



NOT PROTECTIVELY MARKED

PUBLIC BOARD MEETING

**28 January 2026
Item 06**

THIS PAPER IS FOR DISCUSSION

DELIVERING OUR 2030 STRATEGY UPDATE

Lead Director Author(s)	Michael Dickson, Chief Executive Portfolio Executive Directors Karen Brogan, Director of Strategy, Planning & Programmes																																			
Action required	The Board is asked to discuss and note progress in relation to delivery of the 2030 Strategy portfolios.																																			
Key points	<p>The purpose of the 2030 Strategy Portfolio Board update is to</p> <ul style="list-style-type: none">Provide a high-level summary of progress around delivery of the 2030 Strategy Portfolios and demonstrate the impact on delivery of our strategic aims.Provide assurance to the Board that mitigating actions are in place for projects that are not within timeline.Highlight any issues or risks that require escalation to the Board. <p>Overall good progress continues to be made across all portfolios of work in this reporting period, with 2 projects in Amber status with a requirement to re-baseline both.</p>																																			
Timing	<p>Table 1 – High Level Summary of Project Status</p> <table border="1"><thead><tr><th>Portfolio</th><th>Green</th><th>Amber</th><th>Red</th><th>Other</th></tr></thead><tbody><tr><td>Integrated Planned, Unscheduled & Urgent Care</td><td>3</td><td>1</td><td></td><td></td></tr><tr><td>Data, Digital, Innovation & Research</td><td>4</td><td>1</td><td></td><td></td></tr><tr><td>Communities & Place</td><td>5</td><td></td><td></td><td></td></tr><tr><td>Preventative & Proactive Care</td><td>1</td><td></td><td></td><td></td></tr><tr><td>Workforce & Wellbeing</td><td>1</td><td></td><td></td><td>1</td></tr><tr><td>Totals</td><td>14</td><td>2</td><td>0</td><td>1</td></tr></tbody></table> <p>There are no issues or risks that require escalation to the Board.</p>	Portfolio	Green	Amber	Red	Other	Integrated Planned, Unscheduled & Urgent Care	3	1			Data, Digital, Innovation & Research	4	1			Communities & Place	5				Preventative & Proactive Care	1				Workforce & Wellbeing	1			1	Totals	14	2	0	1
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Associated Corporate Risk Identification	4636 – Health & Wellbeing of Staff 5602 – Service's defence against a Cyber Attack 4638 – Hospital Handover Delays 5062 – Failure to achieve Financial Targets 5519 – Statutory & Mandatory training
Link to Corporate Ambitions	<p>We will</p> <ul style="list-style-type: none"> • Work collaboratively with citizens and our partners to create healthier and safer communities • Innovate to continuously improve our care and enhance the resilience and sustainability of our services • Improve population health and tackle the impact of inequalities • Deliver our net zero climate targets • Provide the people of Scotland with compassionate, safe and effective care when and where they need it • Be a great place to work, focusing on staff experience, health and wellbeing •
Link to NHS Scotland's quality ambitions	<ul style="list-style-type: none"> • Safe • Effective • Person Centred
Benefit to Patients	Patients are provided with the right care, in the right place at the right time, enabling improved outcomes for patients.
Equality and Diversity	No equality and diversity points to note. EQIA will be undertaken, if necessary, on commencement of the work.



NOT PROTECTIVELY MARKED

SCOTTISH AMBULANCE SERVICE BOARD

2030 STRATEGY DELIVERY UPDATE

KAREN BROGAN, DIRECTOR OF STRATEGY PLANNING & PROGRAMMES

SECTION 1: PURPOSE

The purpose of the 2030 Strategy Portfolio Board update is to:

- Provide a high-level summary of progress around delivering the 2030 Strategy Delivery Plans and demonstrate the impact on delivering our strategic aims.
- Provide assurance to the Board that mitigating actions are in place for projects not within the timeline.
- Highlight any issues or risks that require escalation to the Board.

SECTION 2: RECOMMENDATIONS

The Board is asked to note and discuss progress in relation to the delivery of the 2030 Strategy portfolios.

SECTION 3: BACKGROUND

The 2030 Strategy was developed and launched in September 2022. In November 2022, the Board subsequently established a supporting governance structure consisting of 5 Portfolio Boards and a 2030 Steering Group to ensure effective monitoring and delivery of the strategy. The portfolio boards are chaired by an executive lead and report directly to the 2030 Steering Group, chaired by the Chief Executive. The portfolio boards are supported by a 2030 portfolio manager and a strategy administrator to develop and ensure high-quality, standardised reporting across projects, programmes, and portfolios.

SECTION 4: DISCUSSION

4.1 Summary of Progress

Overall good progress continues to be made across all portfolios of work in this reporting period, with 2 projects in Amber status with a requirement to re-baseline both.

Table 1 – High-Level Summary of Project Status

Portfolio	Green	Amber	Red	Other
Integrated Planned, Unscheduled & Urgent Care	3	1		
Data, Digital, Innovation & Research	4	1		
Communities & Place	5			
Preventative & Proactive Care	1			
Workforce & Wellbeing	1			1
Totals	14	2	0	1

4.2 Projects in Other Status

The 'other' category relates to projects in planning or scoping stages or projects that have been closed.

4.2.1 Workforce Planning & Performance monitoring

Work has been underway with internal stakeholders across the service to help inform development of the workforce plan, which is expected to be tabled at Staff Governance Committee in March 2026. This has involved intensive engagement with the Strategy and Planning teams to ensure alignment with the boards Annual Delivery plan, Medium-Term plan and Financial plan.

Significant discussion have been taking place, and remain ongoing, with key internal stakeholders around current and future workforce projections, design, and composition of our future workforce.

In recognition of a projected surplus in Paramedics from August 2026, we have been working closely with Scottish Government and our partners to consider how Paramedics could be utilised more widely in the Healthcare system to support the delivery of multi-disciplinary teams within urgent and primary care.

Workforce projection scenarios have been developed to assist the Scottish Government in planning and determining future university intake requirements for paramedics over the next 3 to 10 years.

A workforce dashboard has also been developed to provide insight into current and historical workforce headcount, whole time equivalents, turnover, and recruitment with the capability to drill down into workforce demographics and levels within the organisation.

4.3 Projects in the Amber Status

4.2.1 Reduced Working Week

Implementation of the reduced working week to 36 hours is expected to be delivered by April 1st 2026.

There has been a delay in reaching consensus with partnership colleagues on policy interpretation and a number of key processes in relation to how the RWW DL is applied to roster redesign to achieve the reduction to 36 hours. This has resulted in a delay in the design and agreement of rosters.

Discussions are underway to resolve matters to enable work to progress at pace.

Additional measures are also being taken to assign additional resources to support with building rosters on the e-rostering and payroll system.

4.2.2 GRS Timecard

The GRS Timecard Project is the development and implementation of an electronic timesheet on the GRS system to feed the payroll system, designed to reduce the requirement for manual paper claims and associated administration time for processing.

All A&E staff and NRRD were fully live on the system for the October payroll run and have been using the system for last 3 months. Initial feedback from the Admin Teams have indicated that this has significantly reduced the time associated with payroll administration work.

Planning for Phase 2, implementation into the Ambulance Control Centres and Patient Transport is underway. Go live was initially anticipated for March 2026, however this is now likely to be pushed back to May to enable the e-rostering team to focus on system build work to support delivery of the reduced working week.

4.4 Projects in the Red Status

There are no projects in the Red Status for Delivery.

4.5 New Projects

The engine room approved 2 new project proposals in January, further endorsed by the 2030 Steering Group.

- Defib Replacement
- Emergency Services Network

4.6 Issues and Risks for Escalation

At this stage, no risks across any of the Portfolios require escalation to the Board. All risks are managed through respective portfolio boards or exist on the Corporate Risk Register.

4.7 Annual Delivery Plan 26/27 and Medium Term Plan

The Scottish Government Strategic Planning Team have advised that timelines for submission of these plans have been pushed back due to planned changes to move towards sub national planning structures.

Boards are expected to roll their 25/26 plans into Q1 of 26/27 and in the interim, provide a high level summary of our Boards contribution to the Operational Improvement Plan,

Doc: Delivering our 2030 Strategy Update	Page 5	Author: Director Strategy Planning & Performance
Date: 2026-01-28	Version 1	Review Date: March 2026

Service Renewal Framework and Population Health Framework by the end of January 2026 in line with submission of the Boards Financial Plan.

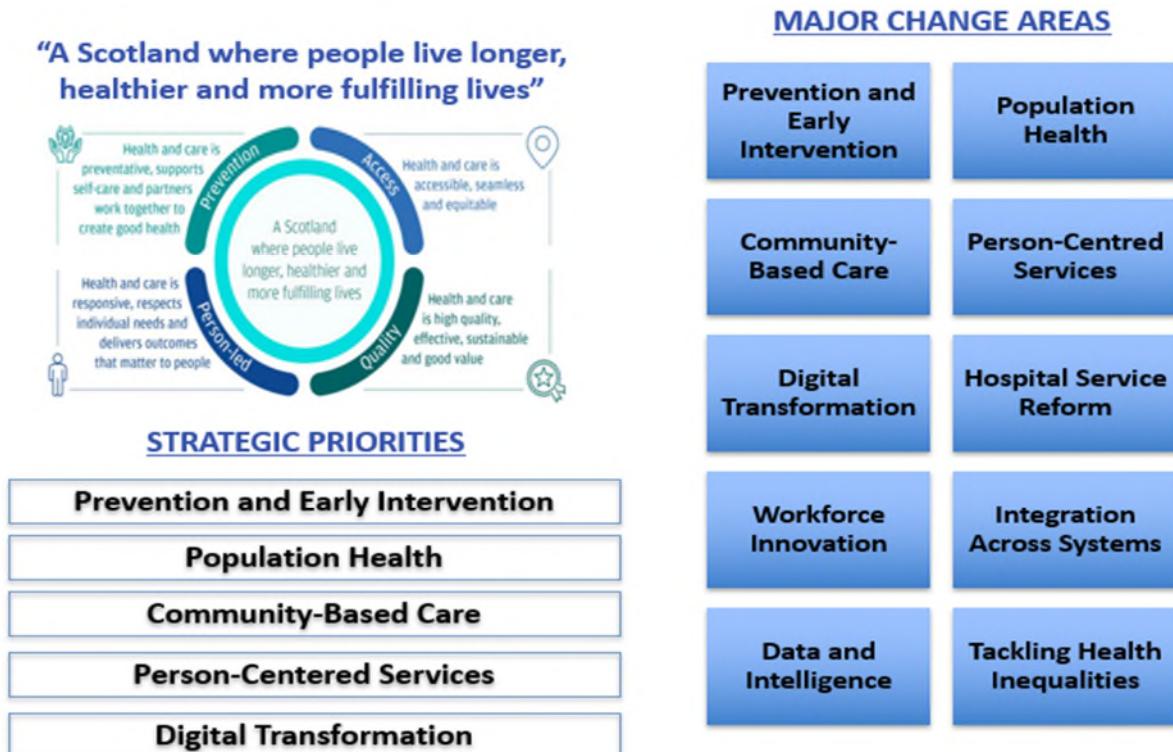
In light of the publication of Operational Improvement Plan in March and Service Renewal Framework, Population Health Framework and Public Sector Reform, work has been underway to review alignment with our 2030 Strategy and delivery plans and to assess any action that SAS will need to take to support and enable delivery with our partners.

The Scottish Government's Operational Improvement Plan, published in March 2025, sets out the immediate priorities in the renewal agenda which form part of the mid to longer term plans within the service renewal framework and population health framework.

As highlighted at the Board development session in October, our strategy is closely aligned with ambitions of the OIP, SRF, PHF and Public Sector Reform Strategy for Scotland.

Our medium Term areas of focus have been mapped out at a high level against the ten major change areas within the Service Renewal Framework.

NHS Scotland Service Renewal Framework – Major Change Areas



High Level areas of priority within our Medium Term Plan that enable delivery of the Service Renewal Framework 10 major change areas.



Since the last update to the Board, further sessions have been underway with key stakeholders across the service to shape and develop our immediate priorities for 2026/27 (annual delivery plan) and medium term plan for the next 3 years. A plan on a page is being presented in draft at the Board private session this month, ahead of submission to Scottish Government.

Our plan on a page sets out how our delivery plan is supporting delivery of the 10 major change areas within the service renewal framework, population health framework and the 4 key priorities that have been set for the newly established Sub-National Planning and Delivery Committees (SPDC).

- Orthopaedic elective care (capacity, performance, sustainability).
- Emergency care access and flow, including virtual and navigation models.
- Digital services, including delivery of the “digital front door.”
- Business systems and enabling infrastructure.

There is also a requirement of both SPDCs to submit a Financial Plan with a key focus on

- Financial sustainability
- Deficit reduction trajectories
- Better alignment between clinical, workforce and financial plans

As a National patient facing board, SAS have a key role to play in working collaboratively with the SPDCs to ensure a whole system approach to development and delivery of plans.

Our Chief Executive represents us on both the East and West SPDC Boards and we are actively engaging to ensure a joined up approach to development and delivery of plans.



**Scottish
Ambulance
Service**

Working in Partnership with Universities

NHS
SCOTLAND

Service Board Portfolio Summary Pack

January 2026

Reporting as at 15 December 2025





Portfolio Summary

Reduced Working Week - Implementation of the reduced working week to 36 hours is expected to be delivered by April 1st 2026. There has been a delay in reaching consensus with partnership colleagues on policy interpretation in relation to how the RWW DL is applied to roster redesign to achieve the reduction to 36 hours. This has resulted in a delay in the design and agreement of rosters. Discussions are underway to resolve matters to enable work to progress at pace. Additional measures are also being taken to assign additional resources to support with building rosters on the e-rostering and payroll system.

Scheduled Care Improvement – 24 new staff have now completed their training and operational with a further 36 new hire in January. RWW work is impacting recruitment projections, with ongoing discussions involving the appropriate managers. Process mapping and improvement effort have continued for timed admissions. A number of areas have been identified for improvement, with recommendations due to be tabled at the next Scheduled Care Improvement Programme Board. The draft proposal for volunteer support in timed admission is progressing. Executive approval has been received to continue exploring the partnership, next step is to engage with St John's Scotland and develop a partnership proposition. A paper regarding technology improvements has been completed and a funding case for a server upgrade has been presented to the capital group.

Air Ambulance Implementation - The project is progressing well, including the arrival of the first helicopter and a visit to view the first fixed-wing aircraft, which is undergoing UK certification to streamline future processes. The operational team reviewed a new patient loading system developed by the supplier, with positive feedback and minor modifications identified as required. The next steps involve the aircraft fit-out, scheduled to begin in the coming month.

Rest Period Project - The rest break SOP timeline was delayed due to ongoing negotiations with Trade Unions; the next meeting will review the remaining disputed elements, with a strong possibility that these will be taken to the wider membership. Survey results from last quarter have been received and analysed with key themes incorporated into the updated SOP. The project's timeline may shift further depending on the outcome of the upcoming meeting, and the goal remains to test the SOP and assess its impact on staff welfare and patient care.



Integrated Planned Urgent and Unscheduled Care Portfolio Report – 2030 SSG

Portfolio Lead:

Paul Bassett

Period covered:

21 Oct to 15 Dec

Portfolio RAG



Portfolio Timeline



Portfolio Summary

Volunteer Enhancement project - The Volunteer Forum is now established with elected members from the volunteer community. The second meeting was held in early October, with the next in early December. Feedback has been positive, indicating a balanced approach and general satisfaction among volunteers.

MIS App Pilot Launch: The Volunteer Enhancement project team has launched a pilot of the MIS app, with 46 Community First Responder (CFR) groups (about one-third of all CFR groups) participating. This app simplifies the booking on/off process and automates dispatch, aiming to improve consistency and speed in call handling. A three-month pilot will be evaluated, with metrics being gathered in collaboration with the Business Intelligence (BI) Team.

Mental Health - The Mental Health team are at the midpoint of the mental health strategy and have now reviewed progress on implementation and are producing a work plan to take us to the end point of the strategy in 2027. Coverage throughout Scotland of the direct professional to professional support pathway has been reviewed and compared with Police Scotland. The team will work together to ensure full coverage of the pathway to all areas. The team are currently working on the evaluation of year 2 and 3 of the mental health response cars to identify if there is a preferred model of delivery. Engagement has continued with a lived experience organisation to better understand the experience of our service delivery; VOX work has now been received and shared with executive team; the response is being prepared. The Team also continues to deliver mental health education across undergraduate programmes throughout Scotland.

Following a successful funding award of an additional £100,000 from Scottish Government, Young Minds Save Lives has rolled out their programme to its first rural area.

Dementia - Significant work has been done on developing the Dementia Delivery Plan. Introductory meetings and site visits by the Dementia Lead continue as part of the understand phase and to raise the profile of dementia lead post. SAS Staff Engagement Session took place on 23.10.25 on the Herbert Protocol. This was a joint session with SAS Dementia Lead and 2 Police Scotland, Missing Persons Unit colleagues. 42 people attended the live on-line session and 234 views of the session recording on @SAS afterwards (as at 14.12.25). The team were invited to participate in NHS Education for Scotland Dementia Informed Resource Review Co-design Reference Group Workshop with focus on reviewing current NES resource. The team attended on the 19.11.25 with further meetings planned.

South Station - Project objectives have been agreed. Work is being established on specific workstreams related to estates and engagement. Stakeholder analysis has been completed and will continue to be updated as the project evolves.



Communities and Place Portfolio Report – 2030 SSG

Portfolio Timeline



Digital Data Innovation and Research Portfolio Report – 2030 SSG

Portfolio Lead:

Julie Carter

Period covered:

21 Oct to 15 Dec

Portfolio RAG

Portfolio Summary

GRS Timecard - All A&E staff and NRRD were fully live on the system for the October payroll run and have been using the system for last 3 months. Initial feedback from the Admin Teams have indicated that this has significantly reduced the time associated with payroll administration work. Planning for Phase 2, implementation into the Ambulance Control Centres and Patient Transport is underway. Go live was initially anticipated for March 2026, however this is now likely to be pushed back to May to enable the e-rostering team to focus on system build work to support delivery of the reduced working week. Benefits tracking is also in place include staff time savings.

Research & Innovation - Research and Innovation is progressing well. In terms of research, over the past six months significant efforts have continued on submitting various research applications, particularly in collaboration with the clinical directorate and UK-wide services. Focus areas include optimising care for children with uncontrolled seizures and addressing paracetamol overdose cases, with the aim of securing external funding. This also included involvement in the Phoenix study, which targets reducing disparities in healthcare access for homeless individuals by integrating services. The research team have also supported recent work on the rest break survey. The Research & Innovation (R&I) team continues to strengthen strategic partnerships across emergency services and public health.

For Innovation, the team are continuing to engage with stakeholders around drones and future aerospace technologies, with a particular focus on identifying and pursuing relevant funding opportunities. There are ongoing testing and implementation of Artificial Intelligence technologies to refine clinical decision-making and optimise response models. The team are actively collaborating with blue light services; SAS, Fire, and Police through the newly established Tri Services Research and Innovation Forum, with the first meeting taking place in November to align priorities and explore joint opportunities for innovation.

For the AI in ACC Project, Project objectives and timescales have been re-assessed with the projected expected to close after completion of the benefits analysis paper. Project was re-baselined, and a new project plan produced. Data matching phase has been slow with initially low success. Problem solving focus on the data set continues.

GRS Cloud Migration - The project formally kicked off on 4th December. A readiness audit meeting was held on 18th November for the Professional Services Consultant to build an understanding of the Service's GRS implementation including bespoke developments to ratify the scope.

NHS24 Collaboration programme. The delivery plan has now been developed and will be reported through the DDIR portfolio to ensure blockages are alleviated and progress is maintained.

The **Digital Front Door SAS** readiness workshop is scheduled for the 20th January 2026 and will be developed into an action plan and programme of work.



Portfolio Timeline

Project / Activity	Start Date	End Date	Project Health		2025/26						2026/27						Q3	Q4		
			RAG & Trend	Key Controls	Q3			Q4			Q1			Q2						
					Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26				
GRS Timecard and App	09/09/22	TBA	Yellow	Milestones Risks (VH&H) Issues (H) Finance	07/03 04/07 10/25 TBA	Onboarding of PTS / ACC Staff	02/05 15/08 01/26 TBA	Project closed												
AI in the ACC	31/10/24	31/03/26	Green	Milestones Risks (VH&H) Issues (H) Finance				11/25 02/26 - AI solution support model	11/25 02/26 - Mission Control	28/11 02/26 - Full benefits & analysis paper	12/25 02/26 - Recommendation - Exec Session	04/26 03/26	Project close							
GRS Cloud	01/11/25	31/12/26	Green	Milestones Risks (VH&H) Issues (H) Finance				01/26 - Sign off Initiation	01/26 - DPIA Sign Off	01/26 - Sign Off Migration Audit Readiness	02/26 -	06/26	Sign off UAT			09/26 - Hyperc care check in	12/26 - Project Close			
Research	01/04/22	31/03/26	Green	Milestones Risks (VH&H) Issues (H) Finance				09/26 03/26 - Data analysis and insights to support decision making and improve service delivery planning	12/26 03/26 - Pursue funding activities	12/25 03/26 - Focus R&I - Improve care pathways & outcomes for critical conditions										
Innovation	01/04/22	31/03/26	Green	Milestones Risks (VH&H) Issues (H) Finance				08/25 12/25 03/26 - Exploring the use of pilotless airframes to provide critical life-saving equipment to patients in remote and hard-to-reach locations	12/25 03/26 - Continue testing and implementing artificial intelligence and machine learning technologies to enhance clinical decision-making	12/25 03/26 - Enhance digital tools and data systems to monitor patients remotely	10/25 03/26 - Strengthen partnerships with other blue light public services to combine resources and expertise									



Preventative and Proactive Care Portfolio Report – 2030 SSG

Portfolio Lead:

Dr Jim Ward

Period covered:

21 Oct to 15 Dec

Portfolio RAG

Portfolio Summary

The milestones for the Population Health Improvement project remain loosely defined given that this is an emerging project and unlikely to demonstrate impact within a short period of time, such as a reporting year. Stakeholder engagement priorities are to establish links with public health teams in each territorial health board. The team have established a line of communication with one health board, which is anticipated to evolve into other opportunities for collaborative working. Other collaborative opportunities are being identified with a range of organisations including third sector who have a focus on prevention of harm from a range wider determinants. Additionally, it is proposed to contact other UK ambulance trusts to gain some insights from work they are progressing. Staff engagement and development in relation to public health and health inequalities has commenced.

Other workstreams which are planned for inclusion within this portfolio include reflecting our approach to Realistic Medicine and the emerging work in relation to Enhance the Contribution of SAS to Primary and Community Care.

Work continues to be progressed with the Realistic Medicine action plan. There is noted overlap with other workstreams (e.g., pathway hub, integrated clinical hub) and the need to modernise and align the plan with broader strategic frameworks. The team have plans to conduct a broader patient survey using Realistic Medicine programme questions in February/March, noting the need to turn health inequalities data into tangible actions and to quantify improvements.

For enhancing our contribution to Primary and Community Care, work is ongoing with Scottish Government on how SAS can help support primary care challenges and support the anticipated surplus of newly qualified paramedics. The work is considered to be in the developmental phase due to ongoing discussions at Scottish Government level and with health boards, with the need to determine funding and internal resource requirements.



Preventative and Proactive Care Portfolio Report – 2030 SSG

Portfolio Lead:

Dr Jim Ward

Period covered:

21 Oct to 15 Dec

Portfolio RAG

Portfolio Timeline

Project / Activity	Start Date	End Date	Project Health		2025/26						2026/27						Q3	Q4			
					Q3			Q4			Q1			Q2							
			Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Q3	Q4					
Population Health & Data Plan	01/02/24	31/03/26	→	Milestones	Green																
Population Health & Data Plan	01/02/24	31/03/26		Risks (VH&H)	0																
				Issues (H)	0																
				Finance	N/A																
<p>Timeline diagram showing project milestones and key dates across the timeline from Oct-25 to Sep-26. Milestones include: 07/25 10/25 - Programme plan for 25/26, 07/25 10/25 - SG Population Health Framework mapped to SAS Plan, 10/25 03/26 - Stakeholder mapping and engagement, 10/25 03/26 - Measurement, 12/25 03/26 - Collaboration opportunities, and 03/26 - Project close.</p>																					





Workforce and Wellbeing Portfolio Report – 2030 SSG

Portfolio Lead:

Graeme Ferguson

Period covered:

21 Oct to 15 Dec

Portfolio RAG

Portfolio Summary

Health and Wellbeing Project

The health and well-being work is progressing well, with a focus on strengthening the TRiM (Trauma Risk Management) program by training 24 additional assessors to improve geographical coverage. The Staying Well service was launched a month ago and received 33 referrals in its first month, mostly related to mental health. This service is expected to reduce occupational health referrals due to its specialized team and to help address long occupational health wait times. Suicide prevention and postvention resources have been published on SAS Now, with ongoing work to further develop these resources. Well-being leaders are settling into their roles and advancing several work streams

Workforce Planning and Performance Monitoring Project

Work has been underway with internal stakeholders across the service to help inform development of the workforce plan, which is expected to be tabled at Staff Governance Committee in March 2026. This has involved intensive engagement with the Strategy and Planning teams to ensure alignment with the boards Annual Delivery plan, Medium-Term plan and Financial plan.

Significant discussion have been taking place, and remain ongoing, with key internal stakeholders around current and future workforce projections, design and composition of our future workforce, and identifying some of the key workforce challenges over the remaining lifecycle of the 2030 strategy.

In recognition of a projected surplus in Paramedics from 2026, we have been working closely with Scottish Government and our partners to consider how Paramedics could be used more widely in the Healthcare system to support the delivery of multi-disciplinary teams within urgent and primary care.

Workforce projection scenarios have been developed to assist the Scottish Government in planning and determining future university intake requirements for paramedics over the next 3 to 10 years.

The development of the internal SAS workforce dashboard is helping to identify and assess the effectiveness of accurate, informative and measurable workforce data to support future workforce planning. This dashboard will continue to develop as more data becomes available.



Workforce and Wellbeing Portfolio Report – 2030 SSG

Portfolio Lead:

Graeme Ferguson

Period covered:

21 Oct to 15 Dec

Portfolio RAG



Portfolio Timeline