



NOT PROTECTIVELY MARKED

| | | |
|--|--|------------------------------------|
| Public Board meeting | | 28 January 2026 Item 14 |
| THIS PAPER IS FOR NOTING | | |
| HEALTH AND CARE STAFFING ACT Q2 2025 BOARD REPORT | | |
| Lead Directors | Emma Stirling, Director Care Quality and Professional Development | |
| Author | Andrew Carruthers, Associate Director Care Quality and Professional Development | |
| Action required | To note the information provided in this paper which outlines the extent to which SAS is complying meeting its duties under the Health and Care (Staffing)(Scotland) Act 2019 (hereafter known as the "Act"). | |
| Key points | <ul style="list-style-type: none"> - Reports received from all areas - This is the first report with Integrated Clinical Hub reporting separately to reflect the division between clinical and non-clinical professional lines within ACC. - SAS has established systems and processes in place that are able to accurately describe its position. - Quarterly reports moved to use of RAG statuses as encouraged by Healthcare Improvement Scotland. - The overall position in SAS remains stable. - The Real-Time Staffing reporting tool is now available via InPhase. | |
| Timing | <p>The report has been presented to the Executive Team for approval prior to submission to the Board.</p> <p>This paper is presented as part of the duties under section 12IF of the Act for individuals with lead clinical professional responsibility to report to the Board on at least a quarterly basis on the extent to which SAS is complying with the duties of the Act.</p> | |
| Associated Corporate Risk Identification | Risk IDs- Please see Appendix 1 | |

| | |
|---|--|
| Link to Corporate Ambitions | Compassionate safe and effective care; Great place to work, focusing on staff experience, health and well-being; Innovate to improve care and enhance resilience and sustainability of services; Deliver net zero climate targets. |
| Link to NHS Scotland's Quality Ambitions | Safe Effective Person-centred |
| Benefit to Patients | Promotes the delivery of high-quality healthcare to support the health, well-being and safety of patients. |
| Equality and Diversity | No adverse impact has been detected. |



NOT PROTECTIVELY MARKED

SCOTTISH AMBULANCE SERVICE BOARD

**HEALTH AND CARE (STAFFING)(SCOTLAND) ACT 2019 Q1 2025
REPORT**

**ANDREW CARRUTHERS, ASSOCIATE DIRECTOR CARE QUALITY
AND PROFESSIONAL DEVELOPMENT**

SECTION 1: PURPOSE

To provide a quarterly compliance report to the Board by the individuals with lead clinical professional responsibility.

SECTION 2: EXECUTIVE SUMMARY

Reports have been received from all areas. This is the first time the Integrated Clinical Hub has reported separately, facilitating a complete organisational picture of our alignment to the Act.

NHS system wide pressures continue to impact SAS's ability to be appropriately staffed at all times.

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

SECTION 3: RECOMMENDATIONS

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

SECTION 4: BACKGROUND

The Act provides the statutory basis for the provision of appropriate staffing in health and care services and is applicable to call takers, dispatchers, ambulance care assistants, technicians, paramedics, nurses and medics within SAS. Many of the Act requirements (Appendix 2) are not new concepts however they must now be applied consistently within all the named roles to:

- Enable safe, high-quality care and improved outcomes for people

| | | |
|-----------------------------------|-------------|---------------------------------|
| Doc: SAS Board paper HCSA Q2 2025 | Page 3 | Author: Associate Director CQPD |
| Date: 2026-01-28 | Version 0.1 | Review Date: - |

- Support the health, well-being and safety of patients and the well-being of staff

The Act's Guiding Principles (Appendix 3) are applicable to all duties and responsibilities and are equally important.

The Act's accompanying [Statutory Guidance](#) describes the internal quarterly reporting requirements as:

- Quarterly (minimum) reports by Board Level Clinical Leaders (Executive Directors of Medicine and Care Quality and Professional Development) to members of the Board on their individual views of compliance of the relevant roles in scope under their leadership against all Act requirements to ensure appropriate staffing.

Appendix 4 details the information required within these reports of which the Board must take regard.

SECTION 5: DISCUSSION

The contents of this report are based upon self-assessment reports provided by operational regions East, West and North, Scheduled Care, ScotSTAR, EPDD, ACCs, ICH and Advanced Practice.

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

For each of the duties, areas are asked how assured they are that the services in their area have defined systems processes that are aligned with the duty defined in the Act and embedded in practice.

The options were previously reported as:

1. Green (substantial assurance) - Systems and processes are in place for, and used in, all services.
2. Yellow (reasonable assurance) - Systems and processes are in place for, and used in, 50% or above of services but not all of them.
3. Amber (limited assurance) - Systems and processes are in place, and used in, under 50% of services.
4. Red (No assurance) - No systems are in place for any service.

HIS Have recently updated their guidance for assurance levels and they will be reported by the following in future reports:

| Level of assurance | System adequacy | Controls |
|-----------------------|--|--|
| Substantial assurance | A sound system of governance, risk management and control exists, with internal controls operating effectively and being | Controls are applied continuously or with only minor lapses. |

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

Duty to ensure appropriate staffing

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

It should be noted that the ICH remains a test of concept and to define the model further we need to consider if we have the right number of clinicians at any hour of the day, we are currently using GPs to match demand as far as reasonable within the current financial envelope. An ICH business case is in progress.

Advanced Practice reported they were appropriately staffed at all times this quarter following recruitment.

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

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

The embedded use of the InPhase risk management system by staff provides useful triangulation. Q2 2025 data shows decreases in reported risks concerning meal breaks and excessive workload compared to Q3 2024 and Q1 2025 as seen below, likely as winter pressure subsides. The Act requires the consideration of staff well-being in so far as it impacts our ability to deliver safe and high-quality care. The majority of these InPhase reports are categorised by the reporter as Negligible - No Impact to Organisation or Injury however SAS recognises the cumulative effect on staff which is also reflected in partnership concerns.

| | July 2025 | Aug 2025 | Sept 2025 | Q2 2025 Total | Q1 2025 Total | Q3 2024 Total |
|-------------------------------------|-----------|----------|-----------|---------------|---------------|---------------|
| Rest Break Complaints/Issues | 31 | 28 | 19 | 78 | 100 | 294 |
| Excessive Workload/Fatigue | 2 | 3 | 4 | 9 | 35 | 33 |

The use of RAG statuses is encouraged by Healthcare Improvement Scotland. SAS has shown improvement this quarter in this duty and sits at yellow, reasonable assurance.

Duty to ensure appropriate staffing: agency workers

Area 12IB: Duty to Ensure Appropriate Staffing: Agency Workers

| | |
|-------------------|-----------------------|
| West | Substantial Assurance |
| East | Substantial Assurance |
| North | Substantial Assurance |
| Advanced Practice | Substantial Assurance |
| ACC | Substantial Assurance |
| Scheduled Care | Substantial Assurance |
| ScotSTAR | Substantial Assurance |
| ICH | Substantial Assurance |

The Act requires a separate report to the Scottish Government quarterly listing high-cost agency use. Work with Procurement and Finance has indicated that area reporting will best identify usage.

SAS did not employ any agency staff meeting the reporting criteria in Q2 2025. This position is expected remain. There is high confidence that our systems and processes are consistently collecting accurate data.

Our RAG status is green, substantial assurance.

Duties to have real-time staffing assessment; risk escalation; and arrangements to address severe and recurrent risks

| Area | 12IC: Duty to Have Real-Time Staffing Assessment in Place |
|-------------------|---|
| West | Substantial Assurance |
| East | Substantial Assurance |
| North | Substantial Assurance |
| Advanced Practice | Substantial Assurance |
| ACC | Reasonable Assurance |
| Scheduled Care | Substantial Assurance |
| ScotSTAR | Substantial Assurance |
| ICH | Reasonable Assurance |

| Area | 12ID: Duty to have risk escalation in place |
|-------------------|---|
| West | Substantial Assurance |
| East | Substantial Assurance |
| North | Substantial Assurance |
| Advanced Practice | Substantial Assurance |
| ACC | Limited Assurance |
| Scheduled Care | Reasonable Assurance |

| | |
|----------|-----------------------|
| ScotSTAR | Substantial Assurance |
| ICH | Reasonable Assurance |

| Area | 12IE: Duty to have arrangements to address severe and recurrent risks |
|-------------------|---|
| West | Substantial Assurance |
| East | Substantial Assurance |
| North | Reasonable Assurance |
| Advanced Practice | Substantial Assurance |
| ACC | Limited Assurance |
| Scheduled Care | Substantial Assurance |
| ScotSTAR | Substantial Assurance |
| ICH | Limited Assurance |

SAS leverages its current systems and processes to deliver an accurate, real-time overview of demand and capacity. This is continuously managed by operational managers, strategic operational managers and Directors, as well as through regional and national escalation plans. Historical data is utilised to identify severe and recurrent risks, allowing for the modelling and planning of future demand levels. Additional resources are scheduled to adapt to fluctuating demand. There is an established practice for staff to promptly report any staffing concerns through their team leaders or managers, and to file an InPhase incident report if necessary. **ACC report they have introduced an additional weekly operational meeting for all of ACC to help improve assurance.**

The reductions in the working week and protected learning time introduction have the potential to impact service capacity. This is being mitigated through roster design and workforce planning.

There is a requirement for real-time staffing concerns to be risk assessed and escalated as required. All individuals involved must be informed of the outcome and be given the chance to disagree and to request a review of the decision. National tools provided rely on the use of the RLDatix SafeCare software or on TURAS. Both require onboarding of staff. Within SAS we have implemented this process via the newly launched InPhase system. To date we have had no requests for reviews in staffing submitted in SAS.

The move to InPhase increases opportunities for staff to report risk as the system does not need to be accessed via an intranet computer. Staff will be informed of the outcome, and the desire is to link our in-house tool to the InPhase report number.

ACC report the development of REAP Escalation triggers and actions are in progress for their area, which includes staffing levels. This will address having risk

escalations in place. ICH recognise that there is further work required to embed safe staffing and risk escalation into current processes.

The identification of severe and recurrent risks is accomplished through analysis of risk reports and our risk register. It is recognised that Partnership also contributes through regional and national forums to identification. This will be supplemented by the Real-time Staffing reporting tool. North has reported the ongoing recurrent risk of lost hours to delayed hospital handovers. Mitigating actions include the use of additional HALOs, the implementation of the High Escalation Plan and the use of the offload SOP to free up ambulance resources for immediately life-threatening calls. These actions are in conjunction to the collaborative work between Boards.

SAS have had no requests for reviews therefore we have been unable to test the process. In the coming months we plan to do a mock request for review to give assurance we have the processes in place. The overall RAG status across these duties is yellow, reasonable assurance.

Duty to seek clinical advice on all staffing decisions

| Area | 12IF: Duty to seek clinical advice on staffing |
|-------------------|--|
| West | Substantial Assurance |
| East | Substantial Assurance |
| North | Substantial Assurance |
| Advanced Practice | Substantial Assurance |
| ACC | Reasonable Assurance |
| Scheduled Care | Substantial Assurance |
| ScotSTAR | Substantial Assurance |
| ICH | Substantial Assurance |

Rosters have, and continue to be, developed through a data-driven demand and capacity programme in collaboration with staff and with clinical input. Our workforce planning teams adhere to the Business Rules for rostering staff and consult directly with operational managers when clinical input is required. These rules are under review, with the legislation being considered in the process. As not all operational managers have a clinical background, advice is sought from appropriately qualified staff who are available 24/7.

ACC continue to report a red RAG status for this duty. Previous discussions reflected that clinical input into the call taker and dispatcher roles centred around the Clinical Response Model, call scripts and categorisation of calls. Clinical feedback mechanisms exist which follow the Clinical Governance Framework. It was therefore felt that appropriate clinical advice is taken with regards to staffing these roles.

Advanced Practice expressed uncertainty in this duty as a division exists between clinical professional lines and managerial responsibility for the team. This requires further consideration to ascertain the role of clinical input into staffing decisions in this area.

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

Duty to ensure adequate time given to leaders

| Area | 12IH: Duty to ensure adequate time given to clinical leaders |
|-------------------|--|
| West | Substantial Assurance |
| East | Reasonable Assurance |
| North | Reasonable Assurance |
| Advanced Practice | Substantial Assurance |
| ACC | Limited Assurance |
| Scheduled Care | Limited Assurance |
| ScotSTAR | Reasonable Assurance |
| ICH | Reasonable Assurance |

3 specific requirements are specified under this duty. Organisational areas were asked to respond whether there were available time and resources in each always, sometimes or never.

| Area | To supervise the meeting of the clinical needs of the patients in their care | To manage, and support the development of, the staff for whom they are responsible | To lead the delivery of safe, high-quality and person-centred healthcare |
|-------------------|--|--|--|
| West | Sometimes | Sometimes | Sometimes |
| East | Always | Sometimes | Sometimes |
| North | Sometimes | Sometimes | Always |
| Advanced Practice | Always | Sometimes | Always |
| ACC | Sometimes | Sometimes | Sometimes |
| ScotSTAR | Always | Always | Always |
| ICH | Sometimes | Sometimes | Sometimes |

ScotSTAR and Advanced Practice benefit from protected learning time for all staff. This contributes to their ability to meet the needs of staff and patients under the requirements. Where protected time is not available the ability to manage and support the needs of staff, through appraisal, is adversely affected. This is further impacted by high demand and extended hospital turnaround times making staff unavailable, or unreliable, to attend appraisal appointments. Concern was also voiced that whilst operational staff numbers had increased there was no increase in leadership capability to match.

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

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

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

The Regions reported that the Demand and Capacity review increased staff numbers, but they have also seen an increase in flexible working arrangements, including part-time working, which requires more resource. The East Region report recruiting to additional Resource Planners and are testing a different model of leadership in the Borders. The North Region report Resource Planning Teams work closely with CTLs/ASMs to ensure DFLM time is protected and used effectively for leadership development. The North have also recruited additional HALOs for the winter period to ease the potential burden on CTLs.

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

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

| | | |
|-----------------------------------|-------------|---------------------------------|
| Doc: SAS Board paper HCSA Q2 2025 | Page 11 | Author: Associate Director CQPD |
| Date: 2026-01-28 | Version 0.1 | Review Date: - |

Duty to ensure appropriate staffing: training of staff

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

This duty encompasses training to ensure that staff are qualified and competent in their roles and in executing the responsibilities mandated by the Act. The legislation does not negate the need for registered staff to maintain their own registrations. For HCPC paramedics, this includes continuing professional development (CPD) and reflections on their practice, which should be documented in a portfolio and may be requested during the registration renewal process.

The Learning in Practice (LiP) annual programme is responsive to the needs of staff and is informed by organisational learning from SAERs, statutory and mandatory training and from external bodies such as the Joint Royal Colleges Ambulance Liaison Committee (JRCALC). There was no LiP in 24/25 however in 25/26 a programme of Manual Handling and Aggression and Violence training will be delivered in person with online modules also requiring completion, including training on the Health and Care Staffing Act.

The challenges surrounding the program centre on the ability to release staff for training while maintaining high-quality services (Risk IDs 5727, 5725). These are being overcome to deliver LiP in 25/26.

Evidence available includes TURAS learning platform data, SAERs, training records, JRCALC app data, and staff development portfolios.

The RAG status for this duty is yellow, reasonable assurance.

Duties when planning or securing the provision of healthcare from others.

This duty does not apply retrospectively but to new, or renewed, agreements. These will include for example SLAs with other boards and healthcare services secured from private providers.

Further work has identified a partnership with the Scottish Charity Air Ambulance and Service Level Agreements with Greater Glasgow and Clyde Health Board pharmacy for drug bags for the Emergency medical Retrieval Service; the Scottish National Blood Transfusion Service for blood products and the movement of blood

products by air ambulance. These fall under the legislation and future SLAs will need to include regard to the Health and Care Staffing Act.

SAS procurement has planned to include in future documentation arrangements to ensure regard is given to the guiding principles and appropriate staffing arrangements as part of any tendering process. This will include any tendering arrangements for healthcare services at external events, such as the Commonwealth Games for example.

The rag status for this duty is green, substantial assurance.

SECTION 6: CONSULTATION

This report has been circulated to the contributing authors from across SAS for comment and presented to and approved by the Executive Team prior to presentation to the Board.

| | | |
|-----------------------------------|-------------|---------------------------------|
| Doc: SAS Board paper HCSA Q2 2025 | Page 13 | Author: Associate Director CQPD |
| Date: 2026-01-28 | Version 0.1 | Review Date: - |

APPENDICES:

Appendix 1- Risks

| Risk IDs | Description |
|----------|--|
| 3733 | There is a risk that the Region cannot recruit the number of Paramedics and Advanced Paramedics compounded by the current volume of operational recruitment leading to limited capacity in the Education dept to deliver driver and clinical training, resulting in an inability to meet the current or future strategy. |
| 3737 | There is a risk that clinical staff may not have up to date knowledge to deliver safe, effective and person-centred care because they have not completed their learning in practice due to operational capacity to release staff resulting in the Service not meeting the requirements of the staff governance standards and potential risk to patient safety. |
| 3782 | There is a risk that the region is unable to maintain the required number of Advanced Paramedics due to staff turnover and expectations of partners resulting in an inability to support National remote triage, support the wider Primary Care system (including contractual obligations) and provide an operational AP response |
| 5174 | There is a risk that we will be unable to cover the paediatric rota with a consultant due to a lack of investment in adequate consultant sessions resulting in an impact on patient safety and quality. |
| 5523 | There is a risk that we will not be compliant with the Road Traffic Regulations 2023 (formerly known as section 19) because we do not have the capacity and resource to implement the changes (i.e. pre employment driving checks, 5 yearly assessment and PRU Training) resulting in the Service not meeting legislative requirements. |
| 5699 | There is a risk that doctors or other part-time ScotSTAR staff with commitments to both hospital and ScotSTAR rotas find their workload unsustainable because of the high acuity and frequency of combined on-call responsibilities, resulting in difficulties in ScotSTAR staff recruitment and retention. |
| 5724 | There is a risk of a lack of communication and integration with the Service on the objectives of the Project because of a lack of capacity resulting in a failure to comply with the Act and subsequent public / political scrutiny. |
| 5725 | There is a risk of a delay implementing the changes set out in the Act because of a delay in resource development and a lack of engagement and capacity within the Service to complete the education and training required resulting in the Service not complying with the Act and subsequent public / political scrutiny. |
| 5727 | There is a risk that the Service is unable to implement the changes because of a lack of backfill resources to allow staff to complete the training resulting in the Service not complying with the Act and subsequent public / political scrutiny. |
| 5728 | There is a risk that the Scottish Ambulance Service will be unsuccessful in meeting the requirements of the legislation because of a failure to comply in all aspects of the Act resulting in reduction in levels of trust from the public / stakeholders and increased public / media scrutiny. |

Appendix 2- Health and Care Staffing Act: Duties and requirements

| | |
|--|-----------------------|
| Guiding principles: staffing for health care | |
| Guiding principles: staffing for health care (planning and securing of health care from others) | |
| Duty to ensure appropriate staffing in healthcare | |
| Duty to ensure appropriate staffing: agency workers | |
| Duty to have real-time staffing assessment in place | |
| Duty to have risk escalation process in place | |
| Duty to have arrangements to address severe and recurrent risks | |
| Duty to seek clinical advice on staffing | |
| Duty to ensure adequate time given to clinical leaders | |
| Duty to ensure appropriate staffing: training of staff | |
| Duty to follow the common staffing method including Common staffing method: types of health care | Not applicable in SAS |
| Training and consultation of staff | |

Appendix 3- Health and Care Staffing Act: Guiding Principles

- Improving standards and outcomes for service users
- Taking account of the particular needs, abilities, characteristics and circumstances of different service users
- Respecting the dignity and rights of service users
- Taking account of the views of staff and service users
- Ensuring the wellbeing of staff
- Being open with staff and service users about the decisions on staffing
- Allocating staff efficiently and effectively
- Promoting multi-disciplinary services as appropriate

Appendix 4- Health and Care Staffing Act: Internal Quarterly Report requirements

| | |
|--|--|
| Reports must include assessment of compliance against various duties | <ul style="list-style-type: none"> • ensure appropriate staffing • ensure appropriate staffing: agency workers • have real-time staffing assessment in place • have risk escalation process in place |
|--|--|

| | | |
|-----------------------------------|-------------|---------------------------------|
| Doc: SAS Board paper HCSA Q2 2025 | Page 15 | Author: Associate Director CQPD |
| Date: 2026-01-28 | Version 0.1 | Review Date: - |

Reports must also include:

- have arrangements to address severe and recurrent risks
- seek clinical advice
- ensure adequate time given to leaders
- ensure appropriate staffing: training of staff
- reference to the steps taken to have regard to the guiding principles when arranging appropriate staffing
- reference to the steps taken to have regard to the guiding principles when planning and securing health care services from third parties
- details of the views of employees on how, operationally, clinical advice is sought
- information on decisions taken which conflict with clinical advice, associated risks and mitigating actions
- conclusions and recommendations following assessment and consideration of all detailed above

Useful Links

The Health and Care (Staffing)(Scotland) Act 2019 can be found [here](#).

The draft guidance can be found [here](#).

A summary of the duties can be found [here](#).

| | | |
|-----------------------------------|-------------|---------------------------------|
| Doc: SAS Board paper HCSA Q2 2025 | Page 16 | Author: Associate Director CQPD |
| Date: 2026-01-28 | Version 0.1 | Review Date: - |