Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

Public Board Meeting **25 November 2026**
Item No 14

THIS PAPER IS FOR DISCUSSION

STAFF EXPERIENCE AND PERFORMANCE REPORT

Lead Director	Elise Gallagher, Director for People and Culture
Authors	Alison Ferahi, Head of Organisational Development & Wellbeing Fay McNicol, Head of Health and Safety Chris Carron, Head of Workforce Systems and Analytics Coralie Colburn, HR Manager (ER & Equalities)
Action required	The Board is asked to **discuss** the Staff Experience and Performance report.
Key points	Key points to note: • Total sickness absence has increased slightly from 9.67% in September to 9.77% in October. There was a 0.11% increase in long-term (6.39%) and a decrease of 0.02% in short-time absence (3.37%) against the previous month. • Our 'Staying Well' Service has supported 687 staff since launch to 9 November 2026 with mental health accounting for 96% of all referrals. Work is ongoing to evaluate the service and ensure sustainability. • Appraisal data as of 2 November 2026 is continuing to show an upward trajectory with completed appraisals at 37.10%. • STAT/MAN trajectory remains positive with more modules moving into the Green (33 now at end of October as opposed to 21 in June when last reported)
Timing	This report seeks to present a cohesive and consolidated update on our overall staff experience, cultural transformation and workforce performance within SAS. It incorporates the previous separate reports on health, safety and wellbeing and introduces some new workforce performance metrics. We will continue to refine the report based on the feedback received.

Associated Corporate Risk Identification	Risk ID 4636 Risk ID 5651 Risk ID 5652 Risk ID 5653
Link to Corporate Ambitions	This paper relates to the following Corporate Ambition: • We will be a great place to work, focusing on staff experience, health and wellbeing.
Link to NHS Scotland's Quality Ambitions	This paper relates to 'Safe', 'Effective' and 'Person Centred' NHS Scotland's Quality Ambitions.
Benefit to Patients	The steps we are taking via our organisation wide staff experience commitments to support, nurture, retain, develop & enable our people to thrive at work which will in turn have a direct impact on improving the quality of care we provide to patients.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	An Equality Impact Assessment was completed on 8 July 2024 for our Health & Wellbeing Strategy 2024-27 and filed with the Service EDI Lead for publication on @SAS.

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SCOTTISH AMBULANCE SERVICE BOARD

STAFF EXPERIENCE AND PERFORMANCE REPORT

ELISE GALLAGHER, DIRECTOR OF PEOPLE AND CULTURE
ALISON FERAHI, HEAD OF OD & WELLBEING
FAY MCNICOL, HEAD OF HEALTH AND SAFETY
CORALIE COLBURN, SENIOR HR MANAGER
CHRIS CARRON, HEAD OF WORKFORCE, SYSTEMS AND ANALYTICS

SECTION 1: PURPOSE

This paper provides an update on Staff experience and Workforce performance over the last reporting period to October 2026.

SECTION 2: RECOMMENDATIONS

The Board is asked to **discuss** the Staff Experience and Performance report.

SECTION 3: DISCUSSION

This paper provides the Board with oversight and assurance on the progress of maintaining a positive staff experience within SAS by measuring this against key workforce performance metrics during this reporting period.

The Workforce Directorate has its own Annual Operating Plan (AOP) which is aligned to the Staff Governance Action Plan (SGAP) and the Service's Annual Delivery Plan (ADP). Progress on this will be reported to Board and Staff Governance Committee over the course of 2026/27.

We are currently in the process of developing the next three-year workforce plan. The Finance, Strategy (Planning) and Workforce strategic leads are working to closely to ensure all three strands are aligned with the SAS 2030 Strategy".

Our Culture Programme led by the Executive Team and approved by the Board, demonstrates a clear organisational commitment to improving culture and staff experience and aligns with our 2030 Strategy. The Executive Team will oversee delivery of the programme and be accountable for ensuring progress is made across the organisation, while the Board will continue to receive updates and assurance on outcomes. We recognise that culture is not the

responsibility of one team or department, but a whole-organisation priority that affects how we work together, how colleagues experience working in SAS, and ultimately the quality of care we provide to patients.

Our Health & Wellbeing Strategy 2024-27 builds upon the approach of its predecessor and is grounded in a solid and growing evidence base highlighting the importance of prioritising the health and wellbeing of our workforce. The actions for our six ambitions that were developed for 2025/26 were achieved and six new priorities have been developed for 2026-27.

3.1.5 Employee Relations

National Employee Relations Activity

Recording of Employee Relations activity re Grievances, Bullying and Harassment and Conduct as well as Capability and Attendance is monitored via an online recording sheet which is intended to provide timeous recording of ongoing cases along with additional data which facilitates tracking of timescales and risk status.

There has been a decrease in cases in October with 153 total cases compared to 167 cases in September. There is a decrease in cases since October 2025 when there was a total of 163 cases

The number of staff suspended in October has decreased from 11 to 9. The length of time individual staff have been suspended is below:

- Between 1 – 6 months: 5
- Between 6 – 12 months: 3
- Between 12 – 18 months:1

Table 4 summaries the broad key themes of current conduct cases.

Theme	
Clinical care	1
driving	2
Falsification of records / Plagiarism	1
Inappropriate or unprofessional behaviour	14
Non-adherence to policy	2
Other	10
Sexual Safety / misconduct	4
Fraud	3
Misuse of Service Vehicle	6
Information Governance	1
Total	43

People Services Hub

The **People Services Hub** has been in place since 3rd February 2025 and is currently completing its test of change phase. The objective of the People Services Hub is to provide a professional HR service to the organisation in relation to providing a fast and consistent response to enquiries, as well as dedicated HR professional support for employee relations cases.

The People Services Hub offers two distinct services to SAS staff, staff partners and managers:

1. The Enquiry Management system, and
2. The ER Case Support Management system.

3663 enquiries have been received by the People Services Hub since its launch on 3rd February 2025 until 31st October 2026. 183 enquiries were received in October, which was a decrease from September where we received 206 enquiries. The majority of enquiries come from employees themselves (1887 enquiries), closely followed by managers enquiring about a member of their team (1713 enquiries).

AskHR, our new HR Chatbot was launched across the Organisation on 9th November. The chatbot is still in the development phase, and we are asking people to provide feedback on their experience using our feedback form. Information on usage will be available for the next reporting period.

3.1.6 Rest Breaks

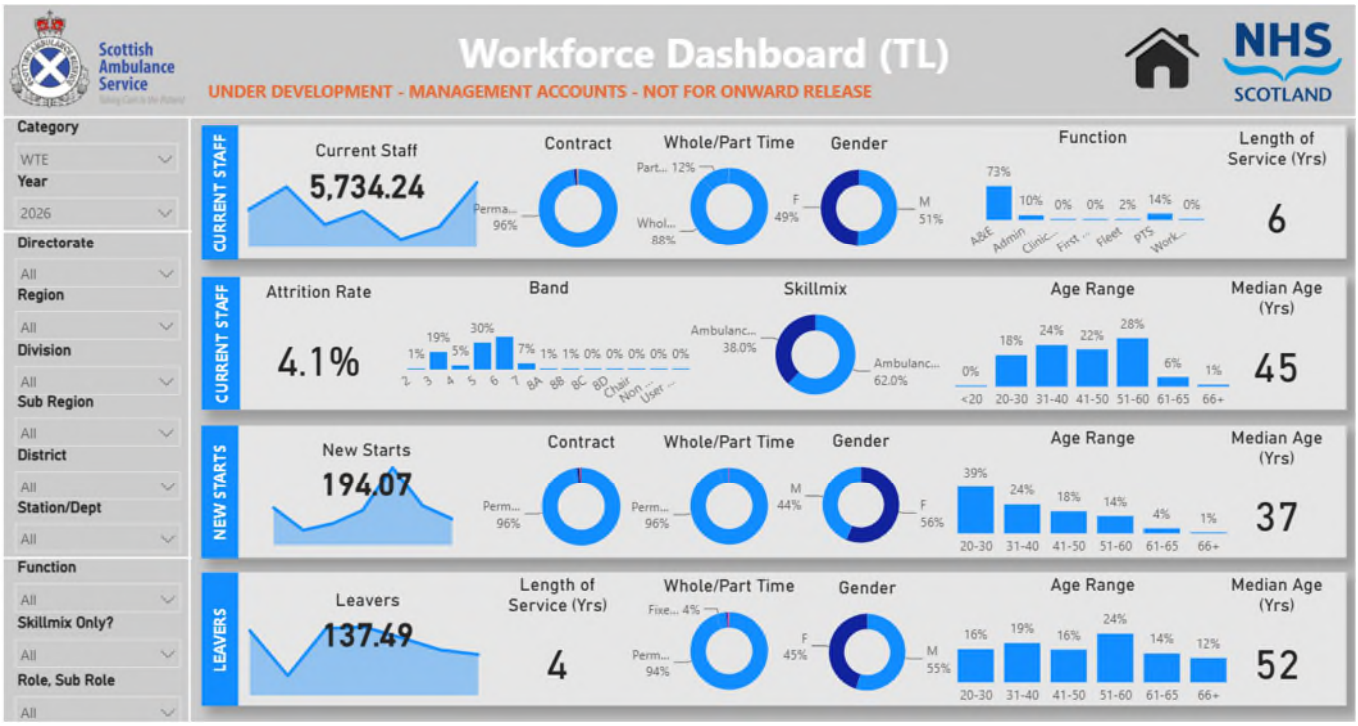
Rest breaks and shift overruns remain a significant challenge for the Service. An agreed SOP remains in place to support the test of change for agreed Rest Breaks process. However, the rest break working group continues to meet broadly monthly and is actively considering further ideas to improve rest break compliance and reduce the impact of shift overruns.

3.2 WORKFORCE METRICS

Following national guidance, an abridged Workforce Plan was submitted to the Scottish Government in March 2025, as requested by SG this had a particular focus on “difficult to recruit areas and roles” and more general workforce challenges. There is currently no specific request at national level for the submission of board level workforce plans and, following the recent announcement of NHS Scotland restructure it is unlikely that there will be any further guidance at this level.

SAS continues to develop a further iteration of a 3-year Workforce Plan which will now cover 2027-2030 and be aligned with the Annual Delivery and Financial plans. An update paper on the development of the Workforce Plan was presented to Staff Governance Committee in September 2026 following the confirmation of additional £4m funding from the Scottish Government to progress a number of service developments. A paper is being developed by finance and workforce planning teams for submission to the Scottish Government and the Workforce Plan will be revised to reflect the impact of this new funding. A further draft of the Workforce Plan will be developed for consultation with stakeholders.

The workforce information contained in the Vector of Measures outline varied performance across the different metrics. Key points for noting and discussion are outlined below in our new workforce dashboard report which has been developed by our Finance colleagues.



3.2.1 Newly Qualified Paramedics

The 2026/27 Newly Qualified Paramedic (NQP) recruitment programme attracted **482 applications**, supplemented by **84 expressions of interest** generated through an earlier engagement exercise, creating an overall applicant pool of approximately **560 individuals** for consideration. Application volumes continue to exceed projected graduate outputs from Scottish universities, with around **180 applications received from candidates based elsewhere in the UK**. This reflects the continued attractiveness of NQP opportunities within SAS and the wider impact of recruitment constraints experienced by other UK ambulance services.

NQP interviews concluded on 7 October 2026, with a total of 335 candidates interviewed for available posts. Following assessment, candidates have been placed into three groupings: **Highly Appointable, Appointable, and Not Appointable at This Time**.

280 candidates were deemed either "Highly Appointable/Appointable" and regional teams are now contacting successful candidates to make initial conditional offers of employment and align individuals to station locations, taking account of available vacancies and candidates' stated location preferences.

Offer have been made for commencement of the October and November course though Occupational Health Clearance for candidates is a particular concern primarily for candidates wishing to work in East Region (due to limited OHS capacity in NHS Lothian).

3.2.2 Sickness absence levels

Total sickness absence during the last reporting period has increased slightly from 9.67% in September to 9.77% in October. This is an increase compared to October 2025, when total sickness absence sat at 9.56%

There was a 0.11% increase in long-term (6.39%) and a decrease of 0.02% in short-time absence (3.37%) against the previous month.

The Attendance Management Project Board in place and considering options to have direct impact in challenging areas over the Winter period.

The top reason for sickness absence remains anxiety/stress and depression and much focused work is progressing to enable the Service to interact more proactively with staff with mental health issues to feel more positively supported. Signposting to other sources of help remains available such as The Ambulance Staff Charity (TASC), Employee Assistance Service (EAS), Occupational Health Service (OHS), Keil Centre and our own mental health team.

Particular focus on wellbeing support is being provided for Call Handling colleagues in ACC where sickness absence rates have reached unsustainable level.

3.2.3 Occupational Health Activity

Occupational Health remains a challenge, as the whole NHS recruits at the same time for the graduate Doctors, Nurses, Physiotherapists, Dentists as well as our own Paramedics and normal day to day SAS recruiting. The results of that are delays in OH Pre-Employment clearances and the normal management referrals.

Due to sickness absence in the PSD OH team, the data for Q2 arrived late.

A new temporary Director has been put in place to oversee the PSD OH Hub as the Director of Workforce is also absent. Conversations have commenced re the SLA.

There were 370 referrals processed by the OH hub in Q2, and that takes us to 691 Referrals this fiscal year.

This data does not include IPRS Referrals which are now sent directly to SAS.

26 referrals were submitted to Keil this quarter all of whom were identified through TRIM.

Conversations are at an early stage with the Director of Psychology for NHS Lothian to see what support they can offer.

106 forms were submitted for pre-placements and a total of 213 this fiscal year. The average number of days from pre-placement received to date of cleared was 24 days.

Occupational Health Management Referrals

There have been 691 referrals submitted this fiscal year, The main initial triage categories remain the same: anxiety/stress/depression and other psychiatric illness being the highest.

- 296 Management and self-referrals
- 228 Physiotherapy referrals
- 60 preplacement referrals
- 3 referrals to Keil (in table below)

3.3 HEALTH & WELLBEING STRATEGY 2024-27

We developed six priorities for the third and final year of our Staying Well Strategy 2026-27 that align to our ambitions in our 2030 Strategy and have been informed by discussions and feedback from our workforce via pulse surveys, meetings and ongoing programme of station/location visits.

Our six priorities for 2026/27 are:

1. Increasing awareness, knowledge and access to wellbeing support & resources and continuing to test and establish new pathways of support.
2. Developing proactive approaches to improve mental and physical health & wellbeing in the workplace.
3. Implementing interventions & support that contribute to the development of a healthy workplace culture & SAS as a great place to work.
4. Enhancing & building leadership capacity & capability from Aspiring Leaders to Senior Leadership level.
5. Evaluating the impact of the Staying Well Strategy 2024-27 and developing the Health & Wellbeing Strategy 2027-2030.
6. Implementing relevant actions within the Workforce, Culture & Inclusion section of the SAS/NHS24 Joint Collaboration board Joint Action Plan.

These priorities are closely aligned with the Culture Programme, which comprises six distinct but interdependent workstreams. Together, they provide a coordinated framework for delivering meaningful, measurable and sustainable improvement across the Service.

The six Culture Programme workstreams are:

- Health & wellbeing
- Sexual safety
- Equality, diversity & inclusion
- Values and behaviours
- Leadership and connection
- Speaking up

Activity is now moving from programme planning into coordinated delivery, with visible outputs, measurable milestones and regular progress updates.

3.3.1 Staying Well Service

This service was launched on 1 December 2025, managed by the SAS Wellbeing Team, to take a more proactive approach to supporting our workforce's health & wellbeing. This service is for advice and support or for staff who may be struggling at work and can be via self-referral or via a manager or colleague. Referrals are either addressed by members of the Wellbeing Team, signposted to additional help or support or onward referral to more specialist services.

We have had 687 referrals since launch on 1 December 2025 – 9 November 2026. The following table highlights the number of referrals per month since launch of the Staying Well service on 1 December 2025.

Number of Referrals per month to the Staying Well Service since launch

Month	Number of Referrals	Total
December 2025	27	27
January 2026	37	64
February 2026	35	99
March 2026	43	142
April 2026	46	188
May 2026	84	272
June 2026	92	364
July 2026	75	439
August 2026	73	512
September 2026	87	599
October 2026	71	670
November 2026 (up to 9 Nov)	17	687

The table below gives an overview of the reasons for referral to this service on a percentage basis as of 9 November 2026.

Mental health referrals account for 96% of the total number of referrals – this has increased significantly since the inception of the service.

Reason for Referrals to Staying Well Service as of 9 November 2026

Reason for Referral	% of Referrals
Mental Health	96
TRiM	1
Bereavement	1
Physical Health	2

Evaluation of the service continues, with proposals to ensure sustainability of service under development.

3.3.2 Trauma Risk Management (TRiM)

TRiM continues to provide support to our staff who have been exposed to traumatic events.

We have had 892 referrals since launch from the end of June 2023 – 9 November 2026 as highlighted in the table below. Of these referrals 306 have been from the West Region, 309 from the East Region, 145 from the North Region, 52 from National Operations with a total of 149 onward referrals to Occupational Health or the Staying Well Service.

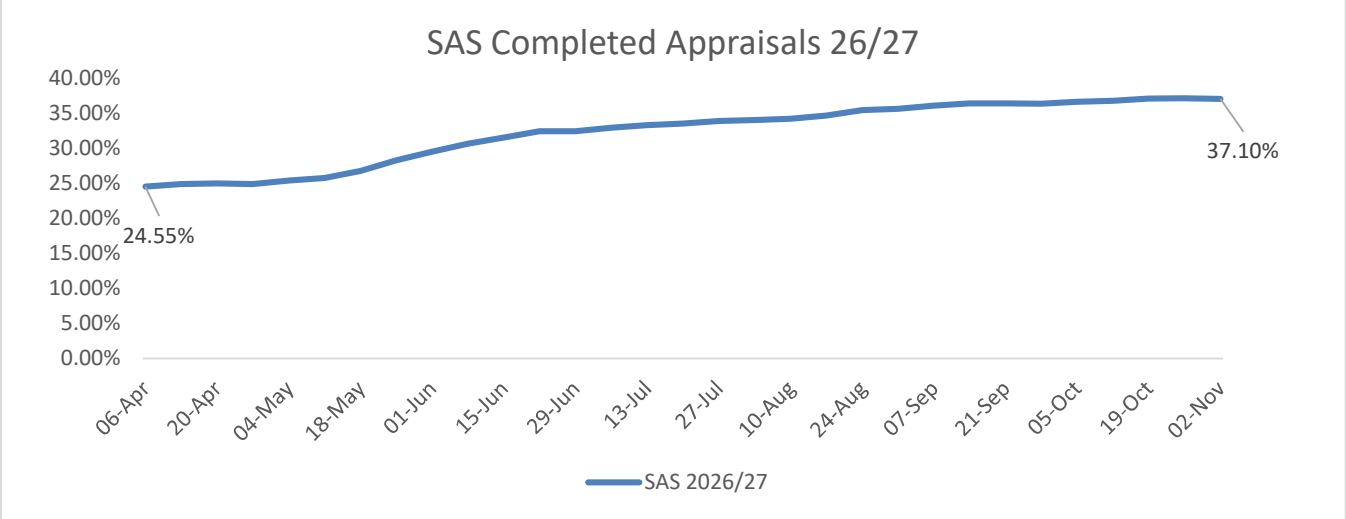
The previously agreed fast-track route for TRiM referrals with high trauma scores to the Keil Centre is no longer available. Consequently, all TRiM referrals are now managed initially through Staying Well, placing additional demand on the service.

TRiM Referrals since launch of service end June 2023

Month	Number of Referrals	Total
July 2023 – March 2026	700	700
April 2026	18	718
May 2026	23	741
June 2026	19	760
July 2026	20	780
August 2026	27	807
September 2026	10	817
October 2026	58	875
November 2026 (up to 9 Nov)	17	892

3.3.3 Employee Development – Appraisal

SAS appraisal completion continues on an upward trajectory, reaching 37.10% as at 2 November 2026.



The current trajectory continues to outperform last year significantly, providing confidence that the organisation remains on track to achieve a substantially stronger appraisal position than in 2025/26. Sustaining this momentum while focusing on consistency and quality will be critical in

the coming months as appraisal activity moves from early engagement to embedding meaningful performance and development conversations across SAS.

Key actions over the coming months include:

- Continued monitoring of completion rates at national, regional and directorate level to maintain visibility of progress and identify areas requiring additional support.
- Targeted engagement with leadership teams in lower-performing areas to accelerate completion and reduce variation across the organisation.
- Sharing learning and effective approaches from teams demonstrating sustained performance and strong completion trajectories.
- Maintaining regular communications to reinforce the importance of timely, meaningful appraisal conversations and their contribution to organisational priorities.
- Using reporting and insight to focus support where completion rates are lagging, ensuring barriers are identified and addressed early.
- Beginning to consider the quality and impact of completed appraisals, ensuring high completion rates translate into meaningful development, engagement and performance outcomes.

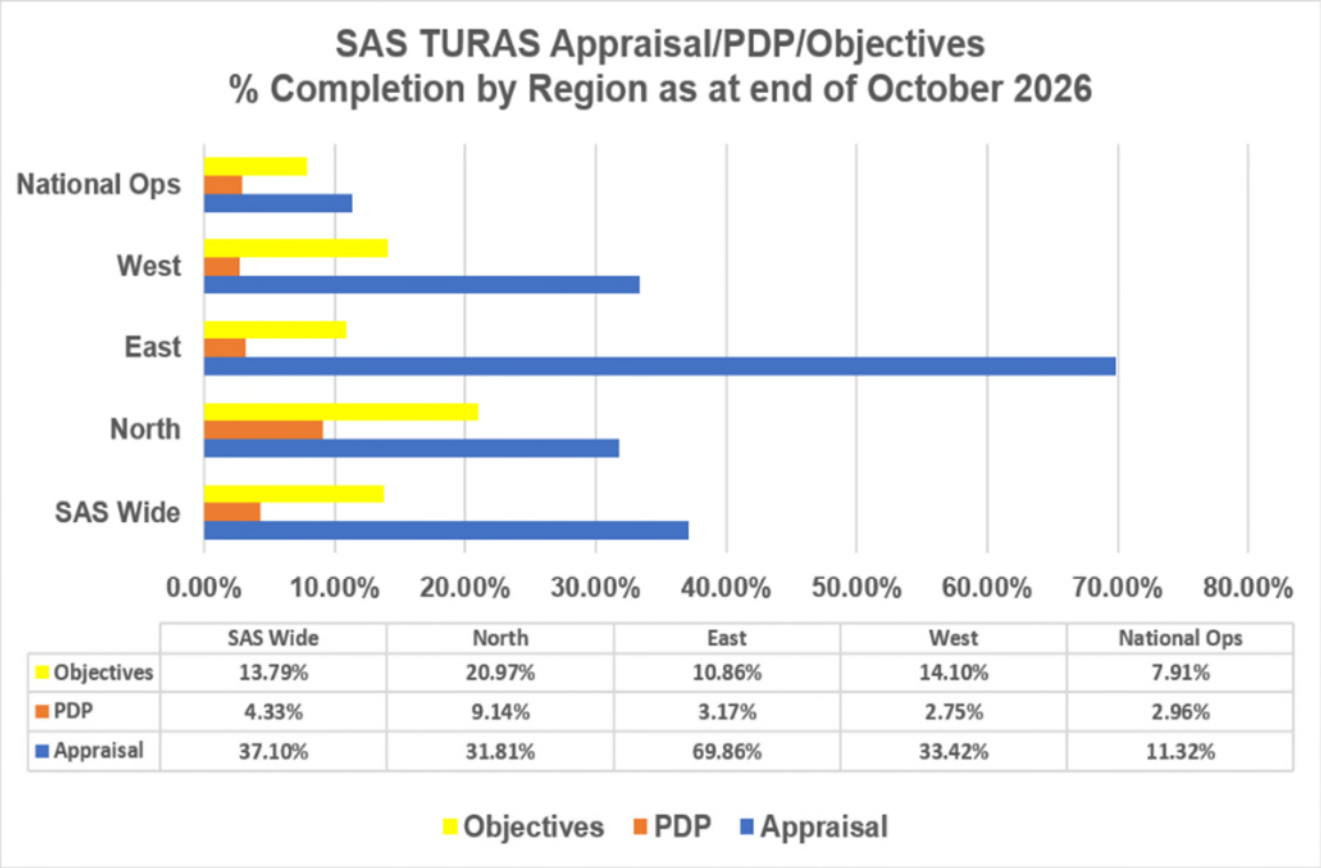
There is also a significant number of appraisals in progress, showing continued improvement and the potential for the completion rate to continue to rise.

Potential completion as of 2 Nov 2026

CURRENT COMPLETION	LATEST MOVEMENT	PUBLISHED LEAD	POTENTIAL COMPLETION
37.10%	▼ 0.08pp	+12.17pp	64.76%
Latest SAS position	From 37.18%	Against 24.93%	If open cases convert

Regional Completion and In Progress as of 2 Nov 2026

The table below shows the number of completed appraisals, PDPs and objectives by Region / National Operations as of end of October 2026.



	SAS Wide	North	East	West	National Ops
Objectives	13.79%	20.97%	10.86%	14.10%	7.91%
PDP	4.33%	9.14%	3.17%	2.75%	2.96%
Appraisal	37.10%	31.81%	69.86%	33.42%	11.32%

3.3.4 iMatter Staff Experience Survey

The 2026 survey ran live from Tues 26 May to Tues 16 June. Our overall response rate was 62%, an increase of 7% from last year (55%), our Employee Engagement Index has increased from 67 to 69 and the 8-week action planning rate has increased from 68% to 83%.

Our iMatter performance over the last 4 years is highlighted in the table below.

iMatter Performance 2023 – 2026

Metric	2023	2024	2025	2026
Response Rate (%)	56	59	55	62
Number of Respondents	3175	3176	3021	3629
Employee Engagement Index	67	66	67	69
Overall Experience (0 – 10)	6.2	6.0	6.1	6.3
8-Week Action Planning Rate (%)	71	65	68	83

There are a number of positive aspects to our survey results for 2026:

- We have had the highest response rate since the survey began.

- Our Employee Engagement Index, overall experience score and 8-week action plan completion rate have increased.
- The Staff Governance strands have improved compared with 2025.
- 25/28 components have increased over the last year.
- 3/28 components have stayed the same as last year.
- The 2 additional questions regarding speaking up have improved.

The Executive Team have agreed an organisational iMatter action plan and progress updates will be communicated to the workforce throughout the year.

3.3.1 Learning and Development

Statutory and Mandatory Training Compliance

The TURAS Learn platform was launched in March 2024, with staff progressing towards completion of the 12 SAS statutory and mandatory training modules. Table 16 summarises completion rates from launch to the 22 October 2026 by Sub-Division, with RAG status aligned to Staff Governance Committee KPIs.

Work is ongoing to progress TURAS Phase 2, aligning statutory and mandatory training to job roles. This approach was initially approved at Board level, with a further implementation paper presented in February 2026.

The ‘Once for Scotland’ (OFS) statutory and mandatory modules were launched on 2 March 2026. Of the nine modules (OFS), SAS was currently delivering eight, with the remaining Fraud Awareness module now added. While refresher periods vary, overall requirements are expected to balance over time, with some modules requiring less frequent completion and two requiring more frequent renewal.

The Health and Safety Team is contributing to the wider NHS Scotland review of e-learning to support the ‘Once for Scotland’ approach. To date, five Health and Safety courses have been included, with one nearing completion.

We will also be developing mandatory wellbeing training as part of TURAS Phase 2. The SLWG for suicide pre and post vention have reviewed training modules for suicide awareness and will be recommending this be adopted. The guidance for post vention was published in December.

Completion of all 13 modules remains a challenge, but the trajectory remains positive with more modules moving into the Green 33 now in October as opposed to 21 in June when last reported and we will continue to monitor this to achieve 100% completion rate for all prescribed modules, which is the goal. The Staff Governance Committee agreed a stepped approach to compliance with 80% being the target set for now and this will be reviewed in Q2 2026.

Arrangements are in place within the Regions to achieve 80% by November.

Table 7 below highlights the current compliance levels, now adjusted to 80%.

% Compliance at date of report	All SAS	ACC	ScotStar	East Central	NHQ/SAC	NRRD	North	South East	South West	West Central	Date of last data
Basic Life Support (SAS)	73	68	74	80	59	85	70	75	85	68	22/10/2026
Fire Safety (OfS)	72	65	75	80	61	81	72	74	85	66	22/10/2026
Health and Safety Awareness (SAS)	78	75	77	85	64	89	77	84	87	59	22/10/2026
Why Infection Prevention and Control matters (OfS)	68	58	67	75	54	78	70	71	83	58	22/10/2026
Initial Operational Response (SAS)	68	64	67	73	53	80	66	72	83	60	22/10/2026
Understanding equality, diversity and human rights (OfS)	68	59	73	75	57	79	67	69	83	59	22/10/2026
Manual handling (OfS)	79	73	77	85	67	89	80	85	88	69	22/10/2026
Display Screen Equipment awareness	77	74	77	84	65	87	77	84	88	67	22/10/2026
PREVENT Duty Awareness (SAS)	67	61	65	74	53	80	66	68	83	59	22/10/2026
Child protection and adult support and protection (OfS)	69	60	71	75	57	75	69	71	84	63	22/10/2026
Public Protection - child protection and adult support and protection for SAS staff	67	59	67	76	54	76	65	68	82	60	22/10/2026
Safe information handling (OfS)	70	61	72	76	59	81	72	72	83	60	22/10/2026
Cyber Security (OfS)	61	57	66	63	53	75	65	62	70	51	22/10/2026
Prevention and management of violence and aggression (OfS)	73	66	76	85	64	86	79	83	88	67	22/10/2026
Fraud Awareness (OfS) (NEW spring 2026)	58	51	63	59	50	66	62	59	70	48	22/10/2026
Completion Status	Under 50% Compliance Non Compliant			50-79% Compliance Partially Compliant			Over 80% Compliance Compliant				
							Go Live 2nd March				
	Aug	Sept	Oct	Dec	Jan	Feb	Apr	May	June	July	August	September	October
Total	23	21	22	21	16	19	27	25	20	9	4	6	1
	89	91	90	90	94	91	98	99	94	99	97	99	101
	5	5	5	6	7	7	10	11	21	28	34	31	33
	117	117	117	117	117	117	135	135	135	135	135	135	135

Note: module completion rates can alter as the expiry dates vary dependent on when staff members completed the course initially.

SECTION 3.5 EQUALITY, DIVERSITY AND INCLUSION

3.5.1 Sexual Safety Programme Update

The Workforce Equality Monitoring Report 2024/25 referred to the Service being a key partner across AACE, NHSS and other emergency services in implementing the Reducing Misogyny Improving Sexual Safety work. A major focus on the EDI agenda this year has been on reducing misogyny and improving sexual safety in SAS. The latest update is detailed below:

- The Executive Team is currently discussing bespoke cultural interventions in order to embed a more inclusive and person-centred approach to staff engagement and staff relations. This is a key element of focus of our agreed Culture Programme.
- 244 staff (as of end June 26) have completed the preventing and responding to sexual harassment Turas module and discussions taking place to include this as part of the statutory and mandatory list of modules for all staff
- Workshops are now included in the new ACA and NQP induction training weeks with EPDD. There is a plan to include this workshop in the next round of LiP ensuring it is built

into the programme, will likely begin roll out in 2027. Discussions are ongoing to increase the number of front-line staff attendance on this important workshop.

- Sexual Abuse and Sexual violence awareness week was 3 – 8 February and we included topics in our 'live well, work well' newsletter for to share key messages and content
- A group of managers will be trained to carry out the most serious/complex investigations, including sexual misconduct – to enhance the speed and quality of investigation processes and outcomes limiting harm where possible. A trauma informed sexual safety training session, with Bron Biddle (specialist trainer), for HR team, took place on 25th September. Provisional dates for further sessions have been timetabled for 23rd and 24th February, for a core group of investigating managers and senior decision makers. This work will be carried out in conjunction with NHS24 and Public Services Delivery Scotland (PSDS). It is currently being adopted in a number of the other UK services.
- We have created an anonymous guidance document to support the handling of anonymous complaints and encourage consistency and a robust process. This being reviewed with the HR team and WPSG for approval and distribution
- We have developed key metrics /KPIs to assess the impact of these initiatives on staff and our ultimate objective to prevent these types of behaviours in our workplace- these metrics will be gathered and included in an update report biannually
- We are now progressing our aim to gain Equally Safe at Work accreditation during 2026 and have submitted our request with Close the Gap.
- We continue to engage with student paramedics at the Universities and deliver sessions in conjunction with our OD team. Student website pages are live with more details
- We are in process of creating manager guides to go alongside the sexual safety policy. We are planning manager-specific sessions in conjunction with HCPC during 2026 to raise awareness of sexual misconduct in the workplace and their responsibilities when a member of staff approaches them to make a report.

3.5.2 General EDI update

The Workforce Equality Monitoring Report 2025/26 went to the Staff Governance Committee on 3rd September and is due for publication at the end of September is currently being pulled together. The draft report was circulated virtually for comment at the end of August for comment**.**

The midway report on the Mainstreaming and Equality Outcomes 2025-2029 is due for publication in April 2027.Work is underway to gather updates from strategic leads on Mainstreaming work, Network leads and relevant stakeholders. A draft update will be circulated in February for comments, ahead of sign off at Staff Governance Committee and Board in March/April.

3.6 COMPLIANCE

3.6.1 Health and safety update

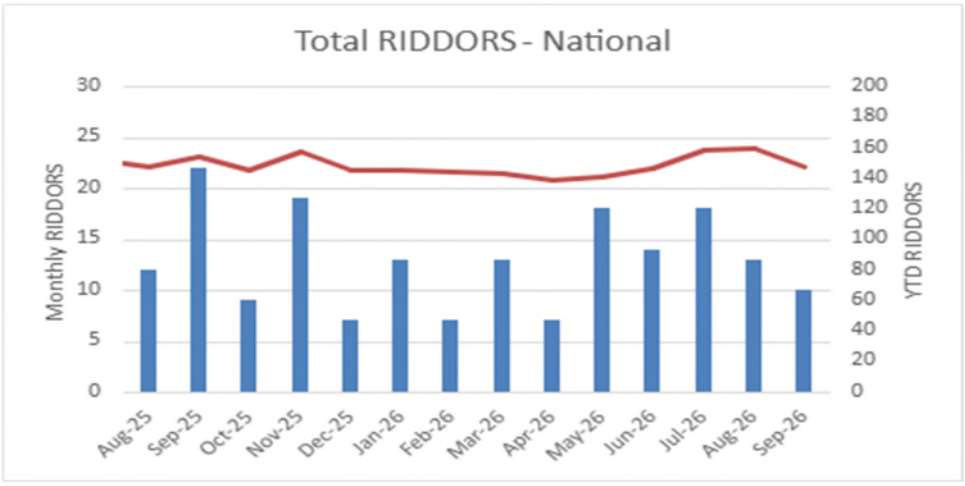
The Service remains committed to achieving and maintaining consistently high standards of health and safety compliance. Monitoring these standards is a fundamental aspect of the H&S work programme which enables the Service to comply with its statutory and mandatory requirements. Auditing health and safety compliance remains a key performance measure, and the new audit window has commenced for this financial year, and we will be using the EVOTIX system which will allow better data analysis. We are continuing to train all managers on how to clear tasks raised on the system and have introduced the escalation process whereby Heads of Service are notified if the actions are not completed in a timeous manner.

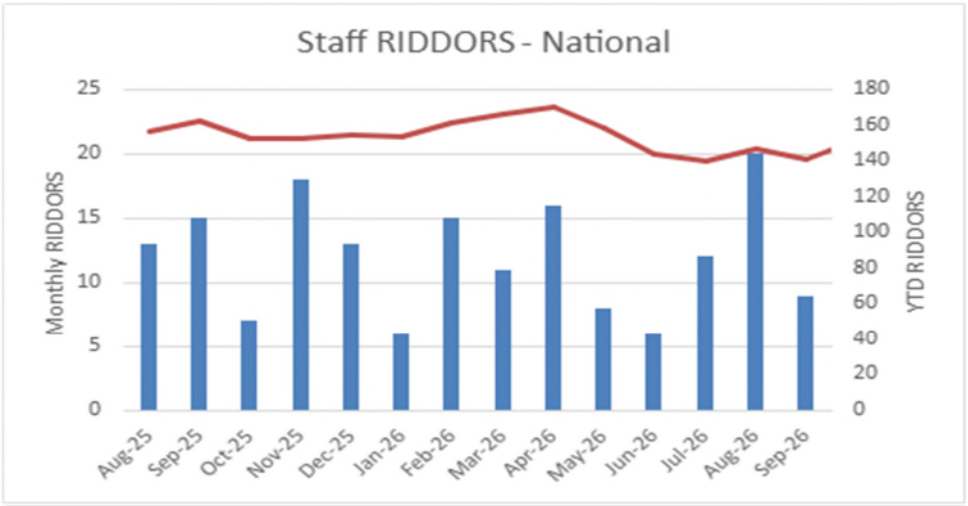
There has been 1 HSE involvement this reporting period. The HSE have contacted the service and NHS Highland in relation to the incident last year that we have both provided information for previously. They wanted to authenticate documents that we have previously provided. They have provided no further update to either NHS Highland or SAS and we both remain in contact with each other.

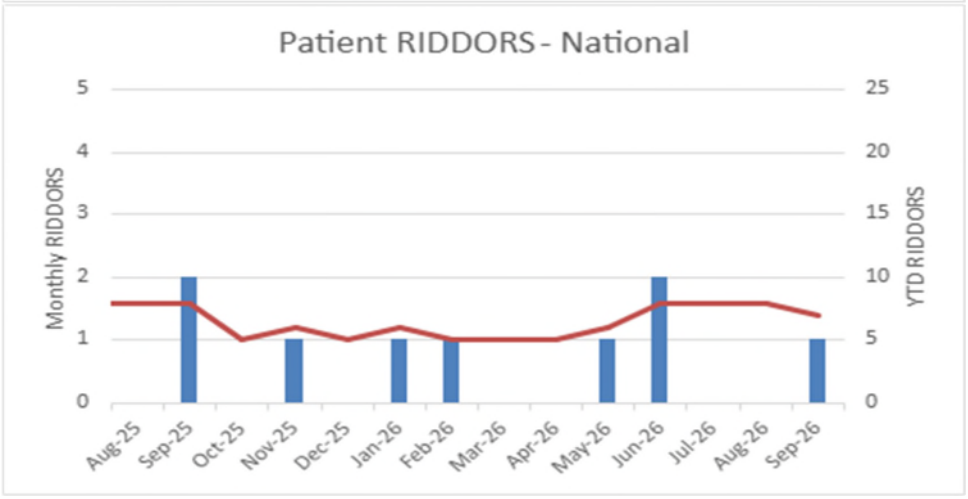
Accidents

The H&S team continue to work with the Risk Manager to iron out any issues that are highlighted on the In Phase system.

The team continue to review every H&S incident that is reported on In Phase and quality control the information at point of entry to ensure that it is in the correct category, e.g. RTC's are not being reported as vehicles issues when it is clearly an RTC.







RIDDOR

There were:

- 13 August (this includes 6 patient handling, 1 needlestick, 2 slip/trip/fall same level, 3 physical assault, 1 struck by/against.
- 9 September (this includes 3 patient handling, 3 needlestick, 1 Slip/Trip/Fall same Level, 1 Slip/Trip/Fall from Height, and 1 patient RIDDOR, Slip/Trip/Fall from Height)