Public Board Meeting	**29 January 2025**
	Item No 08

THIS PAPER IS FOR APPROVAL

BOARD ASSURANCE FRAMEWORK AND NEXT STEPS

Lead Director Author	Julie Carter, Director of Finance, Logistics and Strategy Pippa Hamilton, Board Secretary Ewan Marshall, Portfolio lead
Action required	The Board are asked to review and approve the Board Assurance Framework format, work to date and next steps.
Key points	The Board agreed, through the Blueprint for Governance action plan 24/25 to further develop the Board Assurance Framework. At the Audit and Risk Committee in October 2024 next steps were agreed and an updated version was presented and reviewed at to the January 2025 Audit and Risk Committee. It is proposed that: - The presented format be used for the 2025/26 corporate objectives - further work to be done on the performance measures which could align to the development of the Board reporting - to review the current assurance rating and to then assess current reporting and scrutiny - to include the work already completed on the staff, clinical and financial governance actions linked to the Committee(s) workplan and delegated risks and actions
Timing	Presented to the January Audit and Risk Committee for review and the January Board for approval.
Associated Corporate Risk Identification	Aligns to all corporate risks.
Link to Corporate Ambitions	This paper relates to: • 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 - 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	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.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Benefit to Patients	Good governance supports all aspects of patient care.

Board Assurance Framework
January 2025
Version 1

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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.

2030 Strategy

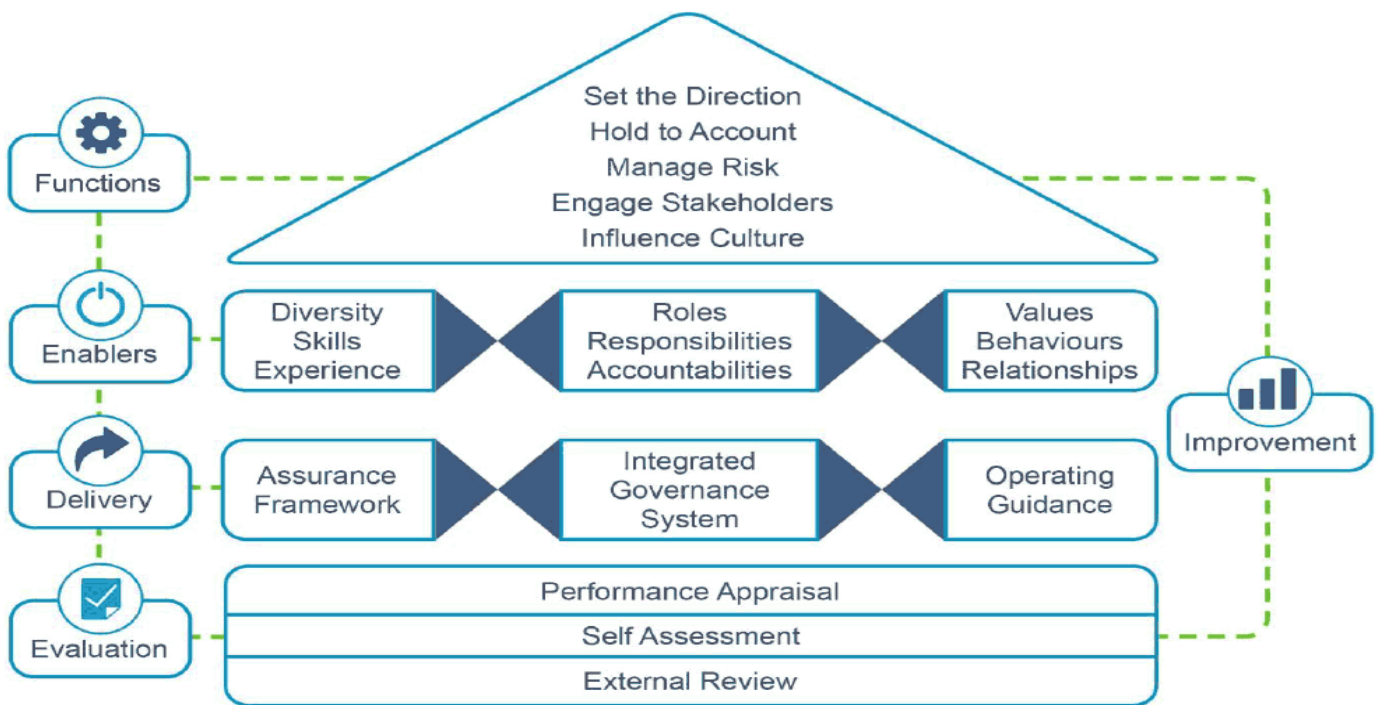| Doc: Board Assurance Framework	Page 3	Author: Director of Finance, Logistics & Strategy
Date: 2024-11-26	Version 1.0	Review Date: -

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.

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 meets formally each monthly, with weekly meetings in place to discuss currently finance challenges, and this flexes to include operational, clinical and workforce issues.

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

Corporate Objectives are agreed each year and form the basis of the Executive objectives allowing for these delegated within Executive teams' objectives and spread throughout the Service. These annual corporate objectives are aligned to the Service Annual Delivery Plan, the 2030 Strategic objectives and aim to mitigate the Service key corporate risks. This assurance framework will describe this process further.

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.

The Committees are delivered through the following governance structure.

Delivery & Governance Structure
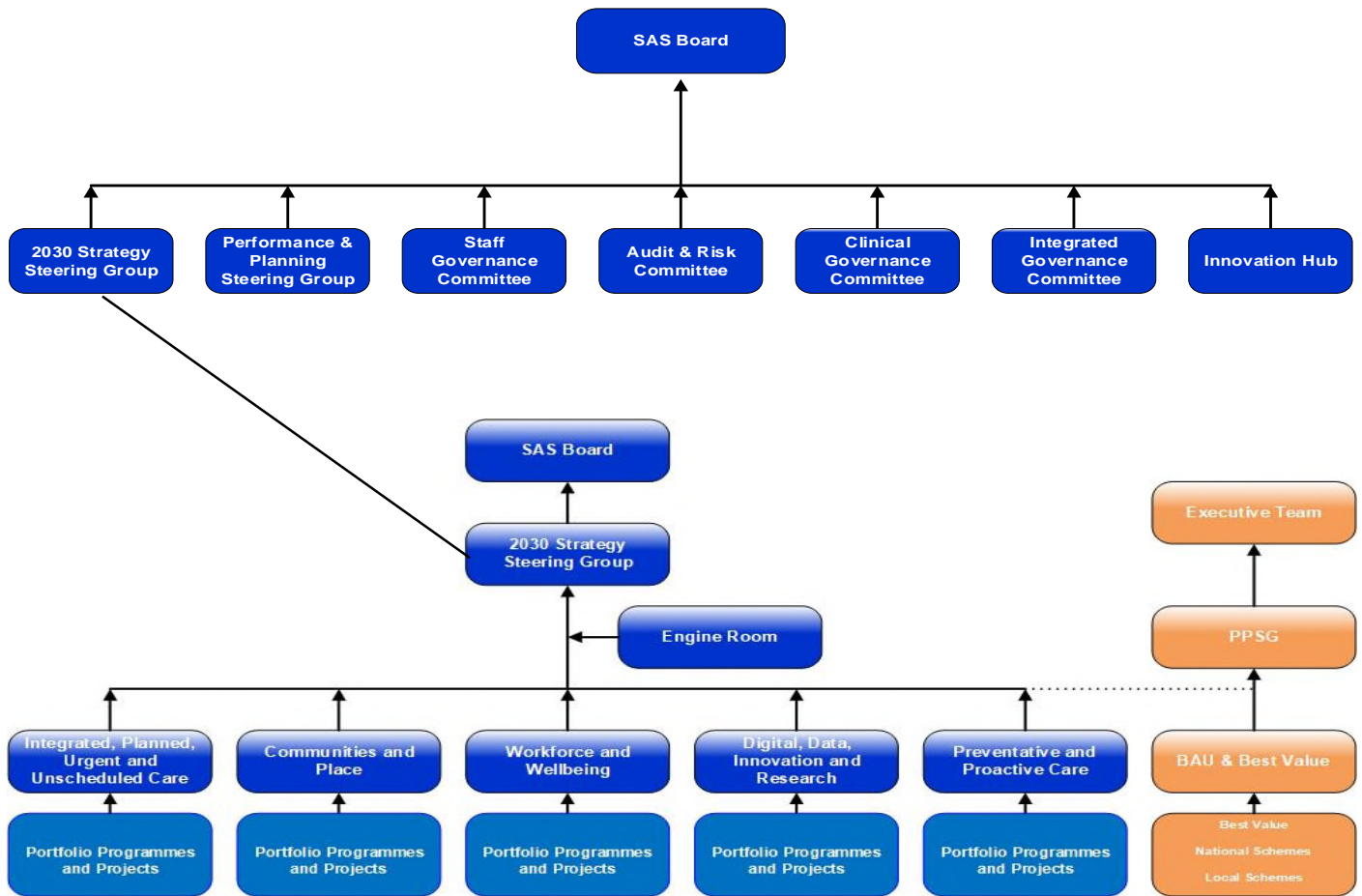
The assurance framework describes the corporate objectives assigned to each of these committees and groups, that these committees need to provide assurance on to the SAS Board.

Corporate Objectives

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

As NHS Board Delivery Plans are ultimately developed, approved and delivered by the Board itself and as such, should reflect the Boards own individual strategic context and priorities. It is however essential that Delivery Plans are aligned to the national priorities of the Scottish Government and NHS Scotland as a whole, and this is particularly important as planning becomes more

collaborative, as set out in the recently issued Scottish Government's Director Letter "A renewed approach to population based planning for services across NHS Scotland".

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

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

The Board Assurance Framework (BAF) uses the corporate objectives, aligned to the annual delivery plan as the basis of the 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

For financial year 2024/25, and to be updated for 2025/26 the following performance measures have been agreed with the Scottish Government. Performance against these are reported to the Performance and Planning Steering Group and to every Board meeting.

Measures	Aim
Sickness Absence %	8.0%
A&E Crew Shift Coverage	94.0%
Worked Arrests - VF/VT Rhythms - ROSC	55.0%
Purple Incidents Attended	-
Purple Response Time - Median	00:07:00
Purple Response Time - 95th Percentile	00:20:00
Red Incidents Attended	-
Red Response Time - Median	00:08:00
Red Response Time - 95th Percentile	00:25:00
Amber Incidents Attended	-
Amber Response Time - Median	00:16:00
Amber Response Time - 95th Percentile	00:50:00
Yellow Incidents Attended	-
Yellow Response Time - Median	00:31:00
Yellow Response Time - 95th Percentile	03:30:00
Emergency Incidents Attended	-
HCP Incidents Attended	-
Completed Card 46 Demand	-
Emergency Patients Managed At Point Of Call	26.0%
Emergency Patients Managed On Scene	22.0%
Emergency Patients Conveyed	52.0%
% Within Target HCP Schedule - 1 Hour	45.0%
% Within Target HCP Schedule - 2 Hour	70.0%
% Within Target HCP Schedule - 4 Hour	80.0%
Turnaround Time - Average	00:40:00
Turnaround Time - Median	-
Turnaround Time - 90th Percentile	-
On-Scene Time - Average	-
Service Time - Average	-
999 Call Handling Pickup In 10 Seconds	90.0%
PTS Punctuality For Inward Journey	74.0%
PTS Punctuality For Outward Journey	80.0%
PTS Cancelled By SAS No Resource	0.7%
Single Crewing	1.5%
Stage 1 Complaints Compliance	90.0%
Stage 2 Complaints Compliance	70.0%
Finance - Out-turn (£xxx)k	-

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

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

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

| SAS Vision |
| Strategic Aims and Ambitions |
| Our values |

→ | Corporate Objectives - aligned to Annual Delivery Plan and strategic aims reported through the 2030 portfolio groups | →

| Key deliverables and milestones |

| To gain assurance through.... |

| Corporate Risks (to ensure corporate objectives mitigate key risks) |

| Projects and Programmes (the delivery and milestones) |

| Performance Measures (to gain assurance of impact) |

| Assurance Monitoring Groups- gain assurance that controls are effective |

| Agree Assurance Thresholds |

Assurance Framework Implementation

A framework is in place for reporting key information to the Board and Committees. This ensures that both the delivery of strategic and transformational change and the current operational outputs and outcomes 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.

The framework 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 Leadership Team to deliver those outcomes.

This includes taking each objective, aligning it to the Annual Delivery Plan, 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

Assurance Thresholds

The SAS corporate objectives include operational priorities, strategic aims, 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

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

The assurance levels are described in further detail below:

1. Significant Assurance

Examples of when significant assurance can be taken are:

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

DEFINITION	MOST LIKELY COURSE OF ACTION
The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	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.

4. No Assurance

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

The following brings this all together showing the Board Assurance Framework as at January 2025, incorporating the 24/25 corporate objectives and applying the model as described in this document.

Conclusion

The Conclusion from this position is as follows:

- Executive team members to review document and agree/modify format aiming to have a final BAF agreed for the 2025/26 corporate objectives.

- Members to consider Performance indicators to add, and link to the development of the Board reporting of performance.

- Members to consider the assurance rating and assess current reporting and scrutiny.

- To consider adding financial, staff governance and clinical governance assurance. This can be developed from the Committee terms of reference and delegated risks and assurance data that is in place currently.

- To feedback and present to the January Audit and Risk Committee as a draft BAF noting further work to be developed.

Portfolio – Digital, Data, Innovation and Research Monitoring Group					Lead – Director of Finance, Logistics and Strategy	
Corporate Objectives aligned to this portfolio	Exec Lead	Project resourced	ADP Ref	Key Milestones	Target Date	Performance Measures (to be developed further)
Deliverable 1 1. Deliver Year 2 of the Digital Strategy Delivery Plan.	DoF	-	•RD 9 •A-Strategic Priorities	• Annual digital maturity assessment. • Digital delivery plan agreed. • Data delivery plan agreed.	31/07/25 31/05/24 01/07/24	

Deliverable 2
 	
1. Optimising the use of innovative digital solutions to create capacity, enhance patient experience and staff experience.
 	
    - 2 way Interface with NHS24
 	
    - HCP Online Booking Tool
	COO	Digital Patient Handover
		
		HCP Online Booking
			•RD 9.2
			
			•A-Strategic Priorities
			
			•RD9.2
				• Ambulance Requests Go Live (Timed admissions) – TBC
				• Ambulance Requests Go Live (Emergency ambulances)
				
				• First Board Go Live
				• Last Board Go Live
					30.11.24
					
					TBC
					
					TBC	

Deliverable 3 1. Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework.	DoF	-	•RD 9.3	• Further improve our compliance in the areas of the Cyber Resilience Framework. • Continue to fully engage in the independent audit process. • Work collaboratively with other public sector services to develop our capabilities	31.03.25	
Deliverable 4 1. Implement AI, Remote Monitoring and RD&I Workplan.	DoF	AI in the ACC (CORTI)	•RD 9.5	• Full benefit & analysis paper – TBC. • Expand R&I capacity and capability Recruitment of first Research Paramedic – Q3 24/25	TBC	

		Research Innovation CAELUS 2		• Expand R&I capacity and capability • Embed technologies in routine care Design pilot of stroke video assessment. • Embed technologies in routine care Map Point of Care testing opportunities • Become test bed for innovative technologies (CAELUS 2)	31.12.24	
Deliverable 5 1. Implement GRS Timecard.	DoF	GRS Timecard	•RD 9.2	• Live system upgrade. • Small scale pilot complete. •Training complete. • Go Live. • Live roll out complete. • Project closed.	05/10/24 05/12/24 31/01/25 01/02/25 12/03/25 02/05/25	
Deliverable 6 1. Implementation of new risk management system, InPhase to replace Datix.		InPhase	N/A	• Process / report building complete • Final cut data migration. • Go Live of Modules • Training complete. • Comms complete. • Datix decommission.	30/10/24 25/01/25 25/01/25 15/02/25 15/02/25 30/03/25	

Deliverable 7
1. Adopt and optimise the use of National Digital Tools
   - Near Me
   - Optimisation of O365
   - PACS
	DoF	Digital Workplace 3
		
		PACS and Near me not yet started
			•RD 9	**O365**
				• SharePoint Online Migration.
				• Power Platform and Power Apps
				• M365 Security & Compliance
				• M365 Capabilities and Skills set Model
				• Training Model
				• M365 Tools in action
				• Viva Engage
					31/10/24
					31/12/24
					31/12/24
					31/12/24
					31/12/24
					31/12/24
					31/12/24	

Deliverable	Owner		Ref	Description	Date	
Deliverable 8 1. Implement a plan to developing and maintaining digital skills across the whole workforce.	DoF	-	•RD9.4	• Approval of a mini business case to progress plans and deliverables for a Digital Skills Academy – on hold due to financial pressures.	TBA	
Deliverable 9 1. Collaborate with CORTI to develop an Artificial Intelligence and Machine Learning solution for the ACC.	DoF	AI in the ACC	N/A	• Data Transfer: (1) Audio file transfer via Avaya Call Recording Integration and (2) EPR Transfer Solution. • Response Level Suggestions (OHCA - Alerts). • Yellow Basket Project (Severity Detection Model). • Full Benefit and Analysis Paper. • AI solution Support Model.	28/02/25 30/05/25 30/05/25 31/10/25 31/10/25	
Deliverable 10 1. Roll out the National E-Rostering system procured for NHS Scotland. (subject to the system meeting specific ambulance requirements)	DoF		•RD 8.3	Corporate services plan in place	Being developed	

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**
	1. Risk 4639 – Service defence against a Cyber Attack 2. Risk 5062 – Failure to achieve Financial Target 3. Risk 5603 – Maintaining required service levels – Business Continuity

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**
Deliverable 1 1. Successful delivery of the year 2 Digital Plan	1. DD&I portfolio Board monitoring progress of year 2 digital delivery.	•2030 Strategy Steering Group	•Approval of strategy •2030 progress update to SAS	Significant Assurance – actions and

2. Fully engage in the ongoing Scottish Government Digital Maturity Assessment (DMA) process.	2. Identify Digital Maturity Assessment Improvements. Improvement Plan to be presented to Resilience Committee and Audit and Risk Committee.	•SAS Digital Board	Board at each meeting.	reporting in place
Deliverable 2 1. Enable a seamless digital transfer of patients between NHS 24 and SAS. 2. Implement a Health Care Professional online booking system.	1. Work collaboratively with NHS 24 to deliver a Digital Patient Handover interface. 2. Deliver a system to enable Health Care Professionals within acute, primary care and out-of-hours to book an ambulance digitally instead of a traditional phone call.	•2030 Strategy Steering Group •Joint SAS/NHS24 Collaboration Steering Group	•2030 progress update to SAS Board at each meeting.	Moderate Assurance
Deliverable 3 1. Further improve our compliance in the areas of the Cyber Resilience Framework. 2. Continue to fully engage in the independent audit process. 3. Work collaboratively with other public sector services to develop our capabilities.	1. Relevant processes and documentation in place to improve the lowest scores in our last full NIS audit report. 2. Evaluate and identify levels of compliance against the Cyber Resilience Framework and deliver our NIS action plan. 3. Plan and carry out live Cyber Incident Response Team (CIRT) and Business Continuity exercise and completing the required documentation and exercise evaluation.	•2030 Strategy Steering Group. •Security Governance Group •Resilience Committee •Audit Committee	•2030 progress update to SAS Board at each meeting.	Significant Assurance – NIS audit in place
Deliverable 4 1. Deliver a new SAS Innovation Lab/Hub. 2. Work in collaboration with partners to seek ongoing applied artificial intelligence opportunities. 3. Input into the NHS Scotland Point of Care (PoC) Testing group. 4. Collaborate with CAELUS2 Drone Consortium partners.	1. Detailing progress of innovations being implemented including strategic partnerships – to the DD&I portfolio Board and may also report these to the Research Steering Group. 2. Demonstrate use as test cases, such as using large language models to detect harm. 3. Submission of a new research application to trial PoC testing. 4. Design the next phase of drone delivery work across NHS Scotland.	•2030 Strategy Steering Group. •Research Steering Group	•2030 progress update to SAS Board at each meeting.	Moderate Assurance
Deliverable 5	• Enable digitalised claims for unsocial hours, planned and unplanned overtime and on-call claims to feed the payroll system.	•2030 Strategy Steering Group.	•2030 progress update to SAS	Moderate Assurance

Deliverable	Key Milestones	Assurance Source 1	Assurance Source 2	Assurance
1. Finalise the implementation of an electronic timecard application on our current e-rostering system.			Board at each meeting.	
Deliverable 6 1. Implementation of InPhase and decommission of Datix	• Successful implementation of Inphase by end Jan 25 • Successful decommission of Datix by end Mar 25.	•2030 Strategy Steering Group.	•2030 progress update to SAS Board at each meeting.	Significant Assurance
Deliverable 7 1. Near Me 2. Optimisation of 0365 3. PACS	1. TBA 2.Develop and optimise the use of M365 to deliver improvements to our staff, patients, and productivity to deliver better value care. 3. Engage with the national PACS programme to ensure relevant SAS clinicians e.g. ScotSTAR consultants have appropriate PACS access across Scotland.	•2030 Strategy Steering Group •SAS Digital Board	•2030 progress update to SAS Board at each meeting.	Moderate Assurance
Deliverable 8 1. Progress our ambition to develop a SAS Digital Skills Academy as outlined in the SAS Digital Strategy.	1. Approve plans for developing and improving the digital skills of our staff to realise the full operational benefits of M365.	•2030 Strategy Steering Group •SAS Digital Board	•2030 progress update to SAS Board at each meeting.	Moderate Assurance
Deliverable 9 1. Deliver a proof of concept of deploying an AI solution with the ACC.	1. Successful audio file transfer and EPR data transfer solution. 2. Production of a full benefits and analysis paper.	•2030 Strategy Steering Group •Innovation Hub •SAS Digital Board	•2030 progress update to SAS Board at each meeting.	Limited Assurance
Deliverable 10 1. Transition four defined corporate staff areas (early adopters) to the Allocate System from GRS.	1. Complete a detailed gap analysis against business requirements and system functionality to determine development needs. 2. Successful transition of 4 corporate staff areas to the Allocate system.	•2030 Strategy Steering Group •SAS Digital Board	•2030 progress update to SAS Board at each meeting.	Moderate Assurance

Portfolio – Integrated Planned Urgent & Unscheduled Care						**Lead – Paul Bassett**
Corporate Objectives aligned to this portfolio	**Exec Lead**	**Project**	**ADP Ref**	**Key Milestones**	**Target Date**	**Performance Measures (to be developed further)**
Deliverable 1 1. Implement Digital Prescribing in IHUB &	COO	Integrated Clinical Hub	•RD 2.1	• The Integrated Clinical Hub will interact with 13,000 patients per month	31/03/24	

Deliver 13000+ clinical hub interactions per month with overall H&T outcome of 24% 2. Explore the development of a care quality measurement framework for patients that are managed through the ICHUB				in order to assess, consult and match our care to the patients' needs. • TBA	TBA	
Deliverable 2 1. Enhance staff well-being and to improve patient outcomes by reducing contractual hours with no loss of earning, enabling a more rested workforce	COO	Reduction of Working Week	N/A	• Enabling RWW Accrued Hours for 37hpw. • Additional Delivery Resources Approved. • Roster Sign Off. • Rosters Built on GRS. • Rosters Live.	31/03/25 Q2 24/25 Q3 25/26 Q4 25/26 Q1 26/27	
Deliverable 3 1. Implement new Air Ambulance contract.		Air Ambulance Implementation	•Section A. Strategic Priorities - ScotSTAR	Plan in final stages of development	TBA	
Deliverable 4 1. Increase the use of call before you convey & maximise the use of pathways, reducing unwarranted variation to achieve S&T outcome of 25%	MD		•RD 2.1	• Call Before You Convey – Ongoing • Pathways Education Workplan • Pathways Virtual CPD Week • Local Pathway Briefing Packs • Non-Conveyance Patient Outcomes Project	30/11/24 30/11/24 31/12/24 31/03/25	
Deliverable 5 1. Implement Advanced Practice Rotational Rosters	COO	AP Rostering	•RD 2.1	AP Rostering Project being implemented	N/A	
Deliverable 6	COO		•Section A. Strategic	A range of actions in place focused on local Health Board needs	TBA	

1. Implement Safe Handover Nationally across all Boards in Scotland and work collaboratively with Boards to reduce handover times.			Priorities - Hospital Turnaround Times		
Deliverable 7 1. Implement Air Ambulance Efficiency Plan	COO	Air Ambulance Efficiency	•Section A. Strategic Priorities - ScotSTAR	Actions in place	Dates to be added
Deliverable 8 1. Implement the Scheduled Care Efficiency Programme	COO	Scheduled Care Improvement	•RD 4.1	• Scheduled Care Modelling Validation • Recruitment • Timed Admissions (Card 46) • Dynamic and Demand Led Support for Timed Admissions • Assessing Taxi Usage Across the Service • Scheduled Care Strategy	30/09/24 31/03/25 31/03/25 31/10/24 31/03/25 31/03/25
Deliverable 9 1. Develop & implement a sustainable plan to support the management of patients in Care Homes.	COO		•RD 2.4	- To be developed further	TBA
Deliverable 10 1. Implement final outputs of the Resource Planning Review	COO		N/A	• Training Needs Assessment Developed • GRS Server migration complete •Implementation of OT Messaging Approach • Resource Planning Structure Options Paper	30/04/24 31/07/24 30/11/24 31/12/24
Deliverable 11	COO		•RD 7.1	• Agree process of option selection • Select options suitable	17/06/24 31/08/24

1. Implementation of Best Start Plan			•Section A. Strategic Priorities - ScotSTAR	• Assess team coverage required • Final service model chosen • Business case developed	30/11/24 31/12/24 31/12/24		

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
	1. Risk 4638 – Hospital Handover Delays
	2. Risk 5062 – Failure to achieve Financial Balance
	3. Risk 5603 – Maintaining required Service Levels

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
Deliverable 1 1. Successful implementation of Digital Prescribing for AP's in our ICHUB. Increase the number of remote clinical interventions to more than 13,000 patients 2. Explore the development of a care quality measurement framework for patient that are managed through the integrated clinical hub.	1. Reduction in unnecessary GP appointments. Reduction in avoidable hospital visits. Overall H&T outcome of 24% 2. Present options for a Care Quality Measurement Framework.	•2030 Strategy Steering Group •Clinical Governance Committee •2030 Strategy Steering Group •Clinical Governance Committee	•2030 progress update to SAS Board at each meeting.	Moderate Assurance
Deliverable 2 1. To reduce all Agenda for Change (AfC) staff from 37.5 to 37 hours per week (pro rata for part time staff), without any loss of earning in 2024/25, before planning the implementation of the 36-hour working week scheduled on or before 1 April 2026.	1. Successful implementation of reduced hours from 37.5hrs to 27hrs pw by end 24/25. 2. Successful implementation planning of 36hr working week to commence 1 Apr 26.	•2030 Strategy Steering Group •Staff Governance Committee •Audit and Risk Committee	•2030 progress update to SAS Board at each meeting.	Significant Assurance

Deliverable 3 1. Implement a new contract with a commercial partner that can deliver suitable aircraft to support the delivery of emergency and critical care to patients in Scotland.	TBA – Plan in development	TBA	•2030 progress update to SAS Board at each meeting.	Significant Assurance
Deliverable 4 1. Further improve "call before you convey" to support clinical decision making to enable more patients to be treated at home.	• Reduction in avoidable ED attendance. • S&T outcome of 25% • Increased FNC activity	•2030 Strategy Steering Group •Clinical Governance Committee	•2030 progress update to SAS Board at each meeting.	Significant Assurance
Deliverable 5 1. Aligning the Services current Advanced Practitioner staffing resource, as part of a National rotational model, to when and where the people of Scotland need them most.	• Successful implementation of new rosters for Advanced Practitioners to improve alignment with patient demand profiles. • Measure improved patient care and enhanced staff experience and wellbeing.	•2030 Strategy Steering Group	•2030 progress update to SAS Board at each meeting.	Limited Assurance
Deliverable 6 1. Implement Safe Handover Nationally across all Boards in Scotland and work collaboratively with Boards to reduce handover times.	- A range of actions across Scotland focused on local issues. Primarily work in Grampian, Lanarkshire and Ayrshire	- Performance and Planning Steering Group	- Board reporting at each meeting	Significant assurance
Deliverable 7 1. Improve the efficiency of our current air ambulance service. 2. Engage with the Scottish Trauma Network to understand the impact of any potential redesign of services on our resourcing requirements. 3. Review our current paediatric service model to ensure it is functioning in the most efficient way possible	1. Delivery and benefit realisation of key initiatives that will reduce unnecessary costs and improve the efficiency. 2 & 3. Improve skills and competency across the Service through provision of outreach training and education.	•2030 Strategy Steering Group •Audit & Risk Committee	•2030 progress update to SAS Board at each meeting.	Significant assurance

Deliverable 8 1. Redesign scheduled care 2. Develop an improvement plan for Urgent Timed Admissions (Card 46)	1. Continue to explore opportunities and implement actions that will improve the efficiency of our current Scheduled Care Service. 2. Measure benefits to ensure that the right resource is in place to support effective planned admissions and discharges.	•2030 Strategy Steering Group •Performance & Planning Steering Group	•2030 progress update to SAS Board at each meeting.	Moderate Assurance
Deliverable 9 Develop & implement a sustainable plan to support the management of patients in Care Homes.	TBA	TBA	TBA	
Deliverable 10 1. Undertake a review of the Resource Planning structure, roles and responsibilities, operating hours, systems, processes, reporting and monitoring arrangements to determine and implement a new optimal resource planning and scheduling function.	• Maximised opportunities to increase shift cover against demand requirements. • Improved shift planning for relief and bank staff and in turn improve staff morale • Improved compliance with e-rostering business rules to ensure safety, fairness and equity for all • Increased efficiency through the automation of applicable processes • Reduction in unnecessary cost associated with planning unfunded shifts	•2030 Strategy Steering Group •Performance & Planning Steering Group • Staff Governance Committee	•2030 progress update to SAS Board at each meeting.	Moderate Assurance
Deliverable 11 1. Re-design of Neonatal Services to support delivery of the Best Start Project and Policy delivery.	• Creation of a workforce plan to support the Best Start Policy reduction of level 3 NICUs from 8 centres to 3, allowing us to respond and support as best as possible.	•2030 Strategy Steering Group	•2030 progress update to SAS Board at each meeting.	Moderate Assurance

Portfolio – Preventative and Proactive Care — Lead – Jim Ward

Corporate Objectives aligned to this portfolio	Exec Lead	Project	ADP Ref	Key Milestones	Target Date	Performance Measures (to be developed further)	
Deliverable 1 1. Working with partners to support the National Mission on Drugs to reduce drug deaths and drug harm and secure future funding	MD	Drug Harm Reduction	•RD 6.2	• Take-home naloxone (THN) distribution • Connecting people to treatment and support services • Injecting equipment provision (IEP) distribution	31/12/24 31/03/25 31/03/25		

				• National early warning protocols / Public Health Surveillance • Measurement framework	31/03/25 31/03/26		
Deliverable 2 1. Increase our contribution to Primary & Acute Care by work collaboratively with our partners to understand their needs and where SAS clinicians could support the delivery of sustainable services and wider reform.	MD	AP Rostering Project and Remote and Rural workstream	•RD 1.1	• Further develop the role of Paramedics and APs in providing care in GP practices, OOH facilities, and patient's homes. • Work collaboratively with our partners and the Centre for Remote and Rural to develop future plans to identify the gaps in Core Services and through a 3 phased approach of development to support an improved delivery for remote, rural and island primary care and community-based workforce and service delivery.	TBA		
Deliverable 3 1. Enable patients to receive the right care at the right time through further pathway development, and improved flow navigation.	MD	SAS/NHS24 Collaborative	•RD 2.1 •RD 2.2 •RD 3.1	• Effective Patient Flow, Triage and assessment • Coordinated Governance Approach • Clinical Topic Focus • Patient Experience	31/08/24 30/03/25 31/08/24 31/07/24		
Deliverable 4 1. Improve the quality of care delivered to people with Palliative and/or End of Life Care by adopting a whole system approach to care delivery.	MD	End of Life Care	•RD 2.6	• Education / Training within SAS • Pathway development and implementation. • Measurement framework for End of Life. • Measurement framework for Palliative care. • Health Economist Data.	31/01/25 31/01/25 29/02/24 30/09/24 30/11/24		
Deliverable 5 1. Implement the next phase of the clinical	COO	Trauma	•Section A. Strategic Priorities – Major Trauma	• Critical Care Desk (CCD) 2-year review: evaluate all elements of the CCD and draft recommendations. • Work with STN and STAG to review	30/03/25 30/03/25		

developments to deliver improvement aims. -Trauma			Stroke & Thrombectomy Out of Hospital Cardiac Arrest	STN pre-hospital Key Performance Indicators (KPIs) for Major Trauma. •Review and update multi-agency Major Trauma pre-hospital Clinical. Governance structure. • Further develop patient outcome / feedback processes for ambulance clinicians. • Engage with SAS green tier to establish need and required support to develop Major Trauma clinical care. • Produce plan for peer review of ambulance service/pre-hospital care major trauma care.	30/03/25 30/03/25 30/03/25 30/03/25		
-Stroke & Thrombectomy		Stroke & Thrombectomy		• Stroke Enh Video Triage Phase 3. • On-Scene Stroke Diagnosis Improvement. • East of Scotland Stroke Improvement Project. • Partnership working with Thrombectomy Advisory Group. • NHS24-SAS Stroke Patient – Re-categorisation Review.	28/02/25 31/03/25 31/08/25 Ongoing TBC		
-OHCA		Out of Hospital Cardiac Arrest		•Analyse GoodSAM data as per data plan. • Draft data driven plan for full GoodSAM stakeholder engagement. • GoodSAM partnership engagement to progress plan detailed above. • Develop and measurement framework for Telephone CPR. • Establish an internal process to ensure that SAS responders are fully	31/12/24 31/12/24 31/03/25 31/12/24 31/12/24		

				involved in the Child Death Review process. • Thematic analysis of 12 months data on appropriateness of resuscitation attempt.	31/03/25			
Deliverable 6 1. Develop and implement a plan to improve Population Health & Reduce Inequalities	MD	Population Health	•RD 6.1	• Programme Plan defined. • Clinical Workstream contributions scoped. • Stakeholder Mapping & Engagement. • Measurement Framework. • Phase 1 completed.	31/08/24 31/10/24 30/11/24 31/10/24 31/03/25			

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
	1. Risk 4638 – Hospital Handover Delays 2. Risk 5062 – Failure to achieve financial target 3. Risk 5653 – Organisational Culture

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
Deliverable 1 1. Continue to distribute Take Home Naloxone and provide safe injecting equipment. 2. Work with a range of external partners to inform the work to reduce harm from drugs through data and research.	1. Improve conversion rate of drug-related incidents to THN distribution. Continue roll out of IEP. Develop measurement framework. 2. Increase number of statutory and third-sector partners available for proactive and preventative drug and alcohol referrals.	•2030 Strategy Steering Group •Clinical Governance Committee	•2030 progress update to SAS Board at each meeting.	Significant Assurance
Deliverable 2 1. Increase our contribution to Primary & Acute Care by work collaboratively with our partners to understand their needs and	TBA	TBA	TBA	Moderate Assurance

where SAS clinicians could support the delivery of sustainable services and wider reform.				
Deliverable 3 1. Reducing avoidable Emergency Department Attendance.	• Work collaboratively with partners to evidence and share areas of good practice to highlight opportunities to reduce unwarranted variation across Flow Navigation Centres. • Continue to work with NHS 24 to develop and deliver improved patient flow triage and assessment. • Continue to educate and support our frontline clinicians to adopt the use of pathways, including the SAS pathway hub, for proactive and preventative referrals.	•2030 Strategy Steering Group •Performance and Planning Steering Group	•2030 progress update to SAS Board at each meeting.	Significant Assurance
Deliverable 4 1. Improve the quality of care delivered to people with Palliative and/or End of Life Care by adopting a whole system approach to care delivery.	• Improve the quality of care that we provide to people with palliative and/or end-of-life care needs by adopting a whole-system approach to care delivery. • Create a palliative and end-of-life care model by developing a workforce that will significantly contribute to the palliative care journey. • Develop and launch an extensive digital educational resource on TURAS.	•2030 Strategy Steering Group •Clinical Governance Committee	•2030 progress update to SAS Board at each meeting.	Moderate Assurance
Deliverable 5 • **Trauma** - Play a vital role in optimising pre-hospital care for Major Trauma patients, ultimately leading to improved clinical outcomes and delivering the role of the SAS in the Scottish Trauma Network (STN). • **Stroke & Thrombectomy** – Play a key role in improving outcomes for people who experience a stroke, working to optimise pre-hospital stroke care. • **Out of Hospital Cardiac Arrest** – Continue being a key partner in the delivery of the national Out of Hospital	• Develop major trauma measures utilising linked patient outcome data. • Further develop the clinical structure of the Advanced Practitioner role in the Critical Care Team. • Further develop the patient outcome/feedback processes for ambulance crews. • Continue to work closely with the National Thrombectomy Action Group (TAG) to plan and deliver the roll-out of the thrombectomy programme. • Improve stroke recognition at the point of first contact within our Ambulance Control Centre as part of a wider review led by data scientists on honorary contracts to perform data analysis. • Optimise the GoodSAM system for alerting responders.	•2030 Strategy Steering Group •Clinical Governance Committee	•2030 progress update to SAS Board at each meeting.	Significant Assurance

Cardiac Arrest (OHCA) strategic partnership to provide equitable access to a system of care, producing an increase in neurologically intact survival to 15%	• Plan for a data-driven expansion of the WILDCAT Cardiac Responder teams. • Expand the 3RU Paramedic Resources using data to identify optimal sites in Lanarkshire. • Evaluate the Pilot Service of bystander welfare support to those who have undertaken CPR along with Chest Heart and Stroke Scotland (CHSS).			
Deliverable 6 1. Reducing inequalities and improving population health by tackling the scale of the problem with a whole-system approach.	• Develop our plan and inform our delivery priorities using the results of our self-assessment.	•2030 Strategy Steering Group •Joint SAS/NHS24 Collaboration Steering Group	•2030 progress update to SAS Board at each meeting.	Moderate Assurance

Portfolio – Workforce and Wellbeing						**Lead – Avril Keen**	
Corporate Objectives aligned to this portfolio	**Exec Lead**	**Project**	**ADP Ref**	**Key Milestones**	**Target Date**	**Performance Measures (to be developed further)**	
Deliverable 1 1. Implementation of the Agenda for Change changes (Ref DL)	DoW	To be developed	N/A	TBA	TBA		
Deliverable 2 1. Ensure all provisions are in place to meet requirements of the safe staffing act.	DoW	Health and Care (Staffing) Act 2019	•RD 8.3	• Clinical input into Business rules and ACC SOPs. • Q2 Report due • Q3 Report due • Project transition to BAU • 1st Annual Report due	31/12/24 30/10/24 31/01/25 01/04/25 30/04/25		
Deliverable 3 1. Develop & implement new health and wellbeing strategy and reduce sickness absence to 8%	DoW	Health and Wellbeing	•RD 8.2 •Section D. Collaboration	• Develop a virtual health & wellbeing suggestions box to capture staff ideas. • Deliver H&W/Culture pulse survey. • Recruit additional 30 TRiM assessors.	31/10/24 31/03/25 31/10/24 30/06/24		

				• Develop awareness, training & support mechanisms for suicide prevention.	30/06/24		
				• Develop & establish an interactive wellbeing hub on @SAS including a manager's toolkit.	30/03/25		
				• Further develop wellbeing networks by locality & Region encompassing wellbeing facilitators	31/03/25		
				• Improvement in sickness absence %			
Deliverable 4 1. Deliver on Workforce Elements of the Anchor Institution Plan to diversify our workforce	DoCQPD	Anchor Institute Plan	•RD 6.3 •RD 6.5 •RD 8.4 •Section D. Collaboration	Plan in development			
Deliverable 5 1. Develop & Implement Women's Health Plan	DoW	TBA	•RD 7 •RD 7.2	TBA	TBA		
Deliverable 6 1. Implement actions to support statutory and mandatory training and compliance	DoW	TURAS Learn Phase 2	Not in ADP But there is Corp Risk logged	• Work Plan Complete. • Digital Content Complete. • Classroom Content Complete. • Reporting Provision Complete. • Communications Complete. • Phase 2 Closed	30/08/24 28/02/25 28/02/25 21/03/25 31/03/25 25/04/25		
Deliverable 7 1. Develop a new education and training model to meet the 2030 ambitions	DoW	EPDD Transformation	N/A	• Stakeholder Communications & Engagement Complete. • Business Case Completion. • Sign-Off of Business Case. • Project closed.	TBA Project Paused		
Deliverable 8 1. Continue to work with partnership to deliver	DoW	Rest Break Compliance	N/A	• First rest break complete • Investigate options for second rest break.	30/04/24		

actions to improve rest break compliance				• Handover to BAU	30/03/25 30/04/25		
Deliverable 9 1. Develop a business case to seek funding to establish a new 'Earn-and-learn' pathway for Technician to Paramedic.	DoW		•RD 8.6	In pipeline – NPP to be developed - Work ongoing in finalising the business case	TBA		
Deliverable 10 1. Work with NHS 24 and NES to develop & implement a shared approach to training and development in respect of common roles, digital maturity, and leadership development	DoW		•RD 8.7 •Section D. Collaboration	TBA	TBA		
Deliverable 11 1. Development of a SAS People Plan.	DoW	People Plan	•RD 8.5	• Re-focus and relaunch of the SAS People Plan. • Stakeholder engagement sessions. • Staff engagement and awareness sessions. • Present initial draft to Staff Governance Committee.	30/09/24 31/10/24 21/11/24 12/12/24		
Deliverable 12 1. Develop a robust process for data synchronisation across key workforce data sources to ensure information can be trusted as a single source of truth and to reduce the time	DoW	Workforce Planning and Performance	N/A	• Develop paper with recommended actions required to address any identified gaps including timelines for achieving workforce data warehouse, resources require for presentation to SAS Executive Team. • Review existing Workforce Data reporting infrastructure within the Scottish Ambulance Service.	31/12/24 31/10/24		

spent manually collating workforce data.				• Review current Workforce Data KPI's and associated validation process. • Develop a unified platform (workforce data warehouse) through which SAS user can connect to various underlying HR systems	31/10/24 TBC		
Deliverable 13 1. Deliver Organisational Leadership Training at all levels in SAS.	DoW	Organisational Leadership Training	N/A	• Rolling programmes covering - Aspirant Leader Development Programme - Foundation Leadership and Management Programme - Intermediate Leadership and Management Programme - Leading for the Future Programme	Ongoing 25/26		
Deliverable 14 1. Support the Service Strategy through Equality, Diversity and Inclusion	DoW	Equality, Diversity and Inclusion	N/A	• Equality Monitoring Report – annual • Legal obligations under general equality duties - 1) Mainstreaming Report 2) Equality Outcomes update 3) Gender Pay Gap report 4) Equal Pay Statement • Provide updates to SGC and NPF on SAS Equalities Fora e.g Proud@SAS, Ethnic Minority Network, LGBTQ+,	30/04/25 30/04/25 30/04/25 30/04/25 30/04/25 Mar 24 & Jun 24		

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**
	1. Risk 4636 – Health and Wellbeing of staff 2. Risk 5062 – Failure to achieve financial target 3. Risk 5519 – Statutory & Mandatory training 4. Risk 5653 – Organisational Culture

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
Deliverable 1 Implementation of the Agenda for Change changes (Ref DL)	• TBA	TBA	TBA	TBA
Deliverable 2 1. Implement and embed the Health and Care (Staffing) Act 2019 within the Scottish Ambulance Service.	• Enactment date of 1st April 2024. • Business-as-usual approach by 1st April 2025. • In conjunction with our rostering systems, ensure sufficient monitoring arrangements are in place to support reporting relating to staffing levels in line with safe staffing legislation.	•2030 Strategy Steering Group	•2030 progress update to SAS Board at each meeting.	Significant Assurance
Deliverable 3 1. Support the health and wellbeing of our staff to help reduce sickness absence by 1%	• Continuing to promote and raise awareness of the high level of wellbeing support available to all staff. • Finalising the review of the OHS and activity to identify opportunities for improvement. • Carrying out absence management audits as part of business as usual to identify opportunities for improvement. • Continuing to focus on attendance action plans with each region/department undertaking follow-up audits or focused attendance management actions as necessary.	•2030 Strategy Steering Group	•2030 progress update to SAS Board at each meeting.	Significant Assurance
Deliverable 4 1. Increase opportunities and the Diversity of our workforce in line with Anchor Strategic Plan.	• Understand local demographics and opportunities to target positions for specific communities to encourage applications from underrepresented groups and Remote and Rural areas. • Promote widening access and approach to encourage recruitment from all people regardless of background by developing an action plan to ensure that the diversity profile of the Scottish Ambulance Service workforce reflects the communities we serve. • Develop apprenticeships and work placement opportunities to engage young people, including the opportunities within our YMSL programme	•2030 Strategy Steering Group	•2030 progress update to SAS Board at each meeting.	Moderate Assurance

Deliverable 5 1. Take forward the relevant actions set out in the Women's Health Plan.	• Continue to support UK research activity exploring women's health, such as the recently completed CESSATION study aimed to improve the experience of menopause transition. •Undertake a programme of work, in conjunction with AACE, to reduce misogyny and improve sexual safety within the workplace.	TBA	TBA	TBA
Deliverable 6 1. Scope and agree all role specific statutory and mandatory training requirements across all departments.	• Make all virtual training content required available on Turas Learn even if courses require developed. • Develop classroom-based content where required and approved. • Develop reporting functionality for completion.		•2030 progress update to SAS Board at each meeting.	Significant Assurance

Deliverable 7
1. New model aims to align with workforce planning, address emerging pressures, and support the objectives outlined in the SAS 2030 Strategy.
	• Phase 1 (Planning Stage) will set out 'a case for change' and focus on three priority areas:
	  1.Driver Training
	  2.Learning in Practice/Continuing Professional Development (CPD)
	  3.Current core vocational education for clinical staff (ACA's and Technicians)
		•2030 Strategy Steering Group	•2030 progress update to SAS Board at each meeting.	Moderate Assurance

Deliverable 8 1. To agree and implement changes to improve rest break compliance by March 2025 (updated from June 2024).	• sustained reduction in the number of staff not getting a recorded rest break. • extend the work of the group to March 2025 to assess if there are any further opportunities to deliver changes.	•2030 Strategy Steering Group •Staff Governance Committee	•2030 progress update to SAS Board at each meeting.	Significant Assurance
Deliverable 9 1. Work with NES, the Scottish Government and other key stakeholders across the education landscape to establish a new 'Earn-and-learn' pathway and secure associated funding.	• Develop a business case to seek funding to establish a new 'Earn-and-learn' pathway.	•2030 Strategy Steering Group •Joint SAS/NHS24 Collaboration Steering Group	•2030 progress update to SAS Board at each meeting.	TBA
Deliverable 10 1. SAS / NHS24 joint collaboration board will continue to focus on a range of strategic themes and activities.	• **Workforce** – will develop roles, skills and capacity collaboratively.	•2030 Strategy Steering Group	•2030 progress update to SAS Board at each meeting.	Moderate Assurance

2. SAS / NES key areas identified as short-term priorities.	• Urgent Care multi-disciplinary workforce planning and development – building on the workforce models that SAS have across Scotland and the potential to scale these up for Scotland. • Digitalised resources for education & training including exploring Virtual Reality approaches.	•Joint SAS/NHS24 Collaboration Steering Group	
Deliverable 11 1. To plan, develop and implement a Service wide People Plan to support the delivery of the 2030 Strategy.	• Successful development and implementation of the SAS People plan by end Mar 25.	•2030 Strategy Steering Group •Staff Governance Committee	•2030 progress update to SAS Board at each meeting.	Moderate Assurance
Deliverable 12 1. Develop a single source of workforce data (workforce data warehouse)	1. Successful development and implementation of a workforce data warehouse 2. Ensure connectivity to underlying HR systems. 3. Enable workforce metrics at SAS, Regional and Sub-Regional level.	•2030 Strategy Steering Group	•2030 progress update to SAS Board at each meeting.	Significant Assurance
Deliverable 13 1. Develop and deliver Organisational Leadership Training Courses	1. Successful onboarding and delivery of SAS wider leadership training courses.	•2030 Strategy Steering Group	•2030 progress update to SAS Board at each meeting.	Moderate Assurance
Deliverable 14 1. The Equality, Diversity and Inclusion (EDI) will provide updates of the contribution of EDI work across all programmes and projects which support the achievement of the Service strategy.	1. Continued reporting as per our legal obligations under general equality duties. 2. Continue to provide updates to SGC and NPF on SAS equalities, e.g Proud@SAS, Ethnic Minority Network, LBGBTQ+	•2030 Strategy Steering Group	•2030 progress update to SAS Board at each meeting.	Significant Assurance

Portfolio – Communities and Place					**Lead – Jim Ward (Emma Stirling)**		
Corporate Objectives aligned to this portfolio	**Exec Lead**	**Project**	**ADP Ref**	**Key Milestones**	**Target Date**	**Performance measures (to be developed further)**	
Deliverable 1 1. Develop South Station implementation plan and	DoCQPD	South Station programme (Pipeline)	Referenced as future	On hold due to funding position. New programme being reinstated in 2025	TBA		

Deliverable							
develop concept of SAS community hubs			capital programme				
Deliverable 2 1. Develop and deliver implementation plan to enhancing the role of CFRs & adopt as appropriate AACE National Strategy	DoCQPD	Volunteer Enhancement	•Section A. Strategic Priorities – Volunteer Enhancement	• Implement the preferred option from the Strategic Review. • Optimise Volunteer Responder Dispatch - MIS Mobile Phone Application. • Expand Volunteer Scope of Practice.	Ongoing 05/07/25 15/12/25		
Deliverable 3 1. Implement year 3 of the mental health strategy	DoCQPD	Mental Health Strategy Implementation	•RD 3 •RD 3.1 •RD 3.2	• Suicide Intervention and prevention. • Psychological Trauma. • Psychiatric Emergency Plans. • ScotSTAR updated Risk Assessment and Education.	31/10/24 30/09/24 30/06/24 31/12/24		
Deliverable 4 1. Develop dementia & learning disability strategies and implementation plans	DoCQPD	Dementia Strategy Implementation	•RD 3.3	• Develop dementia strategy for approval by exec team. • Pursue funding to appoint dementia care resource.	31/12/24 31/12/24		
Deliverable 5 1. Identify SAS role in community planning partnerships and develop delivery arrangements	DoCQPD	Community Planning Partnerships	•RD 6.5	Early planning work on current engagement completed	TBA		
Deliverable 6 1. Successfully roll out and expand the High Intensity Users programme & further enhance our safeguarding arrangements	DoCQPD	High Intensity Use	•RD 6.6	• Set up HIU Reporting Dashboard. • QI principles to be used to develop plan for supportive letter. • Update HIU Guidance for submission to PPSG. • Project closed.	01/01/25 31/01/25 01/11/24 01/02/25		

Deliverable 7 1. Implementation of Young minds saves lives	DoCQPD	Young Minds Saves Lives	•RD 6.3	• Structure to sustain and expand YMSL across Scotland defined. • Strategic direction of YMSL agreed with SAS Executive Directors. • Funding confirmed to expand YMSL beyond the pilot. • Phase 3 delivery in pilot schools complete. • Co-design for additional schools complete. • Delivery in additional schools complete. • Project closed.	31/10/24 Q3/24 Q4/24 18/12/24 14/02/25 20/06/25 31/07/25		
Deliverable 8 1. Implementation of the Anchor Institution Plan	DoCQPD	Anchor Institution Plan	•RD 6.5 •RD 8.4	Plan in development	TBA		
Deliverable 9 1. Climate and Sustainability	DoCQPD	Sustainability Implementation	•RD 10	Sustainable Goods and Services Circular Economy Community Wealth Building Sustainable Care Sustainable Communities Our People Data Reporting	31/03/25		

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
	1. Risk 4636 – Health and Wellbeing of staff 2. Risk 5653 – Organisational Culture

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
Deliverable 1 1. Develop South Station implementation plan and develop concept of SAS community hubs	• on hold in 2024/25 due to SG capital funding pause	TBA	TBA	TBA
Deliverable 2 1. Continue to work with our communities to support and further develop our valued cohort of volunteers.	• Continue to grow and implement new Community First Responder schemes. • Achieve wider representation of CFRs and Wildcat responders in areas where we do not currently have this resource. • Optimise Volunteer Responder deployment to appropriate calls through refining processes and investigating technology solutions for more efficient tasking. • Continue to expand the scope of practice for volunteers to increase the number of calls which can be responded to including non-injury falls and paediatric cardiac arrests. • Continue to implement our volunteer's ability to take enhanced observations on callouts, contributing to our whole service response to patients.	•2030 Strategy Steering Group	•2030 progress update to SAS Board at each meeting.	Moderate Assurance
Deliverable 3 1. Improve the delivery of mental health support and services. 2. Improving support and developing the Mental Health Workforce	1. Continue to establish professional-to-professional mental health decision support for clinicians on scene across all health boards in Scotland. Continue to work closely with NHS24, Police Scotland, and Public Health Scotland to improve the management of patients. Collaborate with Police Scotland to develop safe, efficient processes and protocols to address the complexities of emergency response. Reduce unwarranted variation in care and increase the number of patients managed safely on scene, enabled by consistent and equitable access to pathways and Flow Navigation Centres. 2. Actively promote the Mental Health Paramedic role by conducting evaluations and engaging with educational institutions and paramedic programs, explore new practice models leading to innovative improvements in mental health care delivery. Work collaboratively with our partners to better understand our	•2030 Strategy Steering Group •Joint SAS/NHS24 Collaboration Steering Group	•2030 progress update to SAS Board at each meeting.	Significant Assurance

	population's needs to determine future optimal expansion models and potential funding solutions. Contribute to Scotland's suicide prevention strategy, 'Creating Hope Together', we will intensify our collaborative efforts with Public Health Scotland and National Education Scotland to develop a comprehensive plan to educate our staff.			
Deliverable 4 1. Improving Care for Dementia Patients	• Develop an informed dementia strategy that concentrates on innovative care, awareness, and better access to services to help improve the quality of life for people with dementia, providing support for their families. • Raise awareness and improve the education of our clinical staff to address the specific requirements of patients with dementia, and their families during end-of-life care, our Macmillan team will be integrating their education with the development of the dementia strategy to better assist our staff in managing patients.	•2030 Strategy Steering Group	•2030 progress update to SAS Board at each meeting.	Significant assurance
Deliverable 5 1. Identify SAS role in community planning partnerships and develop delivery arrangements	• TBA	TBA	TBA	TBA
Deliverable 6 1. The HIU team will collaborate with patients, partners and colleagues to better support people who frequently call on our services as they often feel they have nowhere else to turn.	• Safe reduction in activity created by the high intensity use of 999. • Utilise and develop our data to aid early identification of patients, causal factors and early intervention, promoting the delivery of the right healthcare at the right time in the right place. • Improve awareness through developing a Community Engagement Plan and staff engagement/education. • Promote evidence-based practice evaluating the effectiveness of support and management.	•2030 Strategy Steering Group	•2030 progress update to SAS Board at each meeting.	Significant Assurance
Deliverable 7 1. Build, develop, and deliver a hands-on 'early-intervention' emergency and urgent care training programme for young people in South Glasgow.	• Create a YMSL framework that can be applied across Scotland, considering the varying needs of different communities. • Establish a sustainable funding strategy to deploy YMSL across Scotland. • Establish career development pathways for young people who are interested in working for the Scottish Ambulance Service and the NHS.	•2030 Strategy Steering Group	•2030 progress update to SAS Board at each meeting.	Significant Assurance

	• Create a SAS volunteer programme that engages young people in meaningful and rewarding community activities around healthcare, while developing their skills, values and sense of responsibility.			
Deliverable 8 Implementation of our Anchor Institute Plan. 1. Redirect wealth back into local communities to help address the wider determinants of health inequalities through the actions set out in our Anchors Strategic Plan. 2. Commitment and contributions to Community Planning Partnerships (CPPs) to improve local outcomes agreed in Local Outcome Improvement Plans and Locality Plans.	1. Aim to redirect wealth towards our local communities to help address the underlying causes of health inequalities by focusing on integrating social and environmental sustainability into our procurement processes and prioritising the involvement of local contractors and SMEs in delivering public services to help retain and recirculate the local economy's financial power. Commit to promoting social value and community benefits, especially in regulated procurements, ensuring that our investments reflect a commitment to sharing community wealth and caring for the environment. Mandate a Real Living Wage and promote fair working practices among our suppliers, aiming to raise the economic baseline of our communities and create a fair, inclusive labour market. Collaborate with property management to dispose of assets responsibly while developing accessible green spaces. Improve the financial sustainability of healthcare services by utilising these assets for community benefits. Acknowledge the importance of promoting workforce diversity and fair job opportunities that align with the needs of our community by undertaking initiatives such as developing apprenticeships, engaging with educational institutions, and implementing diverse recruitment strategies to build a representative and responsive workforce for the diverse communities we serve. 2. Enhance our engagement with Community Planning Partnerships (CPPs) throughout Scotland to contribute to developing and delivering effective community health strategies focussing on addressing emergency and non-emergency service needs including addressing public health challenges in hard-to-reach communities and those at risk due to social vulnerabilities.	•2030 Strategy Steering Group	•2030 progress update to SAS Board at each meeting.	Moderate Assurance

| Deliverable 9
1. Deliver on our Climate Emergency and Environment plans. | • Deliver greenhouse gas emissions reductions in line with national targets.
• Adapting to the impacts of climate change, enhancing the resilience of the healthcare assets and services of NHS Boards.
• The achievement of national waste targets, and local targets for clinical waste.
• The decarbonisation of the NHS fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest) and the implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation.
• Environmental management, including increasing biodiversity and improving greenspace across the NHS Scotland estate.
•Reducing the environmental impact of healthcare. | •2030 Strategy Steering Group | •2030 progress update to SAS Board at each meeting. | Significant Assurance |