Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

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Public Board meeting	**25 March 2026** **Item 14**
THIS PAPER IS FOR NOTING **Health and Care Staffing Act Q3 2025/26 Board report**	
Lead Directors Author	Emma Stirling, Director Care Quality and Professional Development David Fitzpatrick, Lead Practitioner for Health and Care Staffing/Excellence in Care
Action required	To note the information provided in this paper which outlined the extent to which SAS is complying with its duties under the Health and Care (Staffing)(Scotland) Act 2019 (hereafter known as the "Act").
Key points	- Reports received from all areas. - SAS has established systems and processes in place that are able to accurately describe its position. - Quarterly reports moved to use of RAG statuses as encouraged by Healthcare Improvement Scotland. - The overall position in SAS remains stable. - The Real-Time Staffing reporting tool is now available via InPhase with evidence of use.
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 Q3 2025/26 REPORT

DAVID FITZPATRICK, LEAD PRACTITIONER FOR HEALTH AND CARE STAFFING/EXCELLENCE IN CARE

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 who continue to implement and report on initiatives intended to support compliance with the Duties set out in the Act.

NHS system wide pressures, particularly over the winter festive period, continue to impact SAS's ability to be appropriately staffed at all times.

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

SECTION 3: RECOMMENDATIONS

The Board is '*reasonably assured*' that appropriate systems and processes are in place to ensure ongoing compliance with the Act.

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

Table 1: Overall Level of Assurance - Area ratings

Area	12IA: Duty to Ensure Appropriate Staffing
West	Reasonable Assurance
East	Reasonable Assurance
North	Reasonable Assurance
Advanced Practice	Reasonable Assurance
EPDD	Reasonable Assurance
ACC	Reasonable Assurance
Scheduled Care	Reasonable Assurance
ScotSTAR	Reasonable Assurance
ICH	Reasonable Assurance

Rationale for ratings

All regions recorded a rating of '***reasonable assurance***' with regards to '***overall level of assurance***' for the Health and Care (Scotland) (Staffing) Act 2019. Many regions and departments report that robust governance and systems for safe staffing are in place, but there are number of complex system pressures that are preventing '***substantial assurance***' from being recorded.

West Region: report **'*yellow: reasonable assurance*'** and have reported on a test occurring in Crosshouse that builds on work undertaken in Grampian. Here, only those patients with timed admission (i.e. planned 2 or 4 hour admissions) will be conveyed to the combined assessment unit once there is capacity. This work is ongoing and aims to reduce stacking at hospital, improve ambulance availability and avoid patients waiting unnecessarily long periods in the back of ambulances.

East Region: report a high level of assurance overall, however, note that a very small number of responses has resulted in their overall recording of **'*yellow: reasonable***

assurance'. A change in management structure has been made with the introduction of a bespoke Clinical Leadership role. However, within existing [management] numbers, challenges have remained and been of limited benefit. The Leadership structure will be reviewed during 2026 alongside some targeted placement of resources to improve cover.

North Region: report **'*yellow: reasonable assurance*'** as the Region has established the majority of systems and processes required under the Act and these are operating effectively across most services. But they note full compliance is not always being achieved with several systems still being developed/bedding in and operational pressures continue to limit consistent implementation. System pressures directly impact on ability to consistently release staff for training/leadership time. The Region is maximising current systems and progressing planned improvements, supported by collaborative work (with Health Boards) and strengthened governance.

Advanced Practice: have reported an assurance that their own team provides the requisite oversight, but line management remains out with their team and therefore a rating of '***yellow: reasonable assurance***'. Although manageable at present this will require further exploration as AP numbers increase.

ACC: report a '***yellow: reasonable assurance'*** overall, with ongoing progress for measuring and escalation of staffing levels and improving staff engagement; notably a temporary additional manager has been recruited to help manage workload in 2026. Some areas of improvement remain, including ensuring sufficient time for supervisors and manager for personal development/appraisals.

ScotStar: Good systems and processes are in place, but staffing pressures remain a concern and are unlikely to be resolved without additional funding; business cases are in progress to address this. Work is also underway to ensure appropriate management capacity to support operational teams, including consideration of an Operational Manager role. They report a '***yellow: reasonable assurance'*** overall.

Scheduled Care: Overall, a generally sound system of governance, risk management and control is in place, with clear processes aligned to the Act and embedded in practice. Robust policies, regular review of staffing, real-time monitoring, escalation pathways, and ongoing staff training support consistent compliance, though some areas for improvement remain. Leadership capacity has recently been strengthened, with a focus on targeted development, mentoring, and improved connection between managers and teams, supported by enhanced structures and shared responsibilities.

EPDD: The service reports reduced staffing resource alongside increased demand for specialist training such as Driving, with EPDD WTE decreasing rather than increasing. While educational objectives are set at organisational level and EPDD co-develops content, quality, and governance, staff release for training remains constrained by

regional operational capacity. Estate limitations continue to impact education delivery and system embedding. The department is currently reviewing its organisational structure to strengthen succession planning and leadership development. Collectively these elements constrain the level of leadership support that can be provided. This is a recognised risk being considered as ongoing workforce and service planning and result in a **'*yellow: reasonable assurance*'** rating.

Integrated Clinical Hub (ICH): The ICH reports being temporarily funded against an existing budgeted post with the intention is to establish a fully reviewed, demanded workforce within the next 12 months. We acknowledge that the ICH remains a test-of-concept model, and further refinement requires assessing whether we always have the appropriate number of clinicians available. At present, we are using GPs to meet demand as far as possible within the current financial constraints. A full ICH business case is in development. For these reasons IHC rate overall assurance as **'*yellow: reasonable assurance*'.**

The contents of this report are based upon self-assessment reports provided by operational regions East, West and North, Scheduled Care, ScotSTAR, EPDD, ACCs and Advanced Practice. NRRD has not been included in previous reports but has been contacted to provide an update for Q1 2026/27; the total number of areas included from 2026/27 onwards will be 10.

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

For each of the duties, areas are asked to rate their 'assurance' that the services in their area have defined systems and processes that are aligned with the duty defined in the Act and embedded in practice. The updated HIS rating scales (as noted in Section 5 of the Q2 report) are now embedded in this Q3 report.

For each of the duties, areas are asked how assured they are that the services in their area have defined systems processes that are aligned with the duty defined in the Act and embedded in practice. HIS Have recently updated their guidance for assurance levels and they will be reported by the following:

Level of assurance		System adequacy	Controls
Substantial assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Controls are applied continuously or with only minor lapses.
Reasonable assurance		There is a generally sound system of governance, risk management, and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited assurance		Significant gaps, weaknesses, or non-compliance were identified. Improvement is required to the system of governance, risk management, and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

Table 2: 12IA - Duty to ensure appropriate staffing

Area	12IA: Duty to Ensure Appropriate Staffing
West	Substantial Assurance
East	Substantial Assurance
North	Substantial Assurance
Advanced Practice	Reasonable Assurance
ACC	Reasonable Assurance
Scheduled Care	Substantial Assurance
ScotSTAR	Reasonable Assurance
ICH	Reasonable Assurance

To provide additional context on these ratings **North, East and ICH** reported that they did not have enough suitably qualified and competent individuals working at all times. **North** indicated the ongoing challenges of rural recruitment and hospital turnaround times but continue to engage with territorial health boards to address this. **East Region** acknowledged an increase in respiratory and flu related absence but report on significant recruitment of NQPs being offered 24 hr contracts. The **ICH** remains a test of concept require to determine optimum clinician numbers to develop the model further. They currently use GPs to match demand as far as reasonable within the current financial envelope. An ICH business case is in progress. A**dvanced Practice** report appropriate staffing always during this quarter following recruitment. **ScotStar** share detail on shifts where cover has been challenging but also planned future mitigation through an approved business case and a service redesign; both of which are examining staffing options.

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

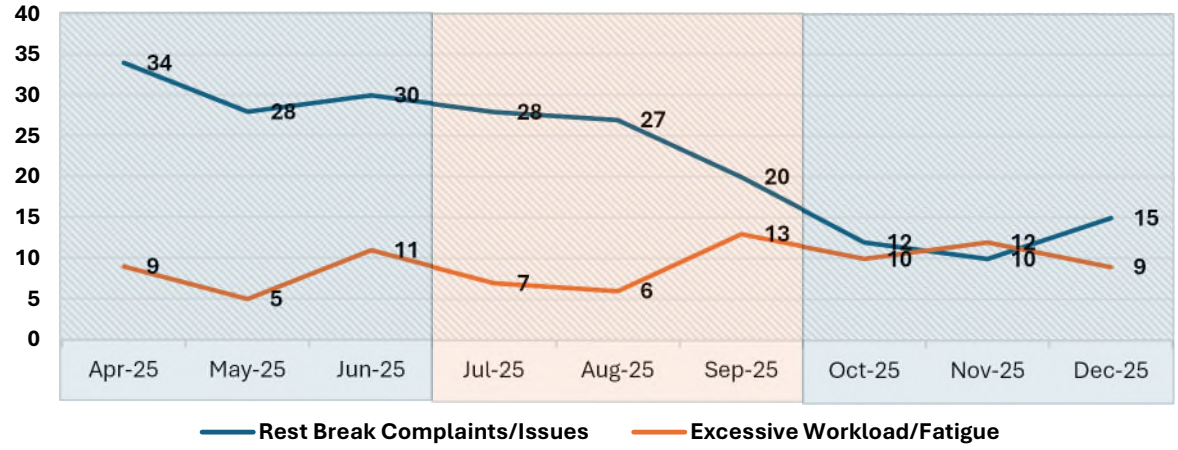
In our quarterly Board engagement Healthcare Improvement Scotland asked SAS to consider how it can measure staff well-being from quarter to quarter. Evidence offered from across the organisation includes staff absence rates, PULSE surveys and partnership meetings. All areas reported staff wellbeing is being actively considered and monitored through a mix of formal and informal processes including regular engagement, wellbeing groups, and support tools.

InPhase: The embedded use of the InPhase risk management system by staff provides useful triangulation. Q3 demonstrates an initial continuation of decreasing trend of reported risks concerning meal breaks but increases on approach to the winter festive period. The risks associated with excessive work/fatigue remains relatively

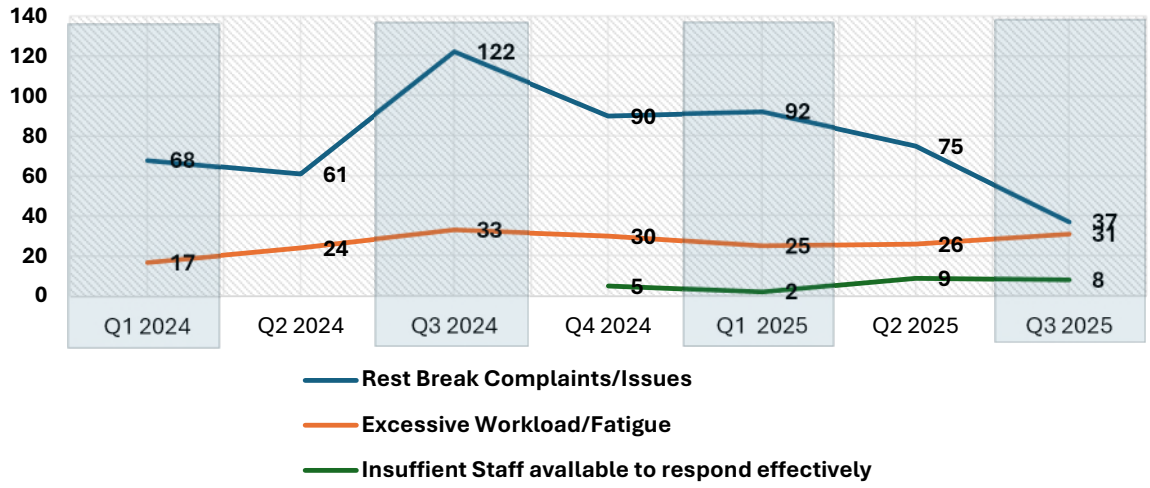
stable with low number of reports, similar to the previous two quarters.[1] These data are particularly notable given the improved ease of access to InPhase for operational staff. The number of staff reported '*insufficient staff to respond effectively*' has risen in Q2 and Q3 in 2025/26. This variable was not recorded in year 2024/25.

Q2 2025/26 data shows decreases in reported risks concerning meal breaks and excessive workload compared to Q3 2024/25 and Q1 2025/26 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.

Run Chart 1: Months 1-9 2025/26



Run Chart: Q1 2024 - Q3 2025



NB. All regions reporting on this part of the Act note the importance of staff wellbeing with various reporting mechanisms described. Notably, **East Region** has been

[1] Caution must be exercised in interpreting these tables. The investigation process can result in small changes in absolute numbers after initial reporting as they are recategorized. The numbers used are correct at time of extraction from the dashboard 04/02/2026.

collaborating with the University of Stirling on a cornerstone study to measure self-reported hydration habits among ambulance staff. As hydration is vital for physical, mental and cognitive wellbeing, the findings - now under analysis - will inform future staff wellbeing initiatives.

12IB Duty to ensure appropriate staffing: agency workers

Area	12IB: Duty to Ensure Appropriate Staffing: Agency Workers
West	Substantial Assurance
East	Substantial Assurance
North	Substantial Assurance
Advanced Practice	Substantial Assurance
ACC	Substantial Assurance
Scheduled Care	Substantial Assurance
ScotSTAR	Substantial Assurance
ICH	Substantial Assurance

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. As with Q2, the SAS did not employ any agency staff meeting the reporting criteria in Q3 2025/26. SAS did not employ any agency staff meeting the reporting criteria in Q2 2025/26. 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.

12IC/D/E Duties to have real-time staffing assessment; risk escalation; and arrangements to address severe and recurrent risks

Area	12IC: Duty to have real-time staffing assessment in place	12ID: Duty to have risk escalation in place	12IE: Duty to have arrangements to address severe and recurrent risks
West	Substantial Assurance	Substantial Assurance	Substantial Assurance
East	Substantial Assurance	Substantial Assurance	Substantial Assurance
North	Substantial Assurance	Substantial Assurance	Reasonable Assurance
Advanced Practice	Substantial Assurance	Substantial Assurance	Reasonable Assurance
ACC	Substantial Assurance	Reasonable Assurance	Substantial Assurance
Scheduled Care	Substantial Assurance	Reasonable Assurance	Substantial Assurance
ScotSTAR	Substantial Assurance	Reasonable Assurance	Reasonable Assurance
ICH	Reasonable Assurance	Reasonable Assurance	Reasonable Assurance

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.

NB - No areas report any Safe Staffing issues via the InPhase reporting system for this quarter.

12IC 'real-time staffing assessment in place' - All areas, with the exception of **ICH**, report '***green: substantial assurance***' that '***Real-time staffing assessment is in place***'. **ICH** describe systems in place to assess staffing levels which include twice daily calls and live teams chat threads set up every shift, but some issues have been identified which may put at risk the achievement of objectives in this audited area.

12ID 'risk escalation in place' - Four regions report '***yellow: reasonable assurance***'. The **East Region** reports a high degree of assurance, confirming that the regional leadership teams at all levels are fully sighted on staffing levels and take appropriate mitigating actions. The **North Region** continue to encourage the appropriate use of the safe staffing InPhase reporting tool. **ACC** have improved their rating from Q2 2025/26 from '***amber: limited Assurance***' to '***yellow: reasonable assurance***' in Q3 2025/26. They have introduced an additional weekly operational meeting for all of ACC, which alongside increasing staffing level meetings twice weekly during December and maintaining the start-of-shift conference call, has contributed to improved assurance. **Scheduled Care** continue to regularly review staffing levels and are proactively managing anticipated attrition to maintain safe staffing. **ScotSTAR** report challenges in relation to staffing of their Paediatric Team; however, a recently approved business case will start the process of addressing these issues. **ICH** states further work is required to embed safe staffing into current processes.

12IE 'severe and recurring risks' – All regions summarise their systems and processes to reduce severe and recurrent risks. The **North Region** describes persistent challenges around recruitment (despite successful recruitment of clinicians from services in England and Wales). Recruitment challenges continue in some localities, with further activity planned for Q4 2025/26. Prolonged hospital handover delays remain a key issue, resulting in lost operational hours, reduced resource availability, sustained pressure on frontline staffing, shift overruns, reduced response capacity, and increased staff fatigue. Actions to address these challenges were reported in Q2 2025/26; however, ongoing flow pressures continue to limit their full impact. Board partners have introduced initiatives to support patient flow (e.g., "10 discharges before 10am"; enhanced hospital leadership presence; new HALO Team at Raigmore etc), but hospital flow pressures persist and intensify during periods of increased demand. ICH again report on GP's being used to match demand as far as is reasonable within the current financial envelope.

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 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.

ACC report the development of REAP Escalation triggers and actions are in progress for their area, which includes staffing levels. This will address having risk escalations in place. ICH recognise that there is further work required to embed safe staffing and risk escalation into current processes.

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.

12IF Duty to seek clinical advice on all staffing decisions

Area	12IF: Duty to seek clinical advice on staffing
West	Substantial Assurance
East	Substantial Assurance
North	Substantial Assurance
Advanced Practice	Reasonable Assurance
ACC	Reasonable Assurance
Scheduled Care	Not Applicable
ScotSTAR	Substantial Assurance
ICH	Reasonable Assurance

All areas report clear and established systems to ensure appropriate section clinical advice is accessible on staffing.

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.

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. This challenge persists in Q3 2025/26.

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

12IH Duty to ensure adequate time given to clinical leaders

Area	12IH: Duty to ensure adequate time given to clinical leaders
West	Substantial Assurance
East	Reasonable Assurance
North	Reasonable Assurance
Advanced Practice	Substantial Assurance
ACC	Reasonable Assurance
Scheduled Care	Not Applicable
ScotSTAR	Reasonable Assurance
ICH	Substantial Assurance

Three specific requirements are specified under this duty. Organisational areas were asked to respond whether there were 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	Always	Always	Always
East	Always	Sometimes	Always
North	Sometimes	Sometimes	Always
Advanced Practice	Always	Always	Always
ACC	Sometimes	Sometimes	Sometimes
Scheduled Care	N/A	N/A	N/A
ScotSTAR	Always	Always	Always
ICH	Always	Always	Always

Overall, Clinical leadership is reported to be delivered through a range of roles, including Paramedics, Advanced Practitioners, Integrated Clinical Hub clinicians, and Clinical Team Leaders. Mechanisms are in place to ensure Advanced Practitioners participate in clinical supervision. Clinical Team Leaders have 40% of their time ring-fenced to carry out leadership specific roles but it is stated that clinical leadership should extend to 100% of their time. Co-ordinated rosters ensure adequate time across CTL's and support their contributions to huddles, tactical meetings, governance and clinical advice on staffing decisions. It is also noted that operational pressures (e.g. hospital delays) can impact protected time. **East Region** is strengthening leadership capacity through enhanced appraisal engagement and by increasing

dedicated clinical leadership posts, such as expanding one ASM clinical leadership role from 0.5 WTE to 1 WTE as a substantive appointment, with no operational management duties. **North Region** provides clinical leaders with protected DFLM time through coordinated rostering and workforce planning. They contribute clinical insight to daily huddles, tactical meetings and governance processes. Toolkits, checklists and wellbeing resources support effective use of this time. When pressures reduce protected time, any CTL redeployment is risk assessed-, documented and reviewed through established governance.

In **ACC**, report it as a non-clinical setting but that clinical leaders from Integrated Clinical Hub work closely with ACC leaders. Scheduled Care reports not having clinical leadership structures. Across other areas, clinical leads and **Advanced Practitioners** are allocated specific PA/SPA or non-clinical time (typically 25%) to maintain skills and provide effective clinical leadership.

TURAS - Challenges in completion of TURAS appraisals have been noted and although some regions report on the percentage underway there is variable available data on completion rates (as was also reported in Q2). **ACC** reports 50% in progress with unknown completed. **North Region** also reports actively seeking opportunities to ring-fence protected time to undertake appraisals and further work to strengthen compliance. For **ScotSTAR**, completion rates are reported at 5.93% (n=8/135) however many more are 'in progress' and an important caveat is that many are undertaken on paper and so will not be recorded on the system. **East and North Regions** report on innovative approaches to supporting completion rates.

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.

The East Region report that they are recruiting to a role that will have a clear focus on clinical leadership, which will go some way toward enabling staff to take part in appraisal discussions.

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

Following the Q1 2025 report, at the last Board meeting, members asked how areas are managing to support leaders in their development when there are rising staff numbers. There was a recognition that the increase in staff numbers may not correspond to an increase in manager numbers.

The Regions reported that the Demand and Capacity review increased staff numbers, but they have also seen an increase in flexible working arrangements, including part-time working, which requires more resource. The East Region report recruiting to

additional Resource Planners and are testing a different model of leadership in the Borders. The North Region report Resource Planning Teams work closely with CTLs/ASMs to ensure DFLM time is protected and used effectively for leadership development. The North have also recruited additional HALOs for the winter period to ease the potential burden on CTLs.

ACC have now recruited, on a secondment basis, a Head of Service to further enhance leadership capacity in the team. ICH recognise this pressure and plan to address this as part of their ongoing business case due next year.

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

12II Duty to ensure appropriate staffing: training of staff

Area	12II: Duty to ensure appropriate staffing: training of staff
West	Substantial Assurance
East	Substantial Assurance
North	Reasonable Assurance
Advanced Practice	Substantial Assurance
ACC	Reasonable Assurance
Scheduled Care	Substantial Assurance
ScotSTAR	Substantial Assurance
ICH	Reasonable Assurance
EPDD	Reasonable Assurance

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 informed by organisational need; including 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 2024/25 however in 2025/26 a programme of Manual Handling and Aggression and Violence training will be delivered in person with online modules also requiring completion, including online 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.

Proactive educational support during Return to Work is vital for maintaining safe staffing levels and reducing reliance on costly overtime. The EPDD has strengthened its processes and support for staff returning after an absence. A forthcoming study in collaboration with the Royal College of Paramedics and the Universities of Stirling and Glasgow will explore clinicians' experiences and learning needs to ensure high quality education, improved confidence and sustained care quality.

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 care 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.