making – linked to clinical hub

Deliverable 4 Artificial Intelligence	DoF	Being scoped out		Explore opportunities to use Artificial Intelligence in control centres, identify development and improvement opportunities for M365 and Copilot, assess future of Corti project.	March 27	Outcomes 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
Deliverable 5 Business Systems Transformation	DoF	Yes		Progress with SAS Board readiness	Oct 28	Outcomes Improved Staff Experience Better Value Health & Care
Deliverable 6 Data Optimisation Plan	DoF	Yes		Data Management Improvement Group established and next steps being agreed through Innovation Hub		Outcomes Access to improved data to support informed planning & decision making
Deliverable 7 ESN	DoF	Yes (awaiting final confirmation from SG)		ESN discussions continue with emergency services and Scottish Government. Updated business case due summer 2026	March 2029	Outcomes Improved Patient Experience Improved Staff Experience Better Value Health & Care
Deliverable 8 Defib Replacement	DoF	Yes		Defib replacement programme structure being established	March 2029	Outcomes Improved Patient Experience Improved Staff Experience Better Value Health & Care
Deliverable 9 GRS Cloud Migration	Director of Strategy, Planning	Yes		Transition the E-rostering system from on premise to cloud storage	March 2027	Outcomes Improved Staff Experience

	and Programmes					Better Value Health & Care

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 ▪ Cyber Risk ▪ Turnaround time ▪ Failure to achieve financial target ▪ Health and wellbeing of staff ▪ 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 Groups**	**Board Approvals / Assurance**	**Assurance Threshold**
Deliverable 1 NHS 24 Digital Patient Transfer	Assurance is through the 2030 Reporting Process and the SAS/NHS24 Collaboration Board 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. NHS24/SAS Collaboration Board	Significant Assurance – actions and reporting in place
Deliverable 2 Research and Development and Innovation.	Assurance is through the 2030 Reporting Process and the Innovation Hub Progress update on innovation designed report against key milestones	2030 Strategy Steering Group. Portfolio Board Innovation Hub	2030 progress update to SAS Board at each meeting. Innovation hub	Significant Assurance

Deliverable 3 Digital Front Door	Assurance is through the 2030 Reporting Process - ▪ Agreed on a watching brief through Portfolio and 2030 Strategy group	2030 Strategy Steering Group if any developments identified. Portfolio Board Innovation Hub	2030 update to SAS Board if any SAS developments	Moderate assurance (as this is being developed)
Deliverable 4 Artificial Intelligence	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 Business Services Transformation	Business Services Programme Board being established with joint representation with SAS and NHS24 Reporting through Portfolio Board (SAS) and NHS24/SAS collaboration	BSP Programme Board Portfolio Board and 2030 NHS24/SAS collaboration	2030 progress update to SAS Board at each meeting. NHS24/SAS collaboration Audit and Risk Committee (likely in 27-28)	Significant assurance
Deliverable 6 Data Optimisation Plan	Reporting on Progress through Innovation Hub Reporting through Portfolio	2030 Strategy Steering Group.	2030 progress update to SAS Board at each meeting.	Significant Assurance

Deliverable 7 ESN	Reporting through Portfolio Establishment of a ESN Programme Board	2030 Strategy Steering Group Innovation Hub Portfolio Board	2030 progress update to SAS Board at each meeting.	Significant Assurance
Deliverable 8 Defib Replacement	Defib Programme Board Reporting through portfolio	Portfolio Reporting	2030 progress update to SAS Board at each meeting.	Significant Assurance
Deliverable 9 GRS Cloud Migration	GRS Cloud Migration Programme Board Reporting through Portfolio	Portfolio Reporting	2030 progress update to SAS Board at each meeting.	Significant Assurance

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 Group and Committee	Outcomes
GRS Timecard implementation	Director of Strategy Programmes and Planning	Commence Sept 2026		Implementation of phase 2 of the GRS Timecard to move Ambulance Control Centres, Patients Transport and Bank staff from manual paper claims to electronic claims for overtime, unsocial hours, on call sessions and call out hours. Reporting on updated rostering information through finance dashboards and PPSG	DDIR and reporting to 2030 Steering Group and Board PPSG Best Value Steering Group Audit and Risk Committee (as BV updates)	Improved Patient Experience Improved Staff Experience Better Value Health & Care Improved efficiency

Digital Optimisation – M365	DoF	Monthly Update to PPSG		Reporting through best value updates to demonstrate improvements	PPSG – through the BV report Audit and Risk Committee through BV report	Improved Staff Experience Better Value Health & Care
Cyber Resilience and Security	DoF	Reporting frequently to a range of groups		Update on progress through NIS actions and cyber impacts	Audit and Risk Committee Resilience Committee Security Governance Group	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

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 Programme (including transport hubs)	East Regional Director	Yes		Deliver a sustainable Scheduled Care workforce to meet patient demand, Standardise Scheduled Care delivery across regions Work with Health Boards and partners to improve Scheduled Care pathways	March 27	**Outcomes** Increase in Operational Efficiency – performance measures to be agreed Better Value Health & Care – improve efficiency

				Make best use of existing technology, and explore new Digital and AI solutions, Learn from Scheduled Care flow initiatives, including the QEUH Transportation Hub trial Collaborate with Boards to implement Transport Hubs across Scotland		Improved Staff Experience – workforce measures to be developed
Deliverable 2 Mental Health Delivery	DCQPD	Yes		Work towards becoming a trauma-informed organisation by embedding trauma-informed practice across the Service. Progress the evaluation of the mental health response cars to assess effectiveness and impact Maximise the utilisation of national pathways and achieve full coverage throughout Scotland of local decision support pathways.		**<u>Outcomes</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 Better Value Health & Care Improved Patient Experience Performance Measures – to be developed and added
Deliverable 3 Dementia Strategy	DCQPD	Yes		Finalise and implement the one-year SAS Dementia Delivery Plan (April 2026–March 2027	Mar 27	Will be aligned to the dementia delivery plan
Deliverable 4	MD	Yes		Interface with Health Board FNCs to support the delivery of right care, right	Mar 27	<u>Outcomes</u> (metrics to be developed Improved Access to Right Care

Pathways development and FNC integration				place including the potential of SAS co-location Strengthen the collaboration with health and social care partners by delivering care closer to home. Increase the range of referral options within the Pathways Hub Support the development of our frontline clinicians in the delivery of urgent and unscheduled care through a range of initiatives. Across Falls and COPD pathways, the Service reducing frequent presentations through proactive intervention and improved data sharing, Strengthen collaboration with SFRS and Police Scotland to enhance shared learning and pathway development		Increase in Operational Efficiency Better Value Health & Care Improved Patient Experience Improved Staff Experience Reduction in Clinical Risk
Deliverable 5 Trauma (including EMRS East)	Director – National Operations			Subject to approval and funding, implement a new model of EMRS in the South-East of Scotland Complete a comprehensive review of the Critical Care Desk Lead on a review of the major trauma triage tools. Conduct a comprehensive review of APCC provision throughout Scotland. Review and improve Major Trauma data recording and collection systems.	Mar 27	<u>Outcomes</u> Improved Patient Experience – reduce on scene times Improved Staff Experience Reduction in Clinical Risk

				Reduce on-scene times for patients with penetrating trauma.		
Deliverable 6 Best Start Neonatal and Paediatric Business Case	Director – National Operations			Develop a neonatal retrieval workforce model aligned to national Best Start requirements, Complete business case for the future sustainability of the Scottish Paediatric Retrieval Service	Mar 27	<u>Outcomes</u> Improved Patient Experience Improved Staff Experience Reduction in Clinical Risk

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 ▪ Heatth and wellbeing of staff ▪ Future workforce ▪ Collaborative working ▪ Failure to achieve financial balance

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 Programme (including transport hubs)	Assurance is through the 2030 Reporting Process and Portfolio reporting Scheduled Care Programme Board in place 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 Delivery	Assurance is through the 2030 Reporting Process -	2030 Strategy Steering Group.	2030 progress update to SAS	

	Progress update on highlight report against key milestones and dashboard reporting to Portfolio Board	Portfolio Board	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.	Significant Assurance
Deliverable 4 Pathways development and FNC integration	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 reporting Reform Collaboration Group	2030 progress update to SAS Board at each meeting. Clinical Governance Committee	Significant assurance
Deliverable 5 Trauma (including EMRS East)	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..	Significant assurance
Deliverable 6 Best Start Neonatal and Paediatric Business Case	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..	Significant Assurance

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/Group	Outcomes (linking back to the plan on a page)

OHCA Improvement Project	Medical Director	Updates to Performance and Planning Steering Group		Performance measures agreed and improvement plan in place	PPSG Reporting through the P&PC Portfolio Performance reporting to the Board Clinical Governance Committee	Improved OHCA survival rates
Stroke Improvement Project	Medical Director	Updates to Performance and Planning Steering Group		Performance measures to be agreed and improvement plan in place	PPSG and performance reporting to the Board Reporting through the P7PC Portfolio Clinical Governance Committee	Improved clinical outcomes
Hospital Turnaround Plan	North Regional Director	Updates to PPSG		Deliver sustained reductions in hospital turnaround times Strengthen real-time operational grip and patient safety at hospital interfaces by embedding consistent joint escalation processes, Maximise ambulance availability	PPSG and then performance reporting to the Board Clinical Governance Committee Project led group also set up and reporting through IPUUC Portfolio	Reduction in average hospital turnaround time. Reduction in service time and utilisation. Improved response times to patients. Enhanced patient experience and outcomes. Improvement in staff experience and wellbeing.

						Reduction in SAERs and risk of patient
Realistic Medicine Plan and Value Based Healthcare	Medical Director	Updates to PPSG on the deliverables of the plan		Metrics on the deliverables of the plan to be presented to PPSG	PPSG and then performance reporting to the Board	Improved clinical outcomes
Palliative and end of life care	Medical Director	Metrics to be presented to PPSG		Secure continued Scottish Government funding to maintain programme continuity and implement action plan for continuous improvement, including reporting on performance metrics	PPSG and then performance reporting to the Board Reporting through the P&PC Portfolio	Reduction in unnecessary Ambulance & ED attendance Better value health and care
HIU plan	DCQPD	Metrics to be presented to PPSG		Deliver Q1 implementation of new HIU guidance, fully embed the Forth Valley pilot model, increase caseload throughput, enhance multi-agency collaboration, and maintain ongoing evaluation of HIU process effectiveness. Progress pilot HIU projects in Grampian and West Lothian and continuing to assess and share learning on HIU process effectiveness throughout Q2–Q4. Performance metrics to be presented to PPSG	PPSG and performance reporting to the Board Clinical Governance Committee Reporting through C&P Portolio	Reduction in unnecessary Ambulance & ED attendance Better value health and care

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 Delivery	Director of Workforce			Implement an enhanced Attendance Management approach . Increase awareness, knowledge and access to wellbeing support & resources and continue to test and establish new pathways of support. Develop proactive approaches to improve mental and physical health & wellbeing in the workplace.	March 2027	**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		Implement the Reduced working week	March 2026	**Outcomes (Plan on a page)** Reduction in working hours Improved Staff Wellbeing Improved Staff Experience
Deliverable 3 Future Workforce	Director of Workforce	Yes		Plan to be developed supported by SG submissions and forecasting workforce requirements	October 2026	**Outcomes (Plan on a page)** Maintain Safe Staffing Levels
Deliverable 4 Developing our culture	Director of Workforce	Yes		Board approved action plan in place	March 2027	**Outcomes (Plan on a page**) – metrics to be developed Improved Staff Wellbeing Improved Staff Experience Increase in Attendance at work Improved staff retention Increasing the diversity of workforce

Deliverable 5 Leadership training and development	Director of Workforce			Enhance & build leadership capacity & capability from Aspiring Leaders to Senior Leadership level.	March 2027	**Outcomes (Plan on a page)** – metrics to be developed Improved Staff Wellbeing Improved Staff Experience
Deliverable 6 ACC Call Handling Review	Regional Director National Operations			Action plan being developed following the external review	March 2027	**Outcomes (Plan on a page)** – metrics to be developed Improved Staff Wellbeing Improved Staff Experience
Deliverable 7 Training Review	DCQPD	Yes		Project Plan to be developed and implemented	March 2027	**Outcomes (Plan on a page)** – metrics to be developed Improved Staff Wellbeing Improved Staff Experience

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 ▪ Health and Wellbeing of staff affected ▪ Organisational culture and staff experience ▪ 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/Group**	**Board Approvals / Assurance**	**Assurance Threshold**
Deliverable 1 Health and Wellbeing Delivery	Assurance is through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting and reporting to Portfolio Board Workforce data reported to Board at each meeting	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

			Workforce reporting to Board	
Deliverable 2 Reduced Working Week Programme	Assurance is through the 2030 Reporting Process Reduced Working Week Programme Board Progress update on highlight report against key milestones and dashboard reporting to Portfolio Board	2030 Strategy Steering Group. Portfolio Board RWW Programme Board	2030 progress update to SAS Board at each meeting.	Significant Assurance
Deliverable 3 Future Workforce	Assurance is through the 2030 Reporting Process - Progress update on highlight report against key milestones and dashboard reporting to Portfolio Board Reporting to Staff Governance Committee	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
Deliverable 5 Leadership training and development	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

		Staff Governance Committee		
Deliverable 6 ACC Call Handling review	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
Deliverable 7 Training Review	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

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/Group	Outcomes (linking back to the plan on a page)
Workforce planning improvement plan	Director of Workforce	Data to be presented to PPSG		Reporting to be developed	PPSG Reporting to the Board Staff Governance Committee Reported through the W&W Portfolio	Improved Staff Experience
Statutory and Mandatory training delivery	DCQPD	Data to be presented to PPSG		Metrics developed and presented to PPSG	PPSG Reporting to the Board	Improved Staff Experience

					Staff Governance Committee	
NQP Recruitment Improvement plan	Director of Workforce	Metrics for PPSG		Metrics presented to PPSG workforce report	PPSG Reporting to the Board Staff Governance Committee	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 Workforce reporting to the Board Reporting through Best Value Reporting through W&W Portfolio Staff Governance Committee	Increase in Attendance at work Maintain Safe Staffing Levels Reduction in Overtime and Cost

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 2027	**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		Expand delivery of the Young Minds Save Lives programme increasing reach to seven Glasgow schools and progressing early expansion into Angus and Dundee. Embed and operationalise the newly funded Community Action Team Expanding engagement to reach up to 20 schools in the next academic year, Secure sustainable long-term funding Strengthen youth employability pathways by launching a SAS Youth scheme, Deliver the NHS Charities Together–funded work programme SAS youth	March 2028	**Outcomes (Plan on a page)** Improved staff experience Reduced health inequalities Prevention of ill health and Improved population health
Deliverable 4 South Station Project	DoF	Yes		Continue development of the Glasgow South Project through the established Project Board and programme structure, progressing toward submission to Scottish Government in 2027.	March 2027	**Outcomes (Plan on a page**) Improved Access to Care Improved staff experience Reduced health inequalities Reduction in carbon footprint Prevention of ill health and Improved population health

				Use the completed open market valuation to inform future planning, including assessment of alternative site locations based on operational performance		
Deliverable 5 Enhanced capability of volunteers	Director National Operations	Yes		To continue to strengthen and expand the dual responder model (CFR &CCRs) nationally, implement a phased national roll-out of the app to further enhance volunteer utilisation, service wide review of the dispatch of alternative & specialist reviews, review opportunities for expanding the scope of practice	March 2027	**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 Paramedics in Primary Care	Medical Director			Implement and evaluate initial collaborations of paramedic integration into GP clusters in NHS Forth Valley and NHS Greater Glasgow and Clyde health board areas. Implement and evaluate remote and rural collaborative working of on-duty ambulance crews supporting GP home visits in areas such as Ullapool.	March 2027	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 ▪ Collaborative Working ▪ Turnaround Times ▪ Health and Wellbeing of staff ▪ 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 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
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 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 capability of volunteers	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 Paramedics in Primary 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.	Significant Assurance

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	Director of National Operations	PPSG and Best Value Reporting		Metrics agreed and further improvement plan and metrics to be developed	PPSG Audit and Risk Committee (through best value report)	Improved Access to Care Reduction in carbon footprint
Air Ambulance Contract Implementation				Embed delivery of the new Air Ambulance contract	PPSG Reported through IPUUC Portfolio	Improved Access to Care Reduction in carbon footprint

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	Yes		Implement the Population Health priorities work plan in collaboration with key stakeholders, utilising relevant data to ensure this is aligned with national ambitions Establish a Population Health Steering Group to provide direction, monitoring, and reporting of priority workstreams	March 2027	**<u>Outcomes</u> (Plan on a page)** Access to improved data to support informed planning & decision making Prevention of ill health, harm and death Reduced health inequalities
Deliverable 2 Drug Harm Reduction	Medical Director			Contribute to a whole-system, public health approach to reducing harm and deaths associated with problematic substance use, rollout of naloxone, implementing the Near Fatal Overdose Pathway, expansion of Injecting Equipment Provision (IEP), establishment of an early warning and surveillance system, and delivery of the community focused TRUST campaign	March 2027	**<u>Outcomes</u> (Plan on a page)** Access to improved data to support informed planning & decision making Prevention of ill health, harm and death Reduced health inequalities
Deliverable 3 Anti racism plan	Director of Workforce			Agree and implement our Anti-Racism plan and associated actions		**<u>Outcomes</u> (Plan on a page)** Reduced health inequalities Greater understanding of Equality & Diversity Increase Fair Work Opportunities
Deliverable 4 Womens Health Plan	DCQPD			Work collaboratively to ensure equally accessible to women from all backgrounds, establish pathways for domestic abuse support and educate our workforce on the management of gender-specific health conditions.		**<u>Outcomes</u> (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 ▪ Health and Wellbeing of Staff ▪ Organisational culture ▪ Future workforce ▪ 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/Group**	**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 Population Health Steering Group	2030 progress update to SAS Board at each meeting.	Moderate Assurance as this is being developed
Deliverable 2 Drug Harm Reduction	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 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)
UNCRC/GIRFEC	DCQPD	PPSG		Align statutory reporting with UNCRC requirements by restructuring the Service's triannual reporting framework The Promise and Corporate Parenting duties, while continuing to embed GIRFEC principles in our practice. Develop and implement a revised governance framework for UNCRC responsibilities, ensuring effective organisational oversight and statutory reporting. 3 Progress the development and implementation of the Children's Rights Assessment Toolkit within the	PPSG to Board reporting	Reduce Health Inequalites

				EQIA process, supported by ICT build and overseen by the EDI Lead and project officer, and align this work with wider national Impact Assessment developments in partnership with Public Health Scotland.		
Protecting Vulnerable Adults and Children	DCQPD	Data to be presented to PPSG		Metrics to be developed and presented to PPSG	PPSG and reported to the Board Reported through C&P Portfolio	Access to improved data to support informed planning & decision making Prevention of ill health, harm and death improved Access to Care

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 3 year CERAS plan	March 2027	**<u>Outcomes</u> (Plan on a page)** 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

Deliverable 2 Electric Vehicle Replacement & Infrastructure Programme	DoF	Yes		Delivery of approved 5 year business case	Mar 2031	Increase in electric charging infrastructure Increase in electric vehicles Reduction in carbon footprint Reduction in Travel Better Value Health & Care
Deliverable 3 Medicine and Equipment Review	Medical Director	Yes		Action plan in place	Mar 2027	Reduction in Medical Gas Holdings and cost Reduction in carbon footprint Reduction in Travel Better Value Health & Care
Deliverable 4 Future Estate	DoF			Strategic plan to be developed	Mar 27	Increase use of estate Future focus of estate

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 ▪ Failure to achieve financial balance

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
Deliverable 2 Electric Vehicle Replacement & Infrastructure Programme	NVEG has overall responsibility for implementation CERAS group receives update on infrastructure roll out PPSG received quarterly reports on progress	PPSG		Significant Assurance

			Consider if other assurance required	
Deliverable 3 Medicine and Equipment Review	Value Based Health group in place Progress reported through Best Value	Consider if other assurance required	Consider if other assurance required	Significant Assurance
Deliverable 4 Future Estate	Property Forum Group Sub Group on strategic direction to be established	Consider if other assurance required	Consider if other assurance required	Moderate Assurance as this is being developed

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)
Medical gases project	DoF	Agreed implementation plan		Metrics developed into a dashboard and presented to PPSG	PPSG and then Audit and Risk Committee (through best value)	Better Value Health & Care Prevention of ill health and Improved population health