Scottish Ambulance Service

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NHS SCOTLAND

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Public Board meeting	**24 September 2025** **Item 14**
THIS PAPER IS FOR DISCUSSION **HEALTH AND CARE STAFFING ACT Q1 2025 BOARD REPORT**	
Lead Directors **Author**	Emma Stirling, Director Care Quality and Professional Development Andrew Carruthers, Associate Director Care Quality and Professional Development
Action required	To review and scrutinise the information provided in this paper and confirm that it provides assurance that SAS is meeting its duties under the Health and Care (Staffing)(Scotland) Act 2019 (hereafter known as the "Act").
Key points	- Reports received from all areas with the exception of the Integrated Clinical Hub. - This was due to be the first report with Integrated Clinical Hub reporting to reflect the division between clinical and non-clinical professional lines within ACC. - SAS has the systems and processes in place to accurately describe its position. - Quarterly reports moved to use of RAG statuses as encouraged by Healthcare Improvement Scotland. - SAS has improved its overall position since Q3 2024. - The Real-Time Staffing reporting tool is now available via InPhase.
Timing	This paper is presented as part of the duties under section 12IF of the Act for individuals with lead clinical professional responsibility to report to the Board on at least a quarterly basis on the extent to which SAS is complying with the duties of the Act.
Associated Corporate Risk Identification	Risk Ids- Please see Appendix 1
Link to Corporate Ambitions	Compassionate safe and effective care; Great place to work, focusing on staff experience, health and well-being; Innovate to

	improve care and enhance resilience and sustainability of services; Deliver net zero climate targets
Link to NHS Scotland's Quality Ambitions	Safe Effective Person-centred
Benefit to Patients	Promotes the delivery of high-quality healthcare to support the health, well-being and safety of patients.
Equality and Diversity	No adverse impact has been detected.

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SCOTTISH AMBULANCE SERVICE BOARD

HEALTH AND CARE (STAFFING)(SCOTLAND) ACT 2019 Q1 2025 REPORT

ANDREW CARRUTHERS, ASSOCIATE DIRECTOR CARE QUALITY AND PROFESSIONAL DEVELOPMENT

SECTION 1: PURPOSE

To provide a quarterly compliance report to the Board by the individuals with lead clinical professional responsibility.

SECTION 2: EXECUTIVE SUMMARY

Reports have been received from all areas with the exception of the Integrated Clinical Hub, facilitating a near complete organisational picture of our alignment to the Act.

NHS system wide pressures impact SAS's ability to be appropriately staffed at all times, particularly in the North.

The Real-Time Staffing reporting tool is now available via InPhase.

Our first annual report is complete and is available online as outlined in the legislation.

SAS's overall RAG status is yellow, reasonable assurance.

SECTION 3: RECOMMENDATIONS

Further engagement with the Integrated Clinical Hub to achieve full reporting across the organisation.

SECTION 4: BACKGROUND

The Act provides the statutory basis for the provision of appropriate staffing in health and care services and is applicable to call takers, dispatchers, ambulance care assistants, technicians, paramedics, nurses and medics within SAS. Many of the Act requirements (Appendix 2) are not new concepts however they must now be applied consistently within all the named roles to:

- Enable safe, high-quality care and improved outcomes for people
- Support the health, well-being and safety of patients and the well-being of staff

The Act's Guiding Principles (Appendix 3) are applicable to all duties and responsibilities and are equally important.

The Act's accompanying Statutory Guidance describes the internal quarterly reporting requirements as:

- Quarterly (minimum) reports by Board Level Clinical Leaders (Executive Directors of Medicine and Care Quality and Professional Development) to members of the Board on their individual views of compliance of the relevant roles in scope under their leadership against all Act requirements to ensure appropriate staffing.

Appendix 4 details the information required within these reports of which the Board must take regard.

SECTION 5: DISCUSSION

The contents of this report are based upon self-assessment reports provided by operational regions East, West and North, Scheduled Care, ScotsSTAR, EPDD, ACCs and Advanced Practice. There was no return from the Integrated Clinical Hub. It should be noted this was due to be the first time the ICH would submit its own self-assessment report.

The structure of this report will follow Appendix 4- Internal Quarterly Report requirements

Duty to ensure appropriate staffing

North and Advanced Practice reported that at all times they were not appropriately staffed. North indicated the challenges of rural recruitment and hospital turnaround times but are continuing to engage with territorial health boards to address this. Advanced Practice described service demand outstripping the supply of Advanced Practitioners but have successfully recruited 8 additional trainees to start September 2025.

East returned that they were appropriately staffed at all times this quarter with improvements in absence levels.

Evidence offered in support includes data from the GRS rostering system, recruitment trackers, operational huddles and recorded daily Teams calls, predictive demand models, and SAERs.

In our quarterly Board engagement Healthcare Improvement Scotland asked SAS to consider how it can measure staff well-being from quarter to quarter. Evidence offered from across the organisation includes staff absence rates, PULSE surveys and partnership meetings. There is an opportunity to include a staff absence measure in future reports.

The embedded use of the InPhase risk management system by staff provides useful triangulation. Q1 2025 data shows decreases in reported risks concerning meal breaks and excessive workload compared to Q3 2024 as seen below, likely as winter pressure subside. The Act requires the consideration of staff well-being in so far as it impacts our ability to deliver safe and high-quality care. The majority of these InPhase reports are categorised by the reporter as Negligible - No Impact to Organisation or Injury however SAS recognises the cumulative effect on staff which is also reflected in partnership concerns.

	April 2025	May 2025	June 2025	Q1 Totals 2025	Q3 2024
Rest Break Complaints/Issues	41	31	28	100	294
Excessive Workload/Fatigue	9	13	13	25	33

The use of RAG statuses is encouraged by Healthcare Improvement Scotland. SAS has shown improvement this quarter in this duty and sits at yellow, reasonable assurance.

Duty to ensure appropriate staffing: agency workers

The Act requires a separate report to the Scottish Government quarterly listing high-cost agency use. Work with Procurement and Finance has indicated that area reporting will best identify usage.

SAS did not employ any agency staff meeting the reporting criteria in Q1 2025. This position is expected remain. There is high confidence that our systems and processes are consistently collecting accurate data.

Our RAG status is green, substantial assurance.

Duties to have real-time staffing assessment; risk escalation; and arrangements to address severe and recurrent risks

SAS leverages its current systems and processes to deliver an accurate, real-time overview of demand and capacity. This is continuously managed by operational managers, strategic operational managers and Directors, as well as through regional and national escalation plans. Historical data is utilised to identify severe and

recurrent risks, allowing for the modelling and planning of future demand levels. Additional resources are scheduled to adapt to fluctuating demand. There is an established practice for staff to promptly report any staffing concerns through their team leaders or managers, and to file an InPhase incident report if necessary.

The reductions in the working week and protected learning time introduction have the potential to impact service capacity. This is being mitigated through roster design and workforce planning.

There is a requirement for real-time staffing concerns to be risk assessed and escalated as required. All individuals involved must be informed of the outcome and be given the chance to disagree and to request a review of the decision. National tools provided rely on the use of the RLDatix SafeCare software or on TURAS. Both require onboarding of staff. Within SAS we have implemented this process via the newly launched InPhase system. To date we have had no requests for reviews in staffing submitted in SAS.

The move to InPhase increases opportunities for staff to report risk as the system does not need to be accessed via an intranet computer. Staff will be informed of the outcome and the desire is to link our in-house tool to the InPhase report number.

The identification of severe and recurrent risks is accomplished through analysis of risk reports and our risk register. It is recognised that Partnership also contributes through regional and national forums to identification. This will be supplemented by the Real-time Staffing reporting tool. North has reported the ongoing recurrent risk of lost hours to delayed hospital handovers. Mitigating actions include the use of additional HALOs, the implementation of the High Escalation Plan and the use of the offload SOP to free up ambulance resources for immediately life threatening calls. These actions are in conjunction to the collaborative work between Boards.

SAS have had no requests for reviews therefore we have been unable to test the process. In the coming months we plan to do a mock request for review to give assurance we have the processes in place. The overall RAG status across these duties is yellow, reasonable assurance.

<u>Duty to seek clinical advice on all staffing decisions</u>

Rosters have, and continue to be, developed through a data-driven demand and capacity programme in collaboration with staff and with clinical input. Our workforce planning teams adhere to the Business Rules for rostering staff and consult directly with operational managers when clinical input is required. These rules are under review, with the legislation being considered in the process. As not all operational managers have a clinical background, advice is sought from appropriately qualified staff who are available 24/7.

ACC continue to report a red RAG status for this duty. Previous discussions reflected that clinical input into the call taker and dispatcher roles centred around the Clinical Response Model, call scripts and categorisation of calls. Clinical feedback mechanisms exist which follow the Clinical Governance Framework. It was therefore felt that appropriate clinical advice is taken with regards to staffing these roles.

Advanced Practice expressed uncertainty in this duty as a division exists between clinical professional lines and managerial responsibility for the team. This requires further consideration to ascertain the role of clinical input into staffing decisions in this area.

Consequently, overall the RAG status for this duty is yellow, reasonable assurance.

Duty to ensure adequate time given to leaders

3 specific requirements are specified under this duty. Organisational areas were asked to respond whether there was available time and resources in each always, sometimes or never.

Area	To supervise the meeting of the clinical needs of the patients in their care	To manage, and support the development of, the staff for whom they are responsible	To lead the delivery of safe, high-quality and person centred healthcare
West	Sometimes	Sometimes	Sometimes
East	Always	Sometimes	Always
North	Sometimes	Sometimes	Always
Advanced Practice	Always	Always	Always
ACC	Sometimes	Sometimes	Sometimes
ScotSTAR	Always	Always	Always
ICH	No return		

ScotStar and Advanced Practice benefit from protected learning time for all staff. This contributes to their ability to meet the needs of staff and patients under the requirements. Where protected time is not available the ability to manage and support the needs of staff, through appraisal, is adversely affected. This is further impacted by high demand and extended hospital turnaround times making staff unavailable, or unreliable, to attend appraisal appointments. Concern was also voiced that whilst operational staff numbers had increased there was no increase in leadership capability to match.

Data was returned on appraisal rates, but a concern was expressed as to the accuracy of the appraisal completed data from TURAS and as such this data has not been included in this report.

Appraisals remain a focus for the organisation. Overall, the RAG status is yellow, reasonable assurance.

Duty to ensure appropriate staffing: training of staff

This duty encompasses training to ensure that staff are qualified and competent in their roles and in executing the responsibilities mandated by the Act. The legislation does not negate the need for registered staff to maintain their own registrations. For HCPC paramedics, this includes continuing professional development (CPD) and reflections on their practice, which should be documented in a portfolio and may be requested during the registration renewal process.

The Learning in Practice (LiP) annual programme is responsive to the needs of staff and is informed by organisational learning from SAERs, statutory and mandatory training and from external bodies such as the Joint Royal Colleges Ambulance Liaison Committee (JRCALC). There was no LiP in 24/25 however in 25/26 a programme of Manual Handling and Aggression and Violence training will be delivered in person with online modules also requiring completion, including training on the Health and Care Staffing Act.

The challenges surrounding the program centre on the ability to release staff for training while maintaining high-quality services (Risk IDs 5727, 5725). These are being overcome to deliver LiP in 25/26.

Evidence available includes TURAS learning platform data, SAERs, training records, JrCalc app data, and staff development portfolios.

The RAG status for this duty is yellow, reasonable assurance.

Duties when planning or securing the provision of healthcare from others.

This duty does not apply retrospectively but to new, or renewed, agreements. These will include for example SLAs with other boards and healthcare services secured from private providers.

Further work has identified a partnership with the Scottish Charity Air Ambulance and Service Level Agreements with Greater Glasgow and Clyde Health Board pharmacy for drug bags for the Emergency medical Retrieval Service; the Scottish National Blood Transfusion Service for blood products and the movement of blood products by air ambulance. These fall under the legislation and future SLAs will need to include regard to the Health and Care Staffing Act.

SAS procurement has planned to include in future documentation arrangements to ensure regard is given to the guiding principles and appropriate staffing arrangements as part of any tendering process. This will include any tendering arrangements for healthcare services at external events, such as the Commonwealth Games for example.

The rag status for this duty is green, substantial assurance.

SECTION 6: CONSULTATION

This report has been circulated to the contributing authors from across SAS for comment before presentation to the Board.

APPENDICES:

Appendix 1- Risks

Risk IDs	Description
3733	There is a risk that the Region cannot recruit the number of Paramedics and Advanced Paramedics compounded by the current volume of operational recruitment leading to limited capacity in the Education dept to deliver driver and clinical training, resulting in an inability to meet the current or future strategy.
3737	There is a risk that clinical staff may not have up to date knowledge to deliver safe, effective and person-centred care because they have not completed their learning in practice due to operational capacity to release staff resulting in the Service not meeting the requirements of the staff governance standards and potential risk to patient safety.
3782	There is a risk that the region is unable to maintain the required number of Advanced Paramedics due to staff turnover and expectations of partners resulting in an inability to support National remote triage, support the wider Primary Care system (including contractual obligations) and provide an operational AP response
5174	There is a risk that we will be unable to cover the paediatric rota with a consultant due to a lack of investment in adequate consultant sessions resulting in an impact on patient safety and quality.
5523	There is a risk that we will not be compliant with the Road Traffic Regulations 2023 (formerly known as section 19) because we do not have the capacity and resource to implement the changes (i.e. pre employment driving checks, 5 yearly assessment and PRU Training) resulting in the Service not meeting legislative requirements.
5699	There is a risk that doctors or other part-time ScotSTAR staff with commitments to both hospital and ScotSTAR rotas find their workload unsustainable because of the high acuity and frequency of combined on-call responsibilities, resulting in difficulties in ScotSTAR staff recruitment and retention.
5724	There is a risk of a lack of communication and integration with the Service on the objectives of the Project because of a lack of capacity resulting in a failure to comply with the Act and subsequent public / political scrutiny.
5725	There is a risk of a delay implementing the changes set out in the Act because of a delay in resource development and a lack of engagement and capacity within the Service to complete the education and training required resulting in the Service not complying with the Act and subsequent public / political scrutiny.
5727	There is a risk that the Service is unable to implement the changes because of a lack of backfill resources to allow staff to complete the training resulting in the Service not complying with the Act and subsequent public / political scrutiny.

5728	There is a risk that the Scottish Ambulance Service will be unsuccessful in meeting the requirements of the legislation because of a failure to comply in all aspects of the Act resulting in reduction in levels of trust from the public / stakeholders and increased public / media scrutiny.

Appendix 2- Health and Care Staffing Act: Duties and requirements

Guiding principles: staffing for health care	
Guiding principles: staffing for health care (planning and securing of health are from others)	
Duty to ensure appropriate staffing in healthcare	
Duty to ensure appropriate staffing: agency workers	
Duty to have real-time staffing assessment in place	
Duty to have risk escalation process in place	
Duty to have arrangements to address severe and recurrent risks	
Duty to seek clinical advice on staffing	
Duty to ensure adequate time given to clinical leaders	
Duty to ensure appropriate staffing: training of staff	
Duty to follow the common staffing method including Common staffing method: types of health care	Not applicable in SAS
Training and consultation of staff	

Appendix 3- Health and Care Staffing Act: Guiding Principles

Improving standards and outcomes for service users
Taking account of the particular needs, abilities, characteristics and circumstances of different service users
Respecting the dignity and rights of service users
Taking account of the views of staff and service users
Ensuring the wellbeing of staff
Being open with staff and service users about the decisions on staffing
Allocating staff efficiently and effectively
Promoting multi-disciplinary services as appropriate

Appendix 4- Health and Care Staffing Act: Internal Quarterly Report requirements

Reports must include assessment of compliance against various duties	• ensure appropriate staffing
	• ensure appropriate staffing: agency workers
	• have real-time staffing assessment in place
	• have risk escalation process in place
	• have arrangements to address severe and recurrent risks
	• seek clinical advice
	• ensure adequate time given to leaders
	• ensure appropriate staffing: training of staff
Reports must also include:	• reference to the steps taken to have regard to the guiding principles when arranging appropriate staffing
	• reference to the steps taken to have regard to the guiding principles when planning and securing health care services from third parties
	• details of the views of employees on how, operationally, clinical advice is sought
	• information on decisions taken which conflict with clinical advice, associated risks and mitigating actions
	• conclusions and recommendations following assessment and consideration of all detailed above

Useful Links

The Health and Care (Staffing)(Scotland) Act 2019 can be found here.

The draft guidance can be found here.

A summary of the duties can be found here.