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Public Board Meeting

28 May 2025

Item No 14

THIS PAPER IS FOR DISCUSSION

STAFF EXPERIENCE AND PERFORMANCE REPORT

Lead Director	Graeme Ferguson, Acting Director of Workforce
Authors	Alison Ferahi, Head of Organisational Development & Wellbeing Fay McNicol, Head of Health and Safety Coralie Colburn, Senior HR Manager
Action required	The Board is asked to discuss the revised Staff Experience and Performance report.
Key points	<p>Key points to note:</p> <p>1.Our Employee Relations (ER) activity continues to be managed much more effectively with greater focus on early resolution. The number of Employment Tribunal (ET) cases has reduced significantly over the last reporting period.</p> <p>2.Our People Services Hub continues to prove its effectiveness and the test of change is due to be evaluated in mid-June with a recommendation that this continues on a permanent basis. This innovation has significantly changed the operational delivery model of the HR&ER team.</p> <p>3.Attendance management remains a key focus within SAS and a great deal of work is being undertaken within the Directorate and elsewhere to proactively reduce the level of sickness absence but also, and as importantly, to better support staff who are experiencing challenging health issues.</p> <p>4.We now have in place a robust and effective statutory and mandatory training framework for all staff. We have positively addressed the major concern around the lack of violence prevention and reduction training and manual handling is now available to those colleagues who require it.</p>

Timing	This is an updated report which seeks to present a cohesive and consolidated update on our overall staff experience and workforce performance within SAS. This therefore incorporates the previous separate reports on health, safety and wellbeing and introduces some new workforce performance metrics.
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: <ul style="list-style-type: none"> 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 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**

Working in Partnership with Universities



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SCOTTISH AMBULANCE SERVICE BOARD

STAFF EXPERIENCE AND PERFORMANCE REPORT

GRAEME FERGUSON, ACTING DIRECTOR OF WORKFORCE

ALISON FERAHI, HEAD OF OD & WELLBEING

FAY MCNICOL, HEAD OF HEALTH AND SAFETY

CORALIE COLBURN, SENIOR HR MANAGER

SECTION 1: PURPOSE

This paper provides an update on staff experience and workforce performance over the last reporting period to May 2025.

SECTION 2: RECOMMENDATIONS

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

SECTION 3: REPORT

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). Our AOP is currently being re-prioritised in line with the SGAP for 2025/26. Progress on this will be reported to Board and Staff Governance Committee over the course of 2025/26.

Our new Wellbeing Strategy builds upon the approach of its predecessor, which was developed during the global pandemic. It is grounded in a solid and growing evidence base that highlights the importance of prioritising the health and wellbeing of our workforce. The previous strategy was subject to an internal audit by KPMG in 2023, with several areas of best practice and future recommendations highlighted by the findings of the audit. These have been incorporated into the Health & Wellbeing Strategy 2024-27, which was approved by the Board on 31 July 2024.

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A draft Organisational Development (OD) and Wellbeing Annual Delivery Plan (2025–26) has been developed during this reporting period. It draws on strategic inputs from the SAS 2030 Strategy, the Health & Wellbeing Strategy (2024–27), iMatter results (2024), and the Improving Workplace Staff Experience & Wellbeing Pulse Survey (2024). The ambitions form the foundation of the anticipated outputs over the next 12 months: These ambitions are incorporated into this new style report.

3.1 WORKFORCE PLANNING

Significant preparatory work is underway to develop the next 3-year workforce plan for 2025-28. Although no definitive timescale has been confirmed yet by Scottish Government (SG), an abridged version of this plan was sent to SG in mid-March 2025. This had a particular focus on “difficult to recruit areas and roles” and more general workforce challenges. Our intention this year is to submit our next 3-year SAS workforce plan at the beginning of 2026 at the same time as the Service submits its Annual Delivery Plan and Financial plan.

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 along with an update on proposed developments in our workforce reporting approach.

Employee Resourcing

Staff in Post

Table 1 confirms that at the end of April 2025, SAS employed 6776 staff, contributing 5642 WTE.

Table 1

Scottish Ambulance Service		
Staff in post as at the end of April 2025 (Headcount vs WTE)		
SAS Job Family	Headcount	WTE
Ambulance Paramedic	2446.00	2160.39
Ambulance Technician	1586.00	1457.32
Ambulance Care Assistant	945.00	696.34
Ambulance Services - Driver	46.00	10.88
Ambulance Services - EMDC Operative	485.00	388.47
Ambulance Services - Operations Manager	131.00	111.24
Ambulance Services - PTS Control	94.00	79.52
Medical	122.00	4.72
Nursing	148.00	63.47
Senior Managers	13.00	7.29
Administrative Services	626.00	547.93
Support Services	134.00	114.58
Grand Total	6776	5642.15

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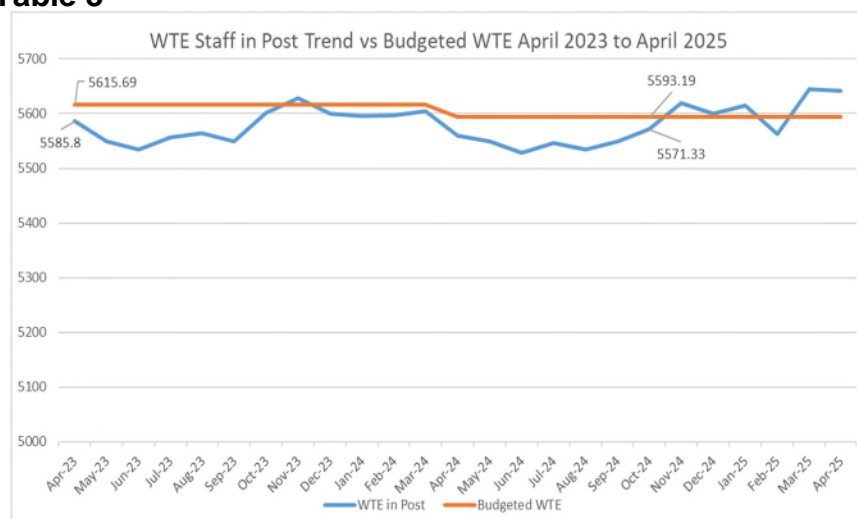
Table 2 shows the in-post staffing by Job Family and Region.

Table 2

Scottish Ambulance Service						
WTE Staff in post as at end of April 2025 by Job Family and Region						
SAS Job Family	North Region	East Region	West Region	National Operations	Corporate Functions	Grand Total
Ambulance Paramedic	401.78	643.36	874.77	222.84	17.64	2160.39
Ambulance Technician	325.27	469.18	661.86	1.00	0.00	1457.31
Ambulance Care Asssitant	80.38	232.79	360.76	22.41	0.00	696.34
Ambulance Services - Driver	0.00	0.00	8.88	0.00	2.00	10.88
Ambulance Services - EMDC Operative	0.00	0.00	0.00	388.47	0.00	388.47
Ambulance Services - Operations Manager	9.91	17.81	20.00	20.51	43.00	111.23
Ambulance Services - PTS Control			2.00	77.52		79.52
Medical				2.67	2.05	4.72
Nursing	2.00	1.65	3.00	51.34	5.49	63.48
Senior Managers					7.29	7.29
Administrative Services	13.24	22.79	37.57	108.38	365.94	547.92
Support Services	4.00	1.60	10.07	1.00	97.91	114.58
Grand Total	836.58	1389.18	1978.91	896.14	541.32	5642.13

Table 3 below shows SAS WTE in post Staffing trend against budgeted WTE by month.

Table 3

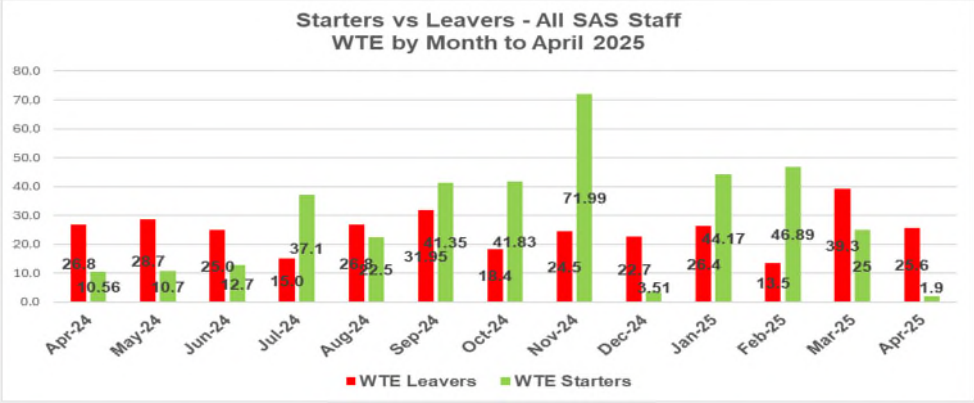


Workforce Change – Starters and Leavers

Table 4 highlights that the number of staff leavers exceeded starters in the first three months of the financial year (although staff starting on bank contracts present as 0 WTE on the eESS system).

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Table 4



3.2 ATTRACT, RECRUIT, RETAIN

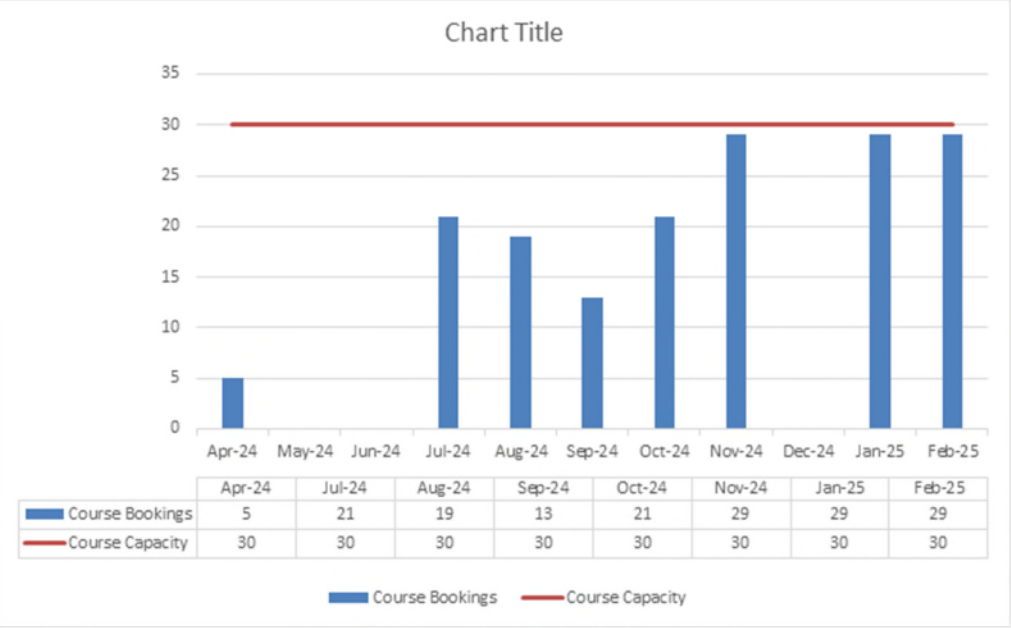
3.2.1 Newly Qualified Paramedics

Early courses have been running at approximately 2/3rds of capacity. The primary reasons for this are.

- Candidates refusing offers of employment due to geographic/location preferences (remaining in holding pools)
- Uncertainty of additional funding associated with reduction in the working week (limiting additional resource for new posts)
- Graduate candidates failing to meet necessary criteria to commence employment (exam fails/HCP registration/C1 driving licence).

Table 5 shows the recruitment numbers for newly qualified paramedics for 2024/25 against current course intakes.

Table 5



Newly qualified paramedics have been identified as the primary source of recruitment across 2025/26 with provision in place for additional recruitment to technician posts to address any shortfalls in paramedics recruitment. The initial recruitment targets for Technician (150) and Ambulance Care Assistants (120) are currently being assessed in light of recent developments regarding the provision of national funding to compensate for the reduction in the working week, which was one of the primary drivers of wte recruitment assumptions. Also, an internal re-appraisal of the Tech to Para “Earn as you Learn” programme is also now under review in light of the national NHS Scotland funding challenges. Once the revised numbers have been agreed, progress against targets will be included in future reports.

The 2025 recruitment campaign for Newly Qualified Paramedics has now commenced. The Service received 474 applications from interested candidates, of which 412 have been shortlisted. Interviews and fitness testing are currently taking place during the whole of this month with decisions made on successful candidates in mid-June. Active engagement with each of the 5 Universities has proved to be very successful and we anticipate a much more positive candidate experience this year as a result.

3.2.2 Sickness absence levels

Total sickness absence during the last reporting period has reduced from 10.55% in December to 8.77% in early May. There was a decrease in both long-term absence (5.85%) and in short term absence (2.78%) against the previous month.

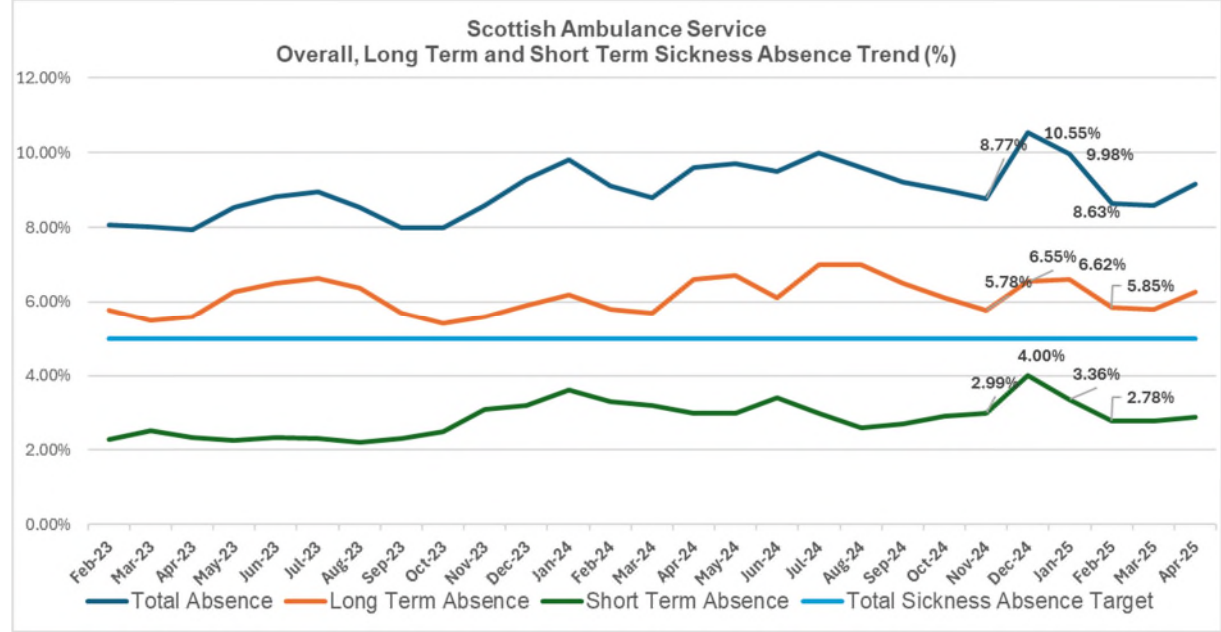
Patterns of absence indicate that there has historically been an increase in sickness levels observed across the winter months and this continues to be monitored given the current elevated levels of staff absence. An executive oversight group has been established to identify the key factors driving sickness absence and develop actions required to reduce both long- and short-term absences. The key driver for this group is to ensure that all available support is in place to support staff with challenging health issues and that our internal processes are applied consistently.

Considerable data analysis has now been undertaken which gives the Service far more workforce data than ever before to analyse underlying causes of sickness absence, including down to station and individual level, as well as highlighting wider abstraction reasons with this data now in place, there can be much more credence given to the available information which in turn will prompt more person centred and supportive management actions to address high level of sickness absence.

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Table 6 highlights the overall long term and short-term sickness absence trends over the last 2 years.

Table 6



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 TASC, EAS, OHS, Keil Centre and our own mental health team. Serious consideration is being given to establishing a wellbeing hub within SAS. This may be an extension of the current People Services Hub, or an entirely separate internal facility available to all staff.

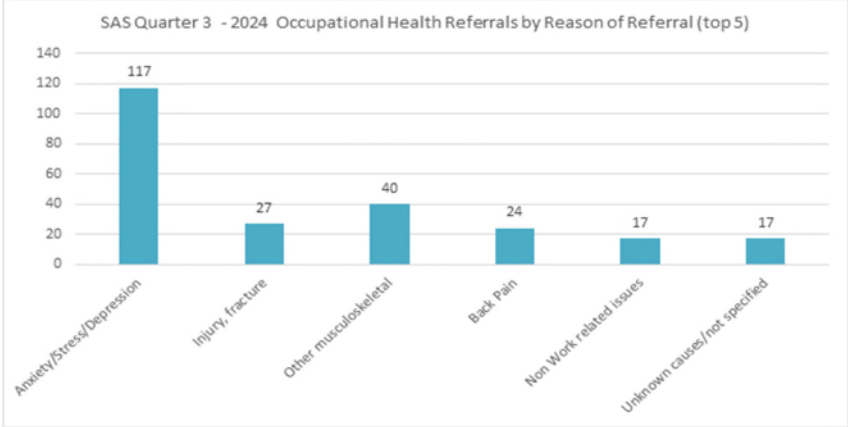
3.2.3 Occupational Health Activity

There remains considerable scrutiny of our various OH providers and significant disquiet with the baseline service itself. Whilst we are continually seeking to rectify any service related problems as quickly as possible, urgent internal discussions are ongoing around possible options to replace the current service level agreement.

There were 353 referrals submitted across the third quarter of 2024/5. The top five initial referral reasons are shown below in table 7.

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Table 7



3.2.4 Pre-employment Checks

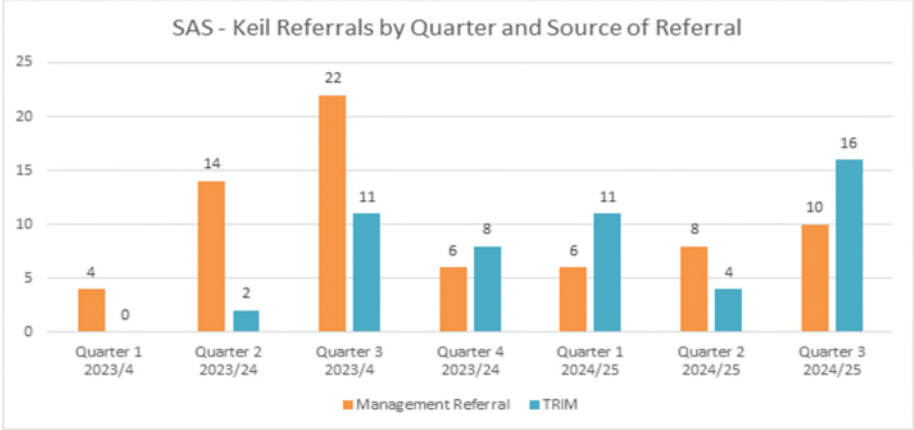
There were 173 pre-employment assessments during the third quarter.

Pre-placements by role were: 41% Ambulance Paramedic, 15% Ambulance Technician, 8% Call Handler and 7% Ambulance Care Assistant.

3.2.5 Keil Referrals

There were 26 Keil referrals submitted in Q3. The management referral outcome for Keil support was 38% and 62% identified through TRiM referrals. (table 8)

Table 8



Ambition - To create an awareness and understanding at local level of the range of health & wellbeing support available to our workforce and how to access it.

- This ambition aligns with our strategic inputs by:
- Increasing awareness and visibility of health and wellbeing pathways.
 - Empowering individuals to take ownership of their own wellbeing.
 - Growing and raising the profile of our wellbeing networks to build local communities of support.

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- Ensuring new colleagues feel welcome and supported from the beginning of their journey.
- Creating a supportive environment where wellbeing conversations are normalised.

Planned activities include continuing our schedule of workplace wellbeing visits, delivering targeted communication campaigns, mapping regional support networks, developing a wellbeing induction module, and expanding wellbeing training content within our formal leadership development programmes.

Ambition - To expand the range of wellbeing help & support available to our workforce, recognising one size doesn't fit all.

This ambition aligns with our strategic inputs by:

- Expanding the range of health and wellbeing support available, recognising individual needs and preferences.
- Encouraging a proactive and preventative approach to health and wellbeing.
- Creating accessible pathways to rehabilitative and specialist support.
- Supporting leaders and managers to recognise early warning signs and signpost to appropriate help.
- Reducing barriers to access by identifying and targeting support where it is needed most.

Planned activity includes trialling new wellbeing initiatives (such as access to the Police Treatment Centre), developing a wellbeing hub to triage support for staff, mapping support pathways, and exploring the use of managers' toolkits to enable early intervention.

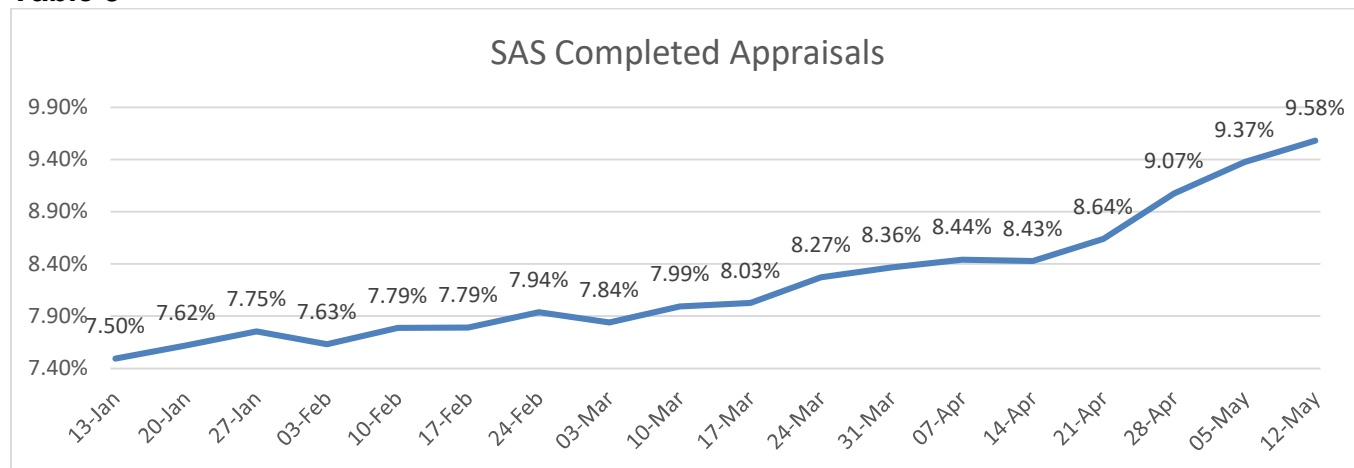
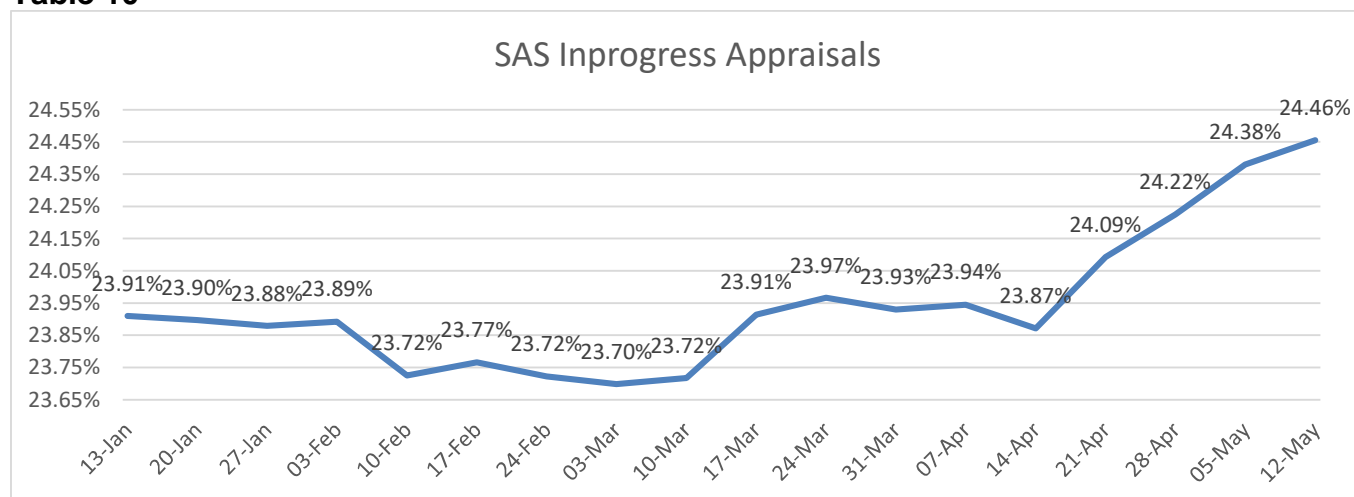
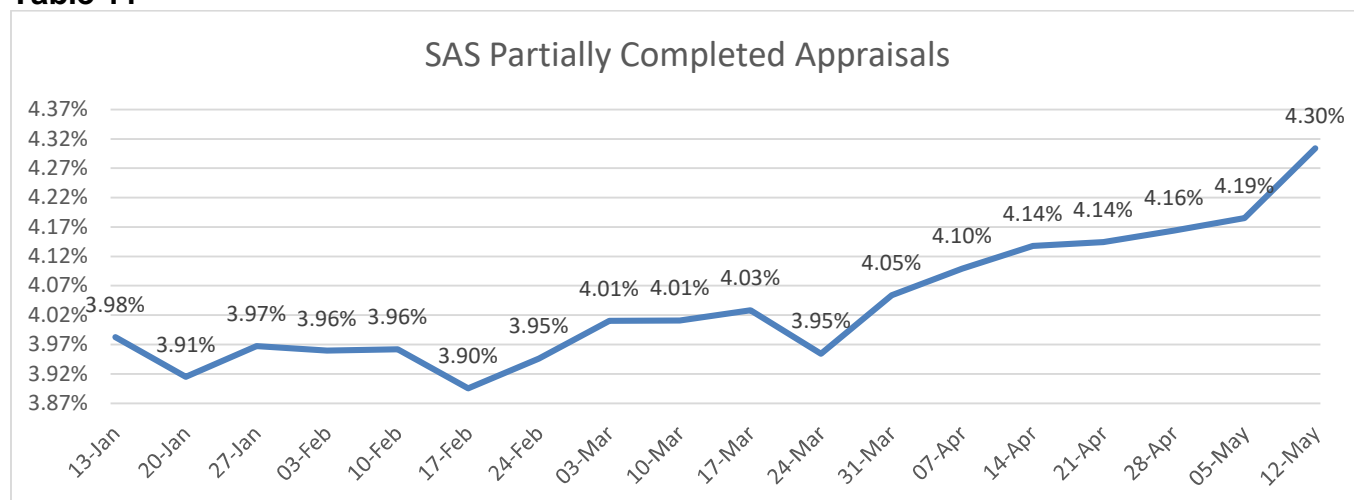
3.2.6 Employee Development - Appraisal

The completion rate across SAS as at the middle of May 2025 was:

- TURAS Appraisal was 9.58%;
- Personal Development Plans 2.36%;
- Objectives 5.46%.

Data extracted from TURAS as at 12/05/2025, in the last 3 months is showing a consistency in the trajectory. SAS currently has 27 active employees who are not allocated to a line manager, hence having a negative impact on Appraisals

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Table 9**Table 10****Table 11**

Completion rates vary across regions however completing staff appraisals and PDPs are an integral part SAS approach to learning and development of staff. The completion of TURAS Appraisals, PDPs and Objectives continues to be a challenge due to the organisational pressures

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within the Service. A detailed appraisal action plan has been developed to ensure both appraisers and appraisees remain focused on this important human connection activity.

3.2.7 EMPLOYEE RELATIONS

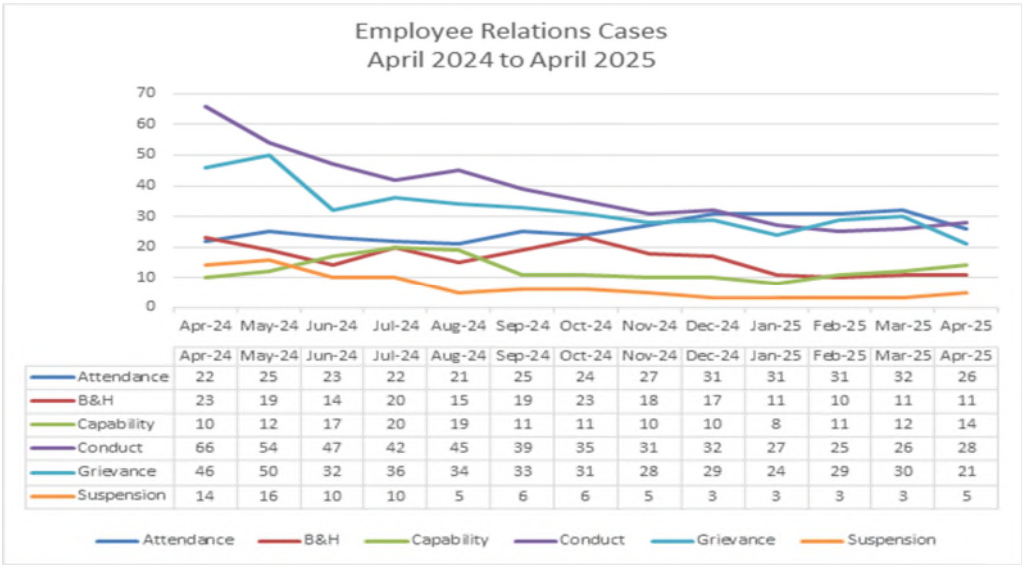
National Employee Relations Activity

The undernoted table reports on current employee relations activity and application of the relevant Once for Scotland Policies.

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.

The tables below represent initial outputs of the online recording as the end of April 2025. Support for ER case work is now being coordinated through the People Services Hub and a new system for recording and reporting is being developed.

Table 12



The number of ER cases across the service has shown a downward trend across the last 3 months (109 cases in February 2025 to 105 cases in April 2025).

Table 13 shows all Employee Relations case activity as of April 2025 by category and region/directorate.

Table 13

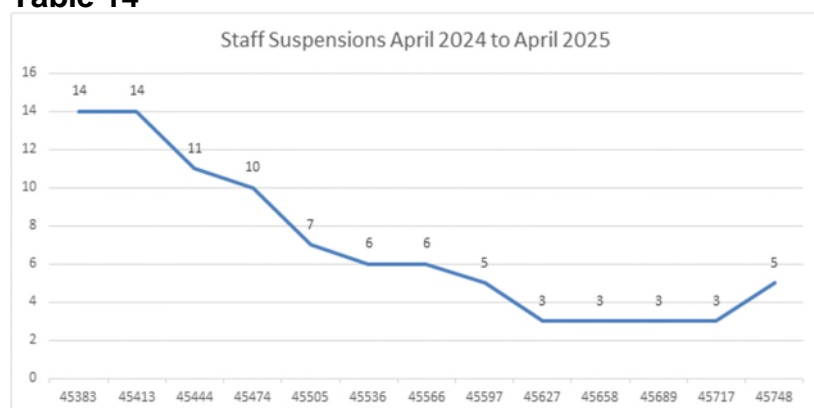
	Apr-25							
	Attendance	B&H	Capability	Conduct	Grievance	Suspensions	Total	
Operations - West	13	4	7	10	6	0	40	
Operations - North	1	0	0	2	3	1	7	
National Operations	4	2	1	6	10	2	25	

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Operations - East	5	4	6	8	1	2	26
Finance, Strategy and Logistics	3	0	0	1	0	0	4
Care, Quality & Professional Development	0	0	0	0	0	0	0
Medical	0	0	0	1	0	0	1
Collective (National)	0	1	0	0	1	0	2
Total	26	11	14	28	21	5	105

Five staff are currently suspended from duty which is an increase over the last 3 months (3 in February 2025)

Table 14



3.3 LEARNING AND INNOVATION

3.3.1 Learning

Statutory and Mandatory Training Compliance

The TURAS Learn platform was launched in March 2024 and SAS staff are currently working towards completion of the twelve statutory and mandatory training modules.

The progress as at the end of March 2025 is shown in table15 by subdivision level. And shows progress in the levels of completion since the launch of the TURAS Learn platform. Note the RAG status shown is illustrative only as the final percentage completion classifications have still to be formally agreed.

TURAS Phase 2 is still underway reviewing STAT/MAND per job role, this is nearing completion and a report will be submitted to the board detailing the requirements both in terms of courses required and the times required to complete them, to determine what protected learning time could be required and the possible cost implications of doing this.

Violence Prevention and Reduction (VPR) and Manual/Patient Handling update

VPR train the trainer for Clinical Training Officers (CTOs) took place in March and April through NHS Tayside, who will train and then mentor the trainers to ensure they remain competent.

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The SAS musculoskeletal lead has trained the CTO's in Manual/Patient Handling and training for all front line staff through Learning in Practice (LiP) will commence from mid April and will be reported on through the Staff Governance Committee via the Education and Professional Development (EPDD) update.

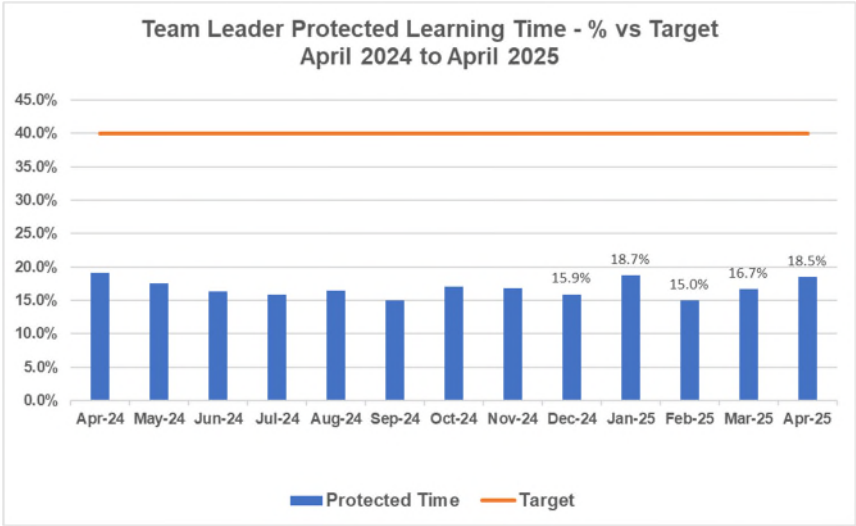
Table 15

% Compliance at date of report	ACC	ScotStar	East Central	NHQ/SAC	NRRD	North	South East	South West	West Central
Basic Life Support	68	60	42	45	85	62	61	45	38
Fire Safety Awareness Training	67	70	57	53	87	61	67	49	40
Health and Safety Awareness	66	66	54	50	82	58	64	46	39
Infection prevention and control (foundation)	57	59	59	35	68	61	62	50	44
Initial Operational Response	40	45	37	28	76	47	49	34	24
Introduction to equality, diversity and human rights	56	40	27	40	77	49	49	32	31
Moving and handling (Module A)	61	56	53	47	73	58	61	41	35
Office Ergonomics - Display Screen Equipment (DSE) / Preventing Aches and Pains	63	59	51	50	78	56	62	44	36
PREVENT Duty Awareness	52	40	24	29	72	45	48	29	27
Public Protection - child protection and adult support and protection for SAS staff	58	47	46	37	72	53	58	38	31
Safe information handling	70	66	55	47	67	57	50	56	47
Staying safe online: top tips for staff	40	51	44	42	59	53	55	41	29
Violence Prevention Reduction: Conflict Management	59	51	48	41	76	55	58	41	34
Completion % status	Under 50 % Completion			50 - 60% Completion			Over 60% Completion		

Effective Leadership and Management

Protected time for Team Leaders in April 2025 was recorded at 18.5%, an increase on previous months. Work is constantly ongoing to improve the level of protected time and further discussions are in progress with operational colleagues to significantly improve the compliance level.

Table 16



Ambition - To further develop our workforce’s knowledge & skills to help support one another, build resilience and signpost to further help as required.

This ambition aligns with our strategic inputs by:

- Developing our people’s knowledge, tools, and confidence to understand and manage their own wellbeing and that of others.
- Cultivating resilience to help colleagues cope with the effects of trauma and stress.
- Creating a supportive environment where wellbeing conversations become normal practice.
- Encouraging colleagues to support one another and intervene early.
- Decreasing stigma and reducing barriers to accessing mental health support.
- Providing flexible, accessible learning and development to build awareness and confidence in wellbeing support.

Planned activity includes increasing our suite of wellbeing learning and development resources, strengthening our capabilities in suicide awareness and intervention, further developing our Trauma Risk Management (TRiM) network, and creating the conditions that enable meaningful peer-to-peer wellbeing support.

3.3.2 Innovation

People Services Hub

The new People Services Hub has been in place since 3rd February 2025 and is currently in its test of change phase. The objective of the People Services Hub is to provide a professional HR

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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 key aims of the People Services Hub are to:

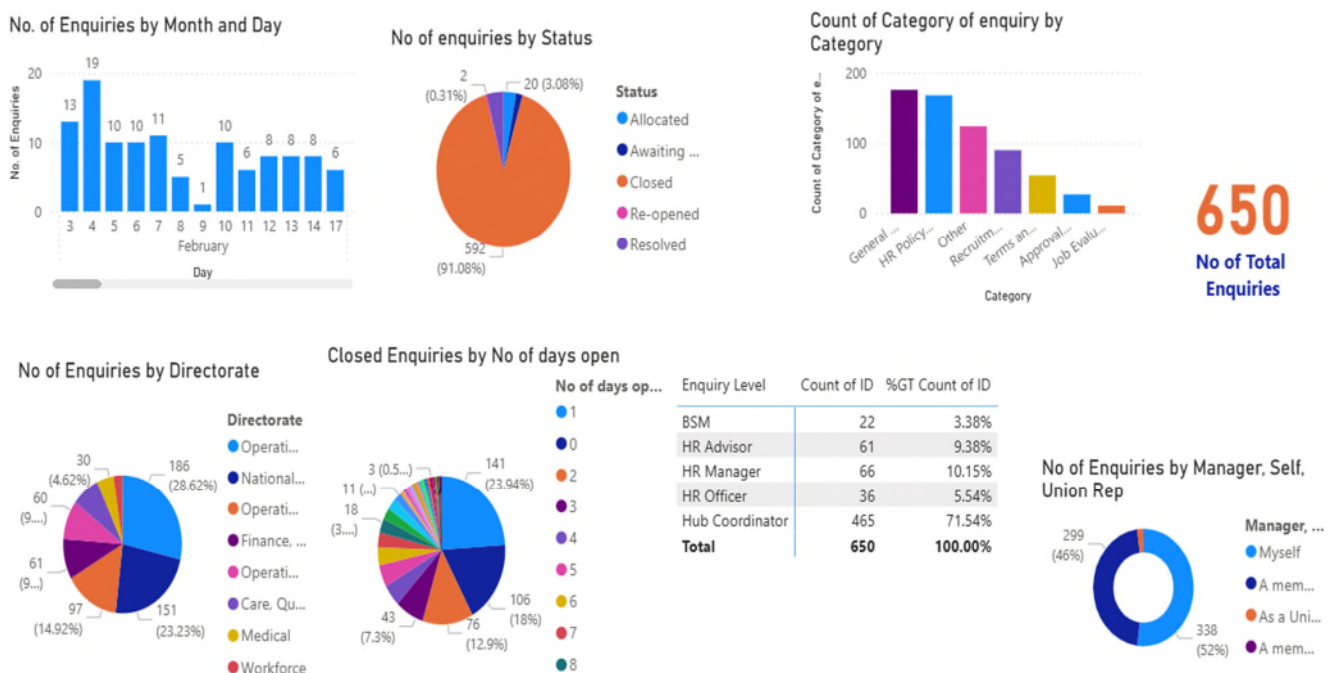
1. Provide consistency in HR advice across all Directorates with an understanding of varying service needs.
2. Provide fast and accurate responses to enquiries with an initial response given within 48 hours (excluding weekends and public holidays).
3. Allocate an appropriate HR professional to support employee relations cases and accurately track the progress of each case.
4. Provide robust and accurate reporting of employee relations activities.
5. Reduce the amount of HR Advisor time spent on low-level enquiries to allow more focus on higher-level work, such as ER cases, portfolio projects, and support organisational delivery of strategic objectives.

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.

People Services Hub enquiries: 3rd February to 30th April 2025 (Table 17).

Table 17



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Ambition - To become more evidence and data driven in our approach to creating a healthy workplace.

This ambition aligns with our strategic priorities by:

- Strengthening our use of evidence and insight to improve staff experience, support early intervention, and foster a culture of continuous improvement.
- Developing an evidence-based understanding of the underlying causes of absence.
- Creating a culture where early intervention is normalised and supported.
- Embedding continuous improvement through regular feedback and movement towards a just culture.

SECTION 3.4 CULTURE AND LEADERSHIP

Ambition: To make staff feel valued at work by embedding the right behaviours.

This ambition aligns with our strategic inputs by:

- Leaders treating everyone with dignity and respect and consistently role model positive behaviours and healthy working practices.
- SAS being an inclusive organisation that values diversity and creates an environment where employees feel safe to speak up with ideas, questions, concerns or mistakes.
- SAS owning a reputation for having a positive work culture where employees thrive and feel valued for the work they do.
- Ensuring our values and behavioural expectations are embedded and demonstrated throughout the employee journey.
- Ensuring our people are actively developed and supported through mentoring and lived experience.
- Deliverables to support this ambition include focused support to the proposed outcomes of Equality and Diversity Mainstreaming Report (2025-29), raising appraisal completion rates, facilitate a culture of role modelling values-driven behaviour and calling out inappropriate workplace behaviours.

Ambition: To make leadership more connected at all levels of the organisation

This ambition aligns with our strategic inputs by:

- Supporting leaders to actively prioritise their team's health, wellbeing, and development.
- Building leaders' confidence and awareness to recognise early warning signs of deteriorating wellbeing and signpost appropriately.
- Ensuring leaders treat everyone with dignity and respect, while consistently role modelling positive behaviours and healthy working practices.
- Planned activity includes expanding our virtual Leadership Academy, introducing wider coaching and mentoring opportunities, facilitating people-centred leadership approaches, and creating a shared understanding of complementary leadership domains within the reporting hierarchy.

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SECTION 3.5 EQUALITY, DIVERSITY AND INCLUSION

3.5.1 Legislative context

The Equality Act 2010 created a requirement for public authorities, including Scottish Ambulance Service, to meet the public sector equality duty to have due regard to eliminate discrimination, advance equality of opportunity and foster good relations. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 list the obligation to report progress on mainstreaming the public sector equality duty and to report progress on equality outcomes work every two years. Every four years there is a requirement to develop and publish new equality outcomes. All of our key reports were published at the end of April, as detailed below:

- 1) Mainstreaming Report (2025-29)
- 2) Equality Outcomes (2025-29)
- 3) Gender Pay Gap Report (2025)
- 4) Equal Pay Statement (2025)

The purpose of these reports is to provide examples of how our activities demonstrate we are building equality and diversity in to all that we do. This work aligns with the requirements of the public sector duty to: eliminate discrimination, advance equality of opportunity and foster good relations. Reference is also made to a number of activities to illustrate how our work contributes to reducing health inequalities.

A key element of the mainstreaming report is to illustrate how employee information is gathered and used to support change and improve outcomes for our workforce. Therefore, the annual workforce equality monitoring report 2023/24 and equal pay information are referenced in the reports.

The recent Supreme Court judgement in regard to transgender citizens of the UK has required a major review to be undertaken across all employment sectors in the UK into how transgender colleagues should be treated. SAS, in line with other NHS Boards, is currently awaiting further Equality and Human Rights Commission (EHRC) updated guidance on this matter. In the meantime, we are undertaking an internal review to ensure that our transgender colleagues continue to be treated with fairness, equity and understanding.

3.5.2 Sexual Safety Programme Update

The Workforce Equality Monitoring Report 2023/24 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 Equality Diversity and Inclusion (EDI) agenda this year has been on reducing misogyny and improving sexual safety in SAS. The latest update is detailed below:

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- A pulse survey was issued to all staff during December 2024. The purpose of the survey was to help us understand people's experiences at work. We will use the results to help shape the steps we take to prevent sexual harassment happening and respond better when it does take place. The survey was also promoted through line managers to encourage as many staff as possible to complete it.
- A sexual misconduct policy has been drafted and is currently out for consultation. The policy has been created with reference to the Once for Scotland Bullying and Harassment policy and the Once for Scotland Sexual Harassment Guide, which is due to go live in 2025
- We are working on the development of an all-staff online learning session/module which focuses on preventing sexual misconduct, reinforcing expected behaviours and how to 'Speak Up' and challenge inappropriate behaviour. This will complement the existing TURAS module 'Sexual Harassment for Line Managers'.
- Our first Reducing Misogyny and Sexual Safety Workshop took place on 26th November in Inverurie, in conjunction with Police Scotland. Several of our staff attended the session and we are gathering feedback to ensure that the sessions are meaningful and productive. These workshops are timetabled throughout the year and time is being provided by means of TOIL to allow attendance.
- We are in the process of creating a structured guidance document for students and university contacts to refer to if they have experienced or witnessed sexual misconduct whilst working with us.
- The sexual safety learning and development plan is updated regularly
- We are engaging with universities and have attended a recent Scottish Collaboration of Paramedic Education (SCoPE) meeting to discuss the sexual safety of students whilst on placement within the Service.
- We have launched an @SAS page dedicated to reducing misogyny and sexual safety at work. A communications plan has been produced to promote this across the Service. It includes relevant guides, links and contacts for support (e.g. TASC).
- Jenni Summers, (Sexual Safety lead) and Coralie Colburn (Senior HR Manager) were invited to speak at the Police Scotland 'Sex Equality & Tackling Misogyny' event on 1st May at Tulliallan, as part of the International Women's Day celebrations. The event was opened by the Deputy Chief Constable Jane Connors and Assistant Chief Constable, Emma Bond.
- SAS is showcasing its work on sexual safety and misogyny at the NHS Scotland Conference on 9 June 2025.
- The sexual safety communication and engagement plan is updated regularly

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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 Health and Safety (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 new EVOTIX system which will allow better data analysis.

There has been no Health and Safety Executive (HSE) involvement this reporting period.

DL (2024) 17 was issued on August 5th, 2024. In response to this, the Scottish Ambulance Service recently formalised the governance of water management. This will provide assurance that the water supply, storage, and distribution services within its properties are installed and operated within the terms of various pieces of legislation including:

- Scottish Health Technical and Memorandum (SHTM) 04-01 Water Safety for Healthcare Premises Parts A&B.

Health and Safety and Infection Prevention and Control will feed into this group.

Work has commenced with SOCOTEC who were successful with the tender to carry out air quality monitoring in some hospitals and all SAS workshops over the coming months. The H&S Team will continue to work closely with Fleet and all local SAS staff and Other H&S Staff in the relevant health boards.

Work has commenced on the (Injury Prevention and Rehabilitation Service) IPRS retender with Procurement and NSS.

The new Inphase system which has replaced DATIX has been launched and the H&S team continue to review every H&S incident to quality control the information at point of entry to ensure correct categorisation of each event.

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