



Public Board Meeting

27 May 2026

Item No 10

THIS PAPER IS FOR APPROVAL

CULTURE PROGRAMME PROPOSAL

Lead Director	Elise Gallagher, Director of People and Culture
Author	-
Action required	The Board are requested to approve : a. the objectives of the culture programme detailed in section 7 b. the scope of the programme detailed in section 8 c. and the proposed approach to governance, assurance and measurement detailed in section 9
Key points	<ol style="list-style-type: none">1. The strategy to 2030 sets direction for the Scottish Ambulance Service and lays out our ambitions to be a great place to work.2. Through the diagnostic phase 4 areas of risk and opportunity were identified:<ul style="list-style-type: none">• Shifting service requirements• Workforce Changes• Sector Risks• Operational Risks3. These proposals were developed and agreed by the Executive, following updates with the Board and the Staff Governance Committee.4. The Board are requested to approve 5 objectives for the Culture Programme:<ul style="list-style-type: none">• Increase trust• Improve care and connection between colleagues• Encourage more feedback• Encourage more sharing of ideas• Improve the psychological safety to speak up5. The Board are requested to approve the 6 workstreams in scope of the programme:<ul style="list-style-type: none">• Health and Wellbeing Strategy• Sexual Safety and Misogyny• Equality, Diversity and Inclusion Plan• Values in action

	<ul style="list-style-type: none"> • Leadership and Connection • Speaking Up <p>The Board are requested to approve the approach to governance, assurance and measurement.</p>
Timing	The programme is expected to run until the end of the strategy period in 2030.
Associated Corporate Risk Identification	Risk ID 5653, Organisational Culture and Staff Experience.
Link to Corporate ambitions	<p>This paper relates to:</p> <ul style="list-style-type: none"> • We will innovate to continuously improve our care and enhance the resilience and sustainability of our services • We will provide the people of Scotland with compassionate, safe and effective care when and where they need it • We will be a great place to work, focusing on staff experience, health and wellbeing
Link to NHS Scotland's quality ambitions	This paper is aligned to and supports all three of NHS Scotland's quality ambitions to enable our workforce to provide safe, effective and person-centred care.
Benefit to Patients	Positive staff experience correlated to positive patient experience.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	These proposals are directly aligned to our equality and diversity objectives as described in the equalities mainstreaming report.



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SCOTTISH AMBULANCE SERVICE BOARD



CULTURE PROGRAMME PROPOSAL

ELISE GALLAGHER, DIRECTOR OF PEOPLE AND CULTURE

SECTION 1: PURPOSE

The purpose of this paper is to seek Board approval for the Culture Programme.

SECTION 2: RECOMMENDATIONS

The Board are requested to approve:

- a. the objectives of the culture programme detailed in section 7
- b. the scope of the programme detailed in section 8
- c. the proposed approach to governance, assurance and measurement detailed in section.

SECTION 3: BACKGROUND

Following an exploration and diagnostic phase, the Board endorsed the direction of travel for a programme of cultural improvement work in April 2026. Building on work already underway as part of the Workforce and Wellbeing Portfolio, the Culture Programme encompasses three new and three existing workstreams, as well as three enabling work packages.

SECTION 4: CONSULTATION

The diagnostic phase of this work included a review of the strategic context, reflection on the data available, shadowing and listening to staff and groups at all levels and across all regions of the organisation. This included an informal session with the trade union convenor group.

These proposals were developed and agreed by the Executive Team over a series of engagements in January, February and March 2026. The Board received an update on this work in February and endorsed the direction of travel in April. The Staff Governance Committee received a presentation of the initial themes from the diagnostic phase in March.

Following approval from the Board, an update will be shared at the National Partnership Forum.

SECTION 5: PROGRAMME OBJECTIVES AND RISKS

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The Strategy to 2030 sets the direction for the Scottish Ambulance Service and outlines our ambition to be a great place to work. This is described as an inclusive, open and supportive environment, where colleagues learn from events, feel able to raise concerns, and feel valued, with working practices aligned to the Fair Work principles.

Our collective success and achievement of our strategic ambitions depend upon the engagement, capability, wellbeing and performance of our colleagues in delivering a “great place to work”. The Culture Programme objectives and approach are designed to support this and to mitigate the risks identified in the Corporate Risk Register in relation to Organisational Culture and Staff Experience, as well as those identified through the diagnostic phase of the project. Additionally, the Culture Programme is intended to offer a fresh perspective on cultural improvement work, bring this together into a single, coherent plan, and undertake an analysis of SAS’s capability and capacity to deliver this work.

Through the diagnostic phase, a range of internal, external and sectoral factors were identified that affect the Scottish Ambulance Service. These impact the expectations and experience of our colleagues and present both opportunities and risks.

SECTION 6: RISKS

RISK 1: Shifting service requirements

The Population Health Framework, the Health and Social Care Service Renewal Framework, and the NHS Scotland Operational Improvement Plan, published in 2025, lay out the strategic objectives and ambitions of the health and social care sector in Scotland. The immediate implications of this direction for SAS include the potential expansion of our role in primary care, closer collaboration, and regional planning, which may result in governance and structural changes post-election. There is a risk that our culture does not enable sufficient flexibility to maximise the benefits and opportunities of these changes; this can be mitigated by equipping leaders to set and communicate strategic direction, and by enabling feedback and increasing engagement to improve and adapt ways of working.

RISK 2: Workforce Changes

The SAS workforce is changing. University training, the professionalisation of paramedicine, and investment in additional workforce capacity have resulted in a demographic shift. This creates a risk arising from differing cultural expectations, which can be mitigated by resetting desired cultural norms aligned to our values and the 2030 strategy objectives.

There are more students graduating as newly qualified paramedics in Scotland than there are currently available posts in SAS, and this is expected to continue for at least the duration of the strategy cycle to 2030. This creates reputational and financial risks, and mitigating actions are underway to manage this. It also presents an opportunity to recruit additional staff to support the expansion of our service offering and operations; however, it creates a risk that there are differing expectations within our workforce and that leaders may not have the tools and capacity to engage their teams in changing ways of working. This risk will be mitigated through work to develop leadership capability to communicate effectively and engage teams.

RISK 3: Sector Risks

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The Melia culture review of ambulance trusts in England (2024) recommended action across six areas to improve culture in ambulance services. Whilst not within the scope of that review, elements of the report resonate with SAS. The risks associated with poor behaviour and exclusion can be mitigated through equality, diversity and inclusion improvement plans; targeted work to address bullying and harassment, including sexual harassment; and by enabling freedom to speak up.

RISK 4: Operational Risks

Managing operational pressures is a core element of delivering a frontline service. However, in this strategy period, wider system pressures have reduced capacity for staff appraisal, training, development, and contact with line management, thus increasing the risk to staff experience, particularly in relation to health and wellbeing.

This risk can be mitigated by improving our health and wellbeing offer; strengthening care and connection with leadership and across teams; enhancing feedback mechanisms to improve colleague engagement in managing pressures; and improving ways of working.

SECTION 7: OBJECTIVES

The experience of our colleagues varies as much as the needs of our diverse population and communities. The context in which we work is complex and continuously evolving. The approach to the Culture Programme, agreed with the Executive Team and endorsed by the Board in April, is to build on good practice and work already underway, focus on a small number of priorities, and co-create and collaborate with colleagues. Each workstream or initiative will have specific objectives; however, it is recommended that the overall programme objectives remain as straightforward as possible.

Culture Programme objectives are to:

- Increase trust
- Improve care and connection between colleagues
- Encourage more feedback
- Encourage more sharing of ideas
- Improve the psychological safety to speak up

The Board is requested to approve these objectives.

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SECTION 8: DETAILED SCOPE

There are many initiatives and activities underway across SAS that benefit the overall culture. These will continue as part of business as usual and are not intended to be included in the scope of this programme; however, there may be some natural alignment. The workstreams and programme scope will be reviewed at the end of year one.

There are six core workstreams in the scope of the Culture programme:

Three are already underway:

- Health and Wellbeing Strategy
- Sexual Safety and Misogyny
- Equality, Diversity and Inclusion Plan

Three are new workstreams:

- Values in action
- Leadership and Connection
- Speaking Up

Additionally, there are a further three enabling workstreams:

- Communication and Engagement
- iMatter staff experience survey
- measurement and reporting

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Workstreams	2026/27 Objectives	Current year actions	Contribution to the Culture Programme Objectives
Health and Wellbeing Strategy	<ul style="list-style-type: none"> • Increase awareness, knowledge and access to wellbeing support and resources, and continue to test and establish new pathways of support. • Develop proactive approaches to improve mental and physical health and wellbeing in the workplace. • Implement interventions and support that contribute to the development of a healthy workplace culture and to SAS being a great place to work. • Enhance and build leadership capacity and capability from Aspiring Leaders to senior leadership level. 	<ul style="list-style-type: none"> • Evaluate the impact of the Staying Well Strategy 2024–27. • Develop the Health and Wellbeing Strategy 2027–2030. • Progress activity within the Workforce, Culture and Inclusion section of the SAS/NHS24 Joint Collaboration Board Joint Action Plan. 	<ul style="list-style-type: none"> • Increase trust • Improve care and connection between colleagues
Reducing Misogyny and Improving Sexual Safety	<ul style="list-style-type: none"> • Improve sexual safety and reduce misogyny in SAS. 	<ul style="list-style-type: none"> • Include a section on sexual safety and expected behaviours at work, linked to NHS values, within corporate and local induction programmes. • Deliver staff engagement sessions to develop awareness, understanding and reinforce expected behaviours. • Promote the sexual safety policy across management teams and clarify their responsibilities. • Deliver the Reducing Misogyny and Sexual Safety workshop across a range of stakeholder groups. • Gain Equally Safe at Work Accreditation. • Review our approach to investigations, building on learning from across the sector and NHS Scotland. 	<ul style="list-style-type: none"> • Increase trust • Improve care and connection between colleagues • Encourage more feedback • Improve the psychological safety to speak up

<p>Equality, Diversity and Inclusion Plan</p>	<ul style="list-style-type: none"> • To improve access and referral to the most appropriate care that is person-centred, safe and effective. • The experience of patients will improve through staff who are supported to deliver person-centred care. • The mental health of patients and staff is better supported, and access to appropriate care and wellbeing resources is improved. • We will increase our focus on supporting our staff with disabilities • We are fair and equitable in developing our policies and strategies, ensuring staff are treated consistently, with dignity and respect, in an environment where this is valued. • The diversity profile of our workforce reflects the communities we serve. • We are more responsive to the needs of black, Asian and minority ethnic staff and service users. 	<ul style="list-style-type: none"> • Publication of a mid-point report on progress against our mainstreaming and equality outcomes to meet our obligations under the Public Sector Equality Duty – April 2027 • Enhance strategic leadership on equality, diversity, inclusion (EDI) and human rights across the Scottish Ambulance Service (SAS) through our Equality, Diversity, and Inclusion Steering Group (EDISG). • Deliver a key milestone to improve the capture and analysis of both staff and patient equality data, including analysis of key clinical conditions to identify any gender-specific differences in patient experience. • Agree and implement our Anti-Racism plan and associated actions. • Community engagement: Work with stakeholders and staff to gain a better understanding of the needs of the people we serve and those we work with, to improve how we engage and communicate about our service. • Reverse Mentoring: Build on the success of Cohort 1 of the Reverse Mentoring programme focused on race and culture, which was launched in January 2026 and is now reaching a close. Future cohorts will focus on the needs of those with other protected characteristics • Continue to embed the Reducing Misogyny and Improving Sexual Safety Programme of work. 	<ul style="list-style-type: none"> • Increase trust • Improve care and connection between colleagues • Encourage more sharing of ideas • Improve the psychological safety to speak up
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		<ul style="list-style-type: none"> Support staff networks to implement their agree action plans. 	
Values in action	<ul style="list-style-type: none"> Set and live by our values and expectations Create a whole-organisation conversation on values in action to agree behavioural norms and standards. Provide tools and support mechanisms to enable teams to embed values and behavioural expectations into their ways of working. Mainstream values and behavioural expectations into our core people and operational processes, for example, job descriptions, recruitment, onboarding, development and appraisal. 	<ul style="list-style-type: none"> Identify a small working group to design the approach to a whole-organisation conversation for approval by the Executive Team. 	<ul style="list-style-type: none"> Increase trust Improve care and connection between colleagues Encourage more feedback Encourage more sharing of ideas Improve the psychological safety to speak up
Leadership and Connection	<ul style="list-style-type: none"> Learn from the whole-organisation conversation on values and behavioural expectations to agree a leadership profile and expectations, including: <ul style="list-style-type: none"> Setting vision and direction Collaboration and teamwork Supporting development Being flexible and open to change Assess current leadership capability against the leadership profile and expectations to identify and address barriers, for example, job design, and build on areas of good practice. Create development pathways and tools to identify future leaders and support current leadership development, aligned 	<ul style="list-style-type: none"> Create a small working group to oversee the development of the SAS leadership profile and expectations for recommendation to the Executive Team. Undertake a literature review and identify current NHS models to inform the SAS leadership profile. 	<ul style="list-style-type: none"> Increase trust Improve care and connection between colleagues Encourage more feedback Encourage more sharing of ideas Improve the psychological safety to speak up

	to our leadership profile and behavioural expectations.		
Speaking Up	<ul style="list-style-type: none"> • Increase psychological safety to speak up, share ideas, and provide feedback. • Build on the work already underway to publicise and provide safe reporting routes, such as whistleblowing. • Create new listening mechanisms and improve feedback loops. 	<ul style="list-style-type: none"> • Agree an Executive Sponsor to oversee further work to publicise and provide reporting routes, ensuring this work is aligned across staff, patient and stakeholder engagement strategies. • Agree an Executive Sponsor to oversee work to develop new listening mechanisms and increase feedback loops. 	<ul style="list-style-type: none"> • Increase trust • Encourage more feedback • Encourage more sharing of ideas • Improve the psychological safety to speak up
Communication and Engagement	<ul style="list-style-type: none"> • Consider the effectiveness of our communication channels and mechanisms for staff engagement and strategic messaging. 	<ul style="list-style-type: none"> • Identify options for a short review of effectiveness for consideration by the Executive Team. 	<ul style="list-style-type: none"> • Increase trust • Encourage more feedback • Encourage more sharing of ideas
iMatter staff experience survey	<ul style="list-style-type: none"> • Utilise iMatter as a year-long improvement cycle and the primary measure of organisational culture and staff experience. • Increase the iMatter response rate in 2026 from 55% in 2025. • Improve action planning, reporting and follow-through, using iMatter data to inform priorities and decision-making. 	<ul style="list-style-type: none"> • Increase support for leaders to ensure accountability for driving completion and acting on results. • Provide regular reporting and updates on progress against corporate and local action plans. 	<ul style="list-style-type: none"> • Increase trust • Improve care and connection between colleagues • Encourage more feedback • Encourage more sharing of ideas • Improve the psychological safety to speak up
Measurement and reporting	<ul style="list-style-type: none"> • Provide regular updates to ensure appropriate oversight of the Culture Programme. • Provide assurance and governance of organisational culture and staff experience. 	<ul style="list-style-type: none"> • Quarterly Culture Dashboard shared with the Staff Governance Committee. • Annual iMatter survey, with biannual reporting on action plan follow-through to the Staff Governance Committee. 	<ul style="list-style-type: none"> • Progress tracking • Programme evaluation • Providing assurance regarding organisational culture

		<ul style="list-style-type: none"> • Biannual reporting on local feedback and listening exercises to the Staff Governance Committee. • Objectives and feedback for each initiative will be measured and included in reporting to the Executive Team. • Biannual update on Programme progress to the Board. 	
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The Board is requested to approve the scope of the programme, which will be reviewed annually.

SECTION 9: GOVERNANCE, ASSURANCE and MEASUREMENT

The Culture Programme will form part of the Workforce and Wellbeing Portfolio. The Director of People and Culture is the Senior Responsible Officer for this portfolio. The Executive Team receives regular oversight and updates on the portfolio.

Progress updates will be provided to the Staff Governance Committee on a quarterly basis, and to the Board biannually. Assurance will be provided through regular measurement. It is recommended that the approach to measurement is as simple as possible, reserving capacity for action. Programme measurement will take four forms.

Tool	Approach	Timing	Assurance	
Culture Dashboard	Providing an operational temperature check	Quarterly	Dashboard to be approved by Exec in July and at SGC in September 2026	
iMatter	Formal measure of staff experience.	Annual survey with bi-annual updates on action planning	First update to Board in August.	
Reporting on local feedback and listening exercises	Providing insight into issues and opportunities for improvement	Bi-annual reporting	First update to SGC in September	
Objectives and feedback for each initiative will be overseen by the Executive Team.	Testing the effectiveness of specific initiatives	Quarterly	First update to SGC in September	

The Board are requested to approve the approach to governance, assurance and measurement.