



Public Board Meeting

30 September 2026

Item No 13

THIS PAPER IS FOR DISCUSSION

STAFF EXPERIENCE AND PERFORMANCE REPORT

Lead Director	Elise Gallagher, Director for People and Culture
Authors	Graeme Ferguson, Deputy Director of People and Culture Alison Ferahi, Head of Organisational Development & Wellbeing Fay McNicol, Head of Health and Safety Chris Carron, Head of Workforce Systems and Analytics Coralie Colburn, HR Manager (ER & Equalities)
Action required	The Board is asked to discuss the Staff Experience and Performance report.
Key points	Key points to note: • Total sickness absence Total sickness absence has decreased from 10.06% in July to 9.60% in August. There was a decrease in long-term (6.85%) and also a slight decrease in short-time absence (2.76%) against the previous month. • Our 'Staying Well' Service has supported 554 staff since launch to 15 September 2025 with mental health accounting for 92% of all referrals. • Appraisal data as of 7 September 2026 is continuing to show an upward trajectory with completed appraisals at 36.12% There are currently 1,514 in-progress appraisals, should these be completed alongside the 403 partially completed we would see our completed appraisals within SAS increase to 64.4% • The 2026 iMatter survey ran live from 26 May to 16 June. Our overall response rate was 62%, an increase of 7% from last year (55%), our Employee Engagement Index has increased from 67 to 69 and the 8-week action planning rate has increased from 68% to 83%. • STAT/MAN trajectory remains positive with 47 more modules moving into the Green (75 now in August as opposed to 21 in June when last reported)

Timing	This report seeks to present a cohesive and consolidated update on our overall staff experience, cultural transformation and workforce performance within SAS. It incorporates the previous separate reports on health, safety and wellbeing and introduces some new workforce performance metrics. We will continue to refine the report based on the feedback received.
Associated Corporate Risk Identification	Risk ID 4636 Risk ID 5651 Risk ID 5652 Risk ID 5653
Link to Corporate Ambitions	This paper relates to the following Corporate Ambition: • We will be a great place to work, focusing on staff experience, health and wellbeing.
Link to NHS Scotland's Quality Ambitions	This paper relates to 'Safe', 'Effective' and 'Person Centred' NHS Scotland's Quality Ambitions.
Benefit to Patients	The steps we are taking via our organisation wide staff experience commitments to support, nurture, retain, develop & enable our people to thrive at work which will in turn have a direct impact on improving the quality of care we provide to patients.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	An Equality Impact Assessment was completed on 8 July 2024 for our Health & Wellbeing Strategy 2024-27 and filed with the Service EDI Lead for publication on @SAS.



**Scottish
Ambulance
Service**

Working in Partnership with Universities



SCOTTISH AMBULANCE SERVICE BOARD

STAFF EXPERIENCE AND PERFORMANCE REPORT

ELISE GALLAGHER, DIRECTOR OF PEOPLE AND CULTURE

GRAEME FERGUSON, ACTING DIRECTOR OF WORKFORCE

ALISON FERAHI, HEAD OF OD & WELLBEING

FAY MCNICOL, HEAD OF HEALTH AND SAFETY

CORALIE COLBURN, SENIOR HR MANAGER

CHRIS CARRON, HEAD OF WORKFORCE, SYSTEMS AND ANALYTICS

SECTION 1: PURPOSE

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

SECTION 2: RECOMMENDATIONS

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

SECTION 3: DISCUSSION

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

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

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

Our Culture Programme led by the Executive Team and approved by the Board, demonstrates a clear organisational commitment to improving culture and staff experience and aligns with our 2030 Strategy. The Executive Team will oversee delivery of the programme and be accountable for ensuring progress is made across the organisation, while the Board will

Doc: 2026-09-30 Staff Experience & Performance Report	Pg 1	Authors: A Ferahi, F McNicol, C Colburn
Date: 2026-09-30	V 1	Review Date: November 2026

continue to receive updates and assurance on outcomes. We recognise that culture is not the responsibility of one team or department, but a whole-organisation priority that affects how we work together, how colleagues experience working in SAS, and ultimately the quality of care we provide to patients.

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

3.1 Employee Relations

3.1.1 National Employee Relations Activity

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

There has been an increase in cases in August with 180 total cases compared to 172 cases in July 2026. This is an increase against the August 2025 where there were 161 cases.

The number of staff suspended in August has increased from 10 in June to 11. The length of time individual staff have been suspended is below:

- Between 1 – 6 months: 6
- Between 6 – 12 months: 3
- Between 12 – 18 months: 2

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

Number of Conduct Cases by Theme	
Clinical Care	1
Driving	2
Falsification of records / Plagiarism	2
Fraud	2
Inappropriate or unprofessional behaviour	10
Non-adherence to policy	2
Sexual Safety / misconduct	2
Substance Misuse	1
Misuse of service vehicle	8
Other	13

3.1.2 People Services Hub

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

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

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

3274 enquiries have been received by the People Services Hub since its launch on 3rd February 2025 until 31st August 2026. 177 enquiries were received in August, which was an increase from June where we received 138 enquiries. The majority of enquiries come from employees themselves (1686 enquiries), closely followed by managers enquiring about a member of their team (1531 enquiries).

The Workforce Chatbot development and testing continues, with an initial rollout planned to take place in the coming weeks.

3.1.3 Rest Breaks

Rest breaks remain a significant challenge for the Service. SAS has reiterated its commitment to balancing the needs of patients with the wellbeing of staff by ensuring that crews are protected and rested within a shift.

In response to feedback from trade union colleagues, SAS and the trade unions have collectively agreed to simplify the currently agreed Additional Rest Break Protection options to the benefit of both frontline crews and Dispatch colleagues. This streamlined process has been in place since 06:00hrs on Friday 23rd May 2025. This process ensures SAS has a range of options to support the wellbeing of frontline crews and ensure a timely rest break can be facilitated.

In recognition of the current system pressures and periods of increased demand, should a crew reach the end of their first rest break window and feel they require additional protection to facilitate this rest break, this can be achieved by requesting to be made unavailable for a "Special Break".

An agreed SOP is now in place to support the test of change for the newly agreed Rest Breaks process.

3.1.4 Workforce Metrics

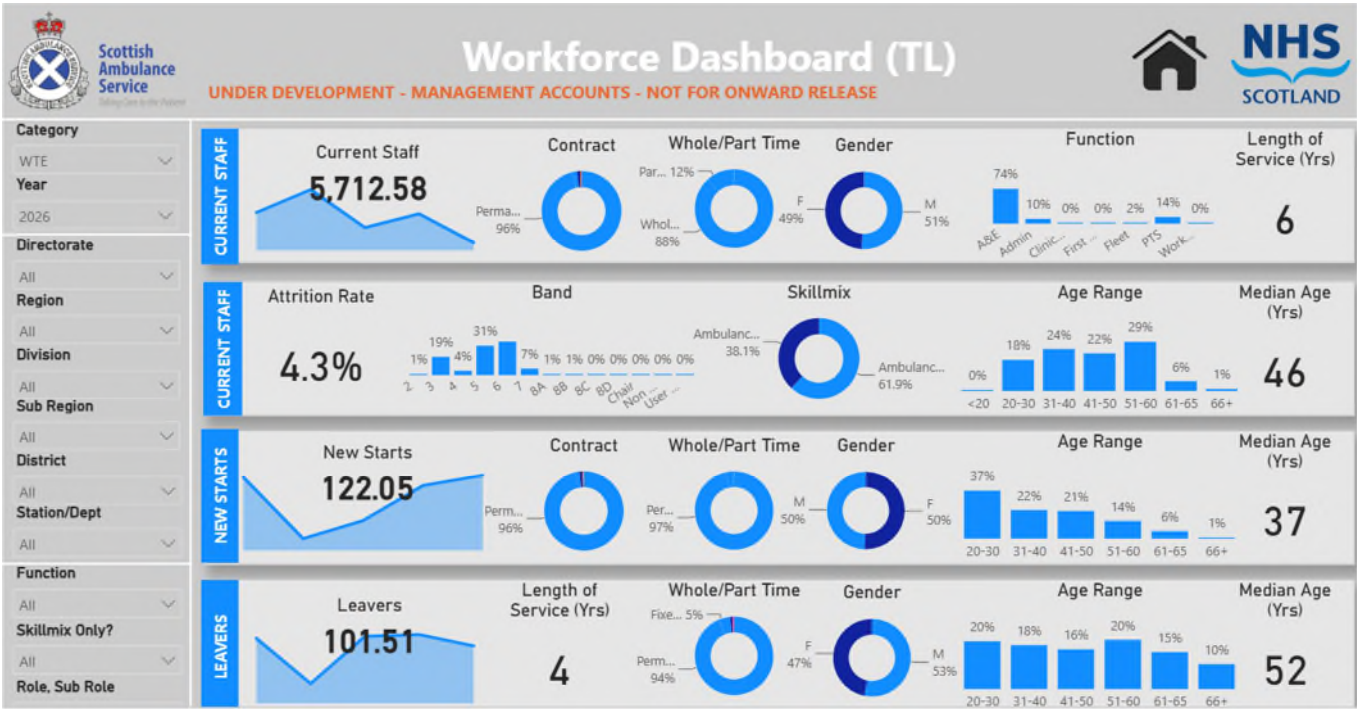
Following national guidance, an abridged Workforce Plan was submitted to the Scottish Government in March 2025, as requested by SG this had a particular focus on "difficult to recruit areas and roles" and more general workforce challenges. There is currently no specific request at national level for the submission of board level workforce plans and, following the

Doc: 2026-09-30 Staff Experience & Performance Report	Pg 1	Authors: A Ferahi, F McNicol, C Colburn
Date: 2026-09-30	V 1	Review Date: November 2026

recent announcement of NHS Scotland restructure it is unlikely that there will be any further guidance at this level.

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

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



3.1.5 Newly Qualified Paramedics

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

As indicated, following confirmation of the **£4 million of non-recurring Scottish Government funding** to support agreed service developments, including Community Urgent Care and

Doc: 2026-09-30 Staff Experience & Performance Report	Pg 1	Authors: A Ferahi, F McNicol, C Colburn
Date: 2026-09-30	V 1	Review Date: November 2026

expansion of the Integrated Clinical Hub, workforce projections are currently being revised as part of the finalisation of the SAS Workforce Plan (2027-2030). The additional investment is expected to support the recruitment of **circa 300 Newly Qualified Paramedics during the coming financial year**, subject to final workforce modelling and establishment approval processes.

The recruitment programme has now progressed to the interview stage, with approximately **330 candidates scheduled to attend interviews over the next month following fitness test failures and withdrawals**.

Subject to interview performance, the quality and volume of candidates may enable SAS to make appointments in excess of previous projections; however, any increase in recruitment numbers would need to be balanced against existing training, practice education and estate capacity constraints.

3.1.6 Sickness absence levels

Total sickness absence during the last reporting period has decreased from 10.06% in July to 9.60% in August. This is an increase compared to August 2025, when total sickness absence sat at 8.85%. There was a 0.4% decrease in long-term (6.85%) and also a 0.04% decrease in short-time absence (2.76%) against the previous month.

The Attendance Management Project Board is now in place 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, that our internal processes are applied consistently and to look at examples of innovative and best practice from elsewhere.

A new attendance dashboard is currently being trialled within SAS and is being progressively rolled out to managers at all levels in order to provide access to significantly more attendance-related data than ever before. As part of this programme, the views of staff are being sought about the attendance management process itself with particular emphasis on those who have been directly involved in the process.

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

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

3.1.7 Occupational Health Activity

Occupational Health remains a challenge, as the whole NHS recruits at the same time for the graduate Doctors, Nurses, Physiotherapists, Dentists as well as our own Paramedics and normal day to day SAS recruiting. The results of that are delays in OH Pre-Employment clearances and the normal management referrals. A meeting took place on 24/06/2025 with

Doc: 2026-09-30 Staff Experience & Performance Report	Pg 1	Authors: A Ferahi, F McNicol, C Colburn
Date: 2026-09-30	V 1	Review Date: November 2026

Public Service Delivery OH, the consortium of boards OH and SAS to discuss the SLA (which remains out of date) and agree a continuation for a 12-month rolling year.

The initial meeting was positively received by all and agreements made as to how to improve the service. The SAS Staying Well Service, e.g. what they do and how to access it and what services they can offer, was shared with OH along with the Health Mind Policy and guidance. Details of the Health Passport, the managers guidance and employee guidance, and the OH driving standard were also provided.

It has also been agreed that the service will arrange some training events for OH nurses/Doctors to allow them to gain a better understanding of the equipment we use, the jobs we do, what can and cannot be facilitated as reasonable adjustments. They were all very keen to engage and conversations have commenced with local Heads of Service to free up a vehicle, kit etc.

Short term arrangements for support are being provided by NHS Lanarkshire until October; however, it is anticipated that this will continue, and they will be offered the opportunity to become part of the consortium going forward.

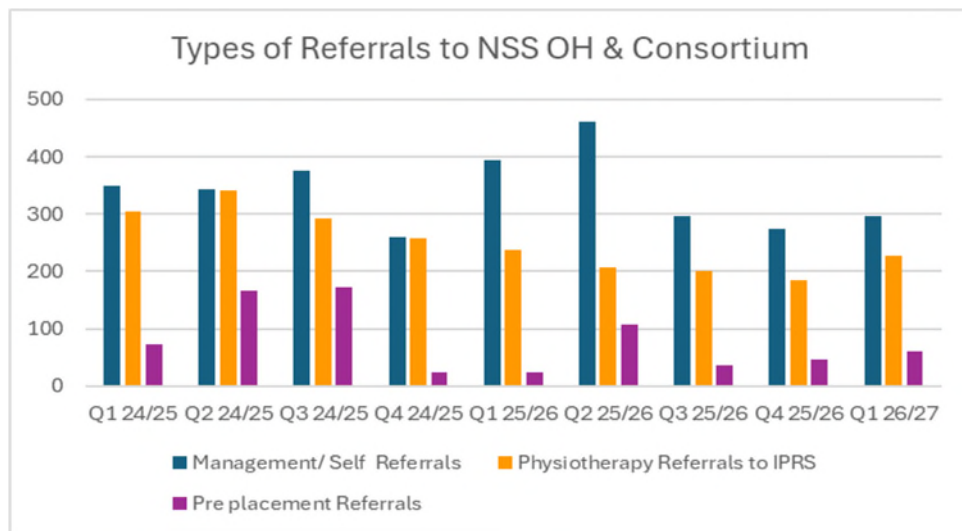
PSD OH have also recently recruited and will be in a better position to support going forward.

In addition, Occupational Health has advised that they will not be taking direct referrals from TRiM due to the retiral of a staff member in OH. This will place an increased pressure on our Staying Well service. An initial discussion has taken place, and a follow up date is being arranged to facilitate a change on how we manage TRIM and Keil referrals.

IPRS our current provider of the fast-track physio service, continues to work well albeit the contract is out of date. The tender went live for fast-track physio provision and interested parties have come back to ask for some further information, which ourselves and PSD are answering. IPRS have built a new electronic referral system, and this was launched on August 3rd. Managers are able to electronically refer staff, and staff are sent a link to book an appointment date. To date all the feedback has been positive with 70 % of staff that have been referred booking their appointments electronically, the other 30% being booked manually by telephone. This will reduce the time waiting for PSD OH sending the referral to IPRS, also improving GDPR security as it is going directly into the IPRS System as opposed to being sent over email. It will also reduce administrative time for PSD OH. All completed documents will continue to be uploaded on staff OH record on PSD's system.

Doc: 2026-09-30 Staff Experience & Performance Report	Pg 1	Authors: A Ferahi, F McNicol, C Colburn
Date: 2026-09-30	V 1	Review Date: November 2026

Data for Q1 (2025/26) received from NSS:



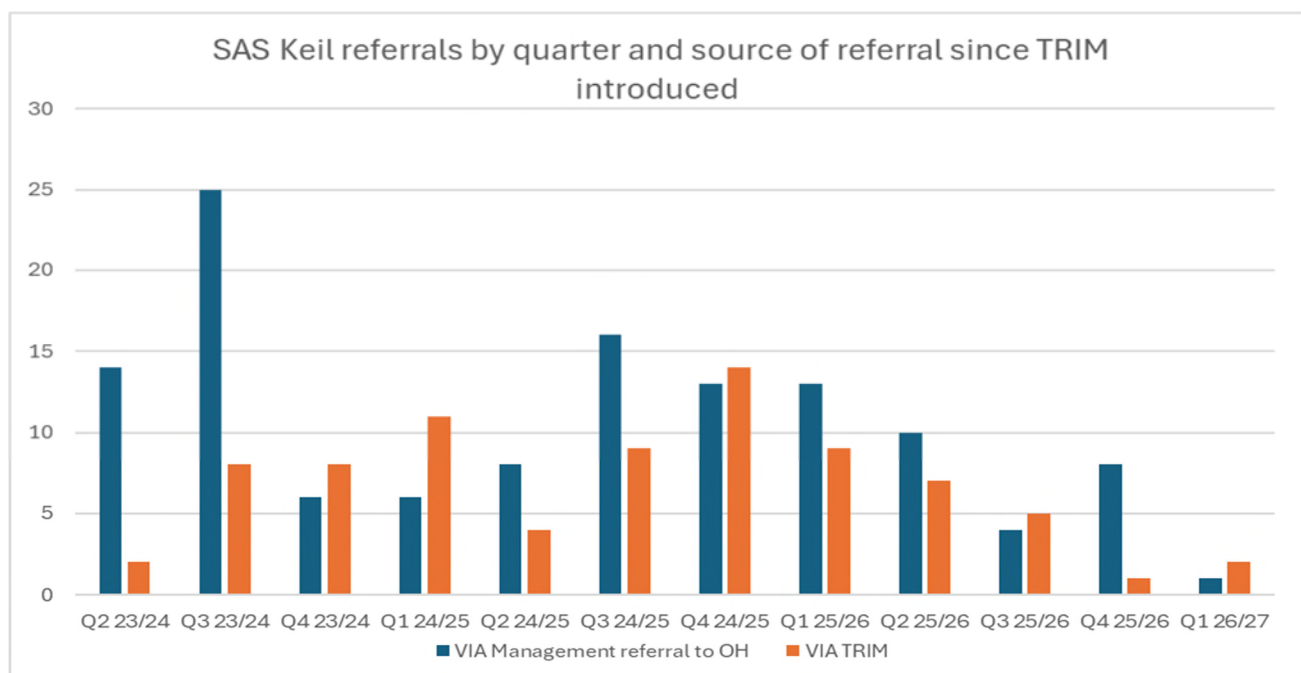
Occupational Health Management Referrals

There have been 527 referrals submitted this fiscal year, The main initial triage categories remain the same: anxiety/stress/depression and other psychiatric illness being the highest.

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

Keil Referrals

There were 3 TRIM referrals in Q1 (table below) this shows the number of staff referred through management referral and through TRIM from its introduction to the service.



3.2 HEALTH & WELLBEING STRATEGY 2024-27

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

Our six priorities for 2026/27 are:

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

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

The six Culture Programme workstreams are:

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

Activity is now moving from programme planning into coordinated delivery, with visible outputs, measurable milestones and regular progress updates will be reported to the Board.

3.2.1 Staying Well Service

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

We have had 554 referrals since launch on 1 December 2025 – 15 September 2026. The following table highlights the number of referrals per month since launch of the Staying Well service on 1 December 2025.

Doc: 2026-09-30 Staff Experience & Performance Report	Pg 1	Authors: A Ferahi, F McNicol, C Colburn
Date: 2026-09-30	V 1	Review Date: November 2026

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

Month	Number of Referrals	Total
December 2025	27	27
January 2026	37	64
February 2026	35	99
March 2026	43	142
April 2026	46	188
May 2026	84	272
June 2026	92	364
July 2026	75	439
August 2026	73	512
September 2026 (up until 15 th)	42	554

The table below gives an overview of the reasons for referral to this service on a percentage basis as of 15 September 2026.

Mental health referrals account for 92% of the total number of referrals – this has increased significantly since the inception of the service.

Reason for Referrals to Staying Well Service as of 15 September 2026

Reason for Referral	% of Referrals
Mental Health	92
TRiM	4
Bereavement	1
Women's Health	1
Physical Health	1
Financial	1

The interim evaluation shows positive progress and the agreed 12-month outcomes have been achieved within 7½ months, but there is a need for additional accessible mental health pathways to keep pace with the growing demand & complexity of referrals.

The evaluation report was discussed at the last PPSG meeting and has also been discussed at the August Executive Team meeting.

3.2.2 Trauma Risk Management (TRiM)

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

We have had 812 referrals since launch from the end of June 2023 as highlighted in the table below. Of these referrals 306 have been from the West Region, 309 from the East Region, 145 from the North Region, 52 from National Operations with a total of 149 onward referrals to Occupational Health or the Staying Well Service.

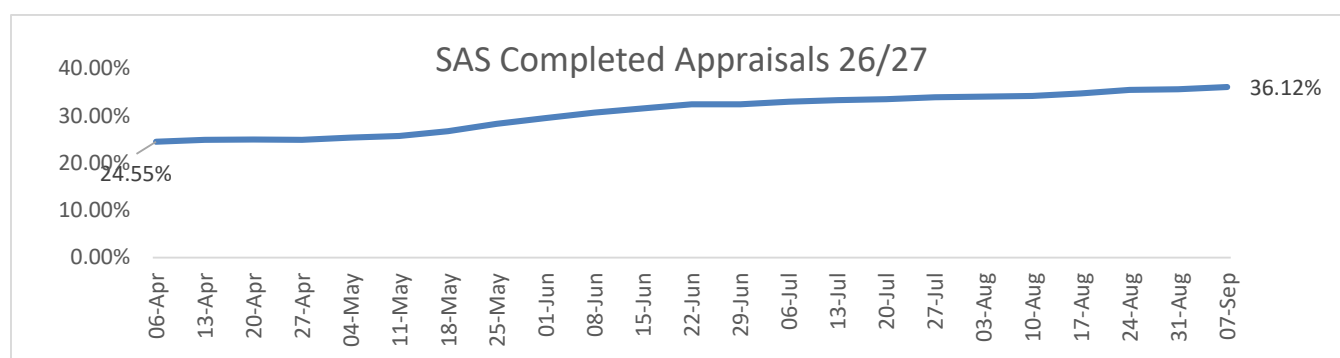
The previously agreed fast-track route for TRiM referrals with high trauma scores to the Keil Centre is no longer available. Consequently, all TRiM referrals are now managed initially through Staying Well, placing additional demand on the service.

TRiM Referrals since launch of service end June 2023

Month	Number of Referrals	Total
July 2023 – March 2026	700	700
April 2026	18	718
May 2026	23	741
June 2026	19	760
July 2026	20	780
August 2026	27	807
September 2026 (up until 15 th)	5	812

3.2.3 Employee Development – Appraisal

SAS appraisal completion continues on an upward trajectory, reaching 36.12% as at 7 September 2026.

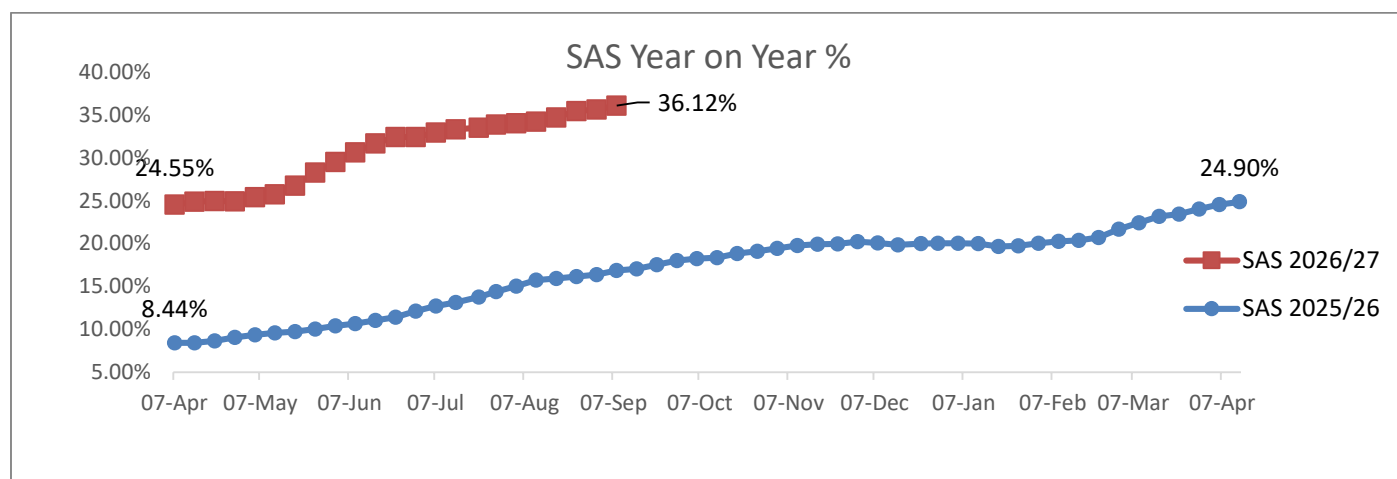


The current trajectory continues to outperform last year significantly, providing confidence that the organisation remains on track to achieve a substantially stronger appraisal position than in 2025/26. Sustaining this momentum while focusing on consistency and quality will be critical in the coming months as appraisal activity moves from early engagement to embedding meaningful performance and development conversations across SAS.

Key actions over the coming months include:

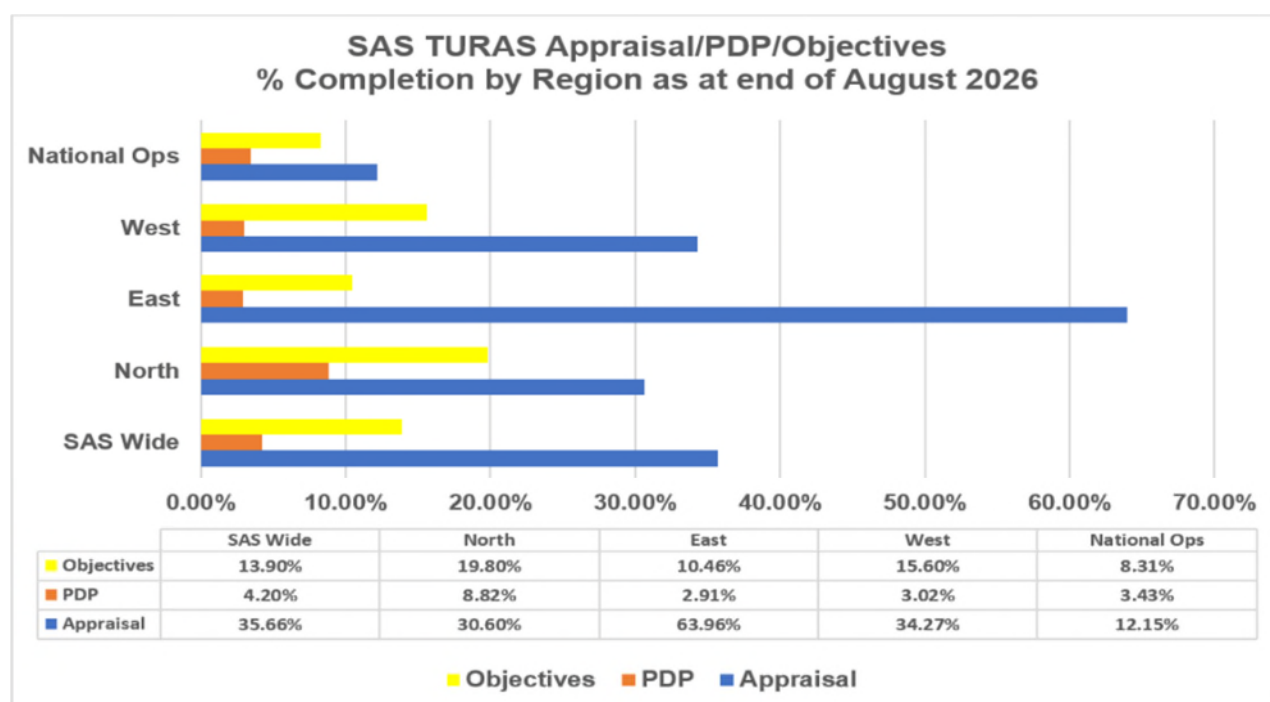
- Continued monitoring of completion rates at national, regional and directorate level to maintain visibility of progress and identify areas requiring additional support.
- Targeted engagement with leadership teams in lower-performing areas to accelerate completion and reduce variation across the organisation.
- Sharing learning and effective approaches from teams demonstrating sustained performance and strong completion trajectories.

- Maintaining regular communications to reinforce the importance of timely, meaningful appraisal conversations and their contribution to organisational priorities.
- Using reporting and insight to focus support where completion rates are lagging, ensuring barriers are identified and addressed early.
- Beginning to consider the quality and impact of completed appraisals, ensuring high completion rates translate into meaningful development, engagement and performance outcomes.



There are currently 1514 in-progress appraisals, should these be completed alongside the 403 partially completed we would see our completed appraisals within SAS increase to 64.4%.

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



3.2.4 iMatter Staff Experience Survey

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

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

iMatter Performance 2023 – 2026

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

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

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

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

3.2.5 Learning and Development

Statutory and Mandatory Training Compliance

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

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

The 'Once for Scotland' (OFS) statutory and mandatory modules were launched on 2 March 2026. Of the nine modules (OFS), SAS was currently delivering eight, with the remaining Fraud Awareness module now added. While refresher periods vary, overall requirements are

Doc: 2026-09-30 Staff Experience & Performance Report	Pg 1	Authors: A Ferahi, F McNicol, C Colburn
Date: 2026-09-30	V 1	Review Date: November 2026

expected to balance over time, with some modules requiring less frequent completion and two requiring more frequent renewal.

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

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

Completion of all 13 modules remains a challenge, **but the trajectory remains positive with 47 more modules moving into the Green (75 now in August as opposed to 21 in June when last reported)** and we will continue to monitor this to achieve 100% completion rate for all prescribed modules, which is the goal. The Staff Governance Committee agreed a stepped approach to compliance with 80% being the target set for now and this will be reviewed in Q2 2026.

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

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

% Compliance at date of report	ACC	ScotStar	East Central	NHQ/SAC	NRRD	North	South East	South West	West Central	Date of last data	
Basic Life Support (SAS)	65	74	83	58	83	73	80	86	65	02/09/2026	
Fire Safety (OfS)	63	74	83	60	81	75	79	85	65	02/09/2026	
Health and Safety Awareness (SAS)	74	77	85	62	89	75	83	86	65	02/09/2026	
Why Infection Prevention and Control matters (OfS)	54	66	75	52	78	70	70	83	53	02/09/2026	
Initial Operational Response (SAS)	62	66	75	53	87	68	76	83	55	02/09/2026	
Understanding equality, diversity and human rights (OfS)	57	70	77	56	81	69	72	83	56	02/09/2026	
Manual handling (OfS)	72	76	86	64	89	78	84	87	65	02/09/2026	
Display Screen Equipment awareness	73	75	84	62	87	75	83	87	63	02/09/2026	
PREVENT Duty Awareness (SAS)	60	63	75	53	82	68	72	83	55	02/09/2026	
Child protection and adult support and protection (OfS)	58	68	77	55	76	72	75	83	59	02/09/2026	
Public Protection - child protection and adult support and protection for SAS staff	58	64	77	54	77	69	73	82	57	02/09/2026	
Safe information handling (OfS)	59	70	77	57	83	72	71	82	56	02/09/2026	
Cyber Security (OfS)	54	64	61	51	73	62	59	71	48	02/09/2026	
Prevention and management of violence and aggression (OfS)	71	75	86	61	86	76	82	87	63	02/09/2026	
Fraud Awareness (OfS) (NEW spring 2026)	46	60	55	45	60	56	50	64	41	02/09/2026	
Completion Status	Under 50% Compliance			50-79% Compliance			Over 80% Compliance				
	Non Compliant			Partially Compliant			Compliant				
	Go Live 2nd March										
Total	Aug	Sept	Oct	Dec	Jan	Feb	Apr	May	June	July	August
	23	21	22	21	16	19	27	25	20	8	4
	89	91	90	90	94	91	98	99	94	99	56
	5	5	5	6	7	7	10	11	21	28	75
	117	117	117	117	117	117	135	135	135	135	135

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

Doc: 2026-09-30 Staff Experience & Performance Report	Pg 1	Authors: A Ferahi, F McNicol, C Colburn
Date: 2026-09-30	V 1	Review Date: November 2026

SECTION 3.3 EQUALITY, DIVERSITY AND INCLUSION

3.3.1 Sexual Safety Programme Update

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

- The Executive Team is currently discussing bespoke cultural interventions in order to embed a more inclusive and person-centred approach to staff engagement and staff relations. This is a key element of focus of our agreed Culture Programme.
- 244 staff (as of end June 26) have completed the preventing and responding to sexual harassment Turas module and discussions taking place to include this as part of the statutory and mandatory list of modules for all staff
- Workshops are now included in the new ACA and NQP induction training weeks with EPDD. There is a plan to include this workshop in the next round of LiP ensuring it is built into the programme, will likely begin roll out in 2027. Discussions are ongoing to increase the number of front-line staff attendance on this important workshop.
- Sexual Abuse and Sexual violence awareness week was 3 – 8 February and we included topics in our 'live well, work well' newsletter for to share key messages and content
- A group of managers will be trained to carry out the most serious/complex investigations, including sexual misconduct – to enhance the speed and quality of investigation processes and outcomes limiting harm where possible. **Original dates planned for 16th and 17th September have been cancelled due to NQP recruitment. A train the trainer/CPD session, with Bron Biddle (specialist trainer) for HR team will be taking place on 25th September. This will give us more ability to carry out this specialist training for our investigating managers and decision makers. It is currently being adopted in a number of the other UK services.**
- We have created an anonymous guidance document to support the handling of anonymous complaints and encourage consistency and a robust process. This being reviewed with the HR team and WPSG for approval and distribution
- We have developed key metrics /KPIs to assess the impact of these initiatives on staff and our ultimate objective to prevent these types of behaviours in our workplace- these metrics will be gathered and included in an update report biannually
- We are now progressing our aim to gain Equally Safe at Work accreditation during 2026 and have submitted our request with Close the Gap.
- We continue to engage with student paramedics at the Universities and deliver sessions in conjunction with our OD team. Student website pages are live with more details
- We are in process of creating manager guides to go alongside the sexual safety policy. We are planning manager-specific sessions in conjunction with HCPC during 2026 to raise awareness of sexual misconduct in the workplace and their responsibilities when a member of staff approaches them to make a report.

3.3.2 General EDI update

Doc: 2026-09-30 Staff Experience & Performance Report	Pg 1	Authors: A Ferahi, F McNicol, C Colburn
Date: 2026-09-30	V 1	Review Date: November 2026

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

The midway report on the Mainstreaming and Equality Outcomes 2025-2029 is due for publication in April 2027. A timeline for consultation will be brought to next NPF.

Members of the Disability Network attended the National Ambulance Disability Network in July. Key updates focussed on Reasonable Adjustments guidance, Uniforms for those with disabilities and Neurodiversity Support Pledge.

For the next Board, a more detailed update from the EDI Project Officer will be provided. The report will cover the broader EDI work across the EDI agenda.

3.4 COMPLIANCE

Health and safety update

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

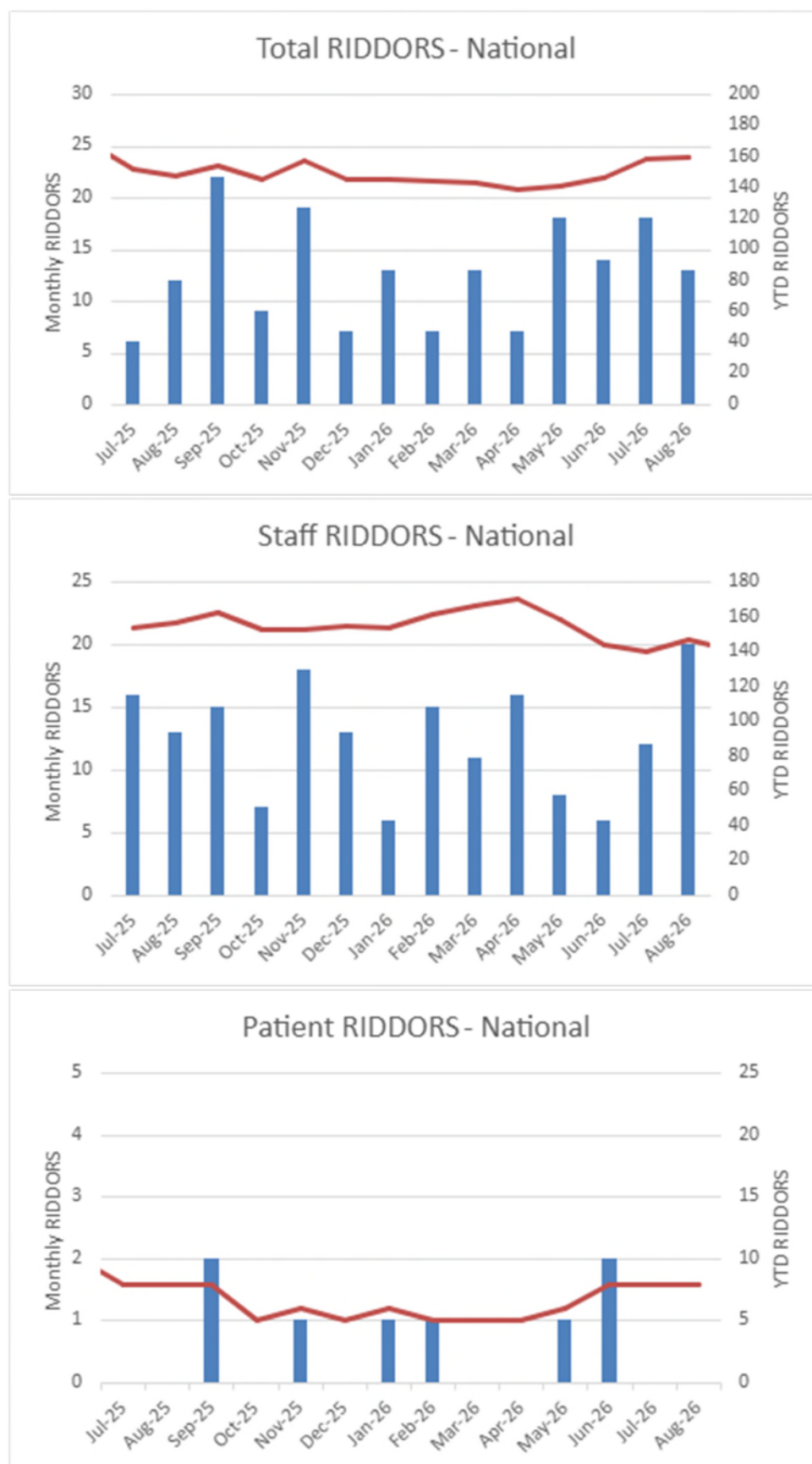
There has been 1 HSE involvement this reporting period. The HSE have contacted the service and NHS Highland in relation to the incident last year that we have both provided information for previously. They wanted to authenticate documents that we have previously provided. They have provided no further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

Accidents

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

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

Doc: 2026-09-30 Staff Experience & Performance Report	Pg 1	Authors: A Ferahi, F McNicol, C Colburn
Date: 2026-09-30	V 1	Review Date: November 2026



RIDDOR

There were:

Doc: 2026-09-30 Staff Experience & Performance Report	Pg 1	Authors: A Ferahi, F McNicol, C Colburn
Date: 2026-09-30	V 1	Review Date: November 2026

- 18 July (this includes 12 patient handling, 3 other handling, 2 slip/trip /fall same level, 1 fall from height)
- 13 August (this includes 6 patient handling, 1 needlestick, 2 slip/trip/fall same level, 3 physical assault, 1 struck by/against).

Doc: 2026-09-30 Staff Experience & Performance Report	Pg 1	Authors: A Ferahi, F McNicol, C Colburn
Date: 2026-09-30	V 1	Review Date: November 2026