Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

Public Board meeting	**25 November 2026** **Item 15**

THIS PAPER IS FOR DISCSUSSION

Health and Care Staffing Act Q2 2026/27 Board report

Lead Directors **Author**	Emma Stirling, Director Care Quality and Professional Development David Fitzpatrick, Lead Practitioner for Health and Care Staffing/Excellence in Care
Action required	To review and scrutinise the information provided in this paper and confirm that it provides assurance that SAS is meeting its duties under the Health and Care (Staffing)(Scotland) Act 2019 (hereafter known as the "Act").
Key points	- Reports received from 10/10 areas. - SAS has established systems and processes in place that are able to accurately describe its position. - Quarterly reports moved to use of RAG statuses as encouraged by Healthcare Improvement Scotland. - The overall position in continues to remain stable. - An internal review is ongoing in East region with regards concerns raised by staff members. - ACC and ScotSTAR identified specific workforce challenges on specific dates and within defined clinical grades.
Timing	This paper is presented as part of the duties under section 12IF of the Act for individuals with lead clinical professional responsibility to report to the Board on at least a quarterly basis on the extent to which SAS is complying with the duties of the Act.
Associated Corporate Risk Identification	Risk Ids - Please see Appendix 1
Link to Corporate Ambitions	Compassionate safe and effective care; Great place to work, focusing on staff experience, health and well-being; Innovate to improve care and enhance resilience and sustainability of services; Deliver net zero climate targets.
Link to NHS Scotland's Quality Ambitions	Safe Effective Person-centred

Benefit to Patients	Promotes the delivery of high-quality healthcare to support the health, well-being and safety of patients.
Equality and Diversity	No adverse impact has been detected.

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SCOTTISH AMBULANCE SERVICE BOARD

HEALTH AND CARE STAFFING ACT Q2 2026/27 BOARD REPORT

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

SECTION 1: PURPOSE

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

SECTION 2: EXECUTIVE SUMMARY

Reports have been received from all areas, who continue to implement and report on initiatives intended to support compliance with the Duties set out in the Act.

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

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

SECTION 3: RECOMMENDATIONS

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

SECTION 4: BACKGROUND

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

- Enable safe, high-quality care and improved outcomes for people
- Support the health, well-being and safety of patients and the well-being of staff

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

The Act's accompanying Statutory Guidance describes the internal quarterly reporting requirements as:

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

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

SECTION 5: DISCUSSION

Table 1: Overall Level of Assurance - Area ratings

Area	Prev. Report	Q1 26/27	Q2 26/27	Overall level of Assurance: Q2
West				Reasonable Assurance
East				Reasonable Assurance
North				Reasonable Assurance
Advanced Practice				Reasonable Assurance
ACC				Reasonable Assurance
Scheduled Care				Reasonable Assurance
ScotSTAR				Reasonable Assurance
ICH				Reasonable Assurance
NRRD	N/A			Substantial Assurance
EPDD				Reasonable Assurance

Rationale for ratings

Please see Table 1 for individual areas overall levels of assurance. For this second quarter of 2026/27 July to August, 9/10 areas responding recorded a rating of '***reasonable assurance***' with regards to '***overall level of assurance***' for the Health and Care (Scotland) (Staffing) Act 2019, with NRRD reporting '***substantial assurance***'. Many areas continue to report that robust governance and systems for safe staffing are in place, but there remain a number of complex system pressures that prevent '***substantial assurance***' from being recorded.

West Region - While there is a high level of assurance overall, the presence of a small number of areas assessed as '*reasonable assurance'* (Yellow) means the Region cannot be considered Green overall. The Region reports that it consistently has sufficient numbers of suitably qualified and competent staff across a range of

professional disciplines to support safe and effective service delivery. Improvements in workforce resilience and leadership capacity continue through the recruitment of frontline staff, Area Service Managers and Team Leaders.

East Region - The Region has developed a programme of work in partnership with Trade Union colleagues to better understand factors affecting staff availability, rest breaks and end-of-shift arrangements. Feedback from partnership engagement with operational staff is informing improvement actions, winter planning and funding proposals. An internal Safe Staffing Review has been initiated in Borders following concerns raised through InPhase reporting. The Region continues to support staff wellbeing through occupational health, TRiM, wellbeing resources, attendance management processes and regular supportive contact with staff absent from work. The Regional Wellbeing Group remains in place and is being strengthened with support from the National Wellbeing Team. While overall assurance remains high, a small number of areas assessed as Reasonable Assurance (Yellow) mean the Region cannot be considered Green overall. There is recognition that the current leadership structure is under significant pressure. Workforce growth, increased flexible working, and higher staff headcount have increased leadership demands, with current Team Leader and management capacity not fully reflecting these changes. The Region has implemented measures to strengthen clinical leadership and management capacity; however, further review of leadership structures, spans of control and staffing ratios is required to ensure arrangements remain sustainable and proportionate to service needs. The East Region is keen to progress this review.

North Region - North Region provides 'reasonable assurance' (Yellow) overall for this quarter (Q2). Whilst there is evidence of a generally sound system of governance, risk and management control, ongoing operational and workforce challenges mean there is scope for further improvement. During Quarter 2, progress included completion of the Trainee Technician recruitment programme, ongoing Newly Qualified Paramedic recruitment, strengthened Duty Manager arrangements, and increased dedicated leadership capacity. The Region continues to demonstrate embedded arrangements for managing staffing risks and supporting clinical leadership. However, challenges remain relating to hospital turnaround delays, workforce resilience in some rural and remote areas, appraisal completion rates, and the impact of operational pressures on leadership, training and development activity. As a result, *'reasonable assurance'* (Yellow) remains the most appropriate overall assessment for this reporting period.

Advanced Practice - Whilst Advanced Practice staff do not have line management responsibility, there is confidence that professional and clinical development is being effectively maintained and supported across the team. The service continues to provide clinical leadership, supervision and development opportunities; however, it is recognised that the current staffing and support ratio may require review to ensure it remains appropriate as service demands evolve. As AP numbers increase, work is required to establish an organisationally approved ratio of Advanced Practitioners to

Clinical Leads. They remain assured that clinical quality and professional development are subject to effective governance and oversight.

ACC - Continuous progress is being made within ACC in the monitoring and escalation of staffing levels. Ongoing recruitment to vacant posts will support workforce resilience and provide backfill for identified shortages. During this quarter (Q2), staffing pressures were identified within Unscheduled Care in West ACC, including the absence of a Duty Manager and limited Dispatch Supervisor capacity. Ongoing challenges remain in achieving timely vacancy filling across a number of disciplines; however, recruitment activity continues to address these pressures.

EPDD – state that a generally sound system of governance, risk management and control within EPDD to support compliance with the duties of the Act. Clearly defined processes are in place for identifying training requirements, planning and delivering education, allocating learning time, assessing competence, recording completion and escalating identified risks, supported by established governance and quality assurance arrangements. However, operational pressures have affected the timely release of some staff for training, and delays in establishing the full planned PMVA and manual handling educator workforce have contributed to outstanding LiP activity. Catch-up delivery will therefore continue alongside the next programme cycle. While these challenges may affect the achievement of some training objectives, the risks are recognised, monitored and subject to mitigating actions, supporting an overall assessment of reasonable assurance.

Scheduled Care - Based on the evidence gathered for this quarterly report, Scheduled Care report assurance that all services have clearly defined systems and processes aligned with the duties in the Act, and that these are embedded in practice. This is demonstrated by the presence of robust policies, regular review and audit of staffing, real-time monitoring tools, clear escalation and reporting procedures, and ongoing staff training and engagement. Compliance is further supported by documented evidence, regular communication, and continuous improvement processes, ensuring that statutory requirements are consistently met across all areas

ScotStar - Good systems and processes are in place; however, workforce resilience pressures remain, particularly within Neonatal Services and Paediatric Retrieval staffing. No-cover periods were concentrated within Neonatal Services, especially in the North region, with day-shift shortages more prevalent than night shifts. These challenges are not easily resolved within existing resources and are dependent on additional investment. Business cases remain in progress, including the SPRS business case which is awaiting Scottish Government funding approval. The neonatal service review continues alongside the Best Start redesign programme, and neonatal recruitment has now been completed.

ICH – Overall, ICH states they have established systems and processes to support safe staffing, workforce competence, training and professional development, with evidence of ongoing monitoring, escalation arrangements, structured training pathways and audit activity. However, recognised workforce capacity pressures remain and the recommendation from the Demand and Capacity Review to better align capacity with demand, although accepted, has not yet entered implementation. As a result, while there is confidence that appropriate arrangements are in place and

functioning, some residual risk remains regarding their long-term sustainability and effectiveness, supporting an overall assessment of reasonable assurance.

NRRD - NRRD confirmed maintaining safe and effective service delivery throughout the quarter despite workforce establishment gaps and intermittent capacity pressures within specialist roles. Workforce pressures reflected vacancies, recruitment challenges, competing operational priorities and the limited availability of staff with specific skills and experience, alongside routine pressures such as annual leave, sickness absence and training commitments. These were managed through established governance arrangements, routine staffing reviews, leadership oversight and prioritisation of activity. Workforce capacity and resilience remained under regular review through departmental governance processes, with staffing risks routinely identified, discussed and escalated where required. Recruitment, workforce planning and succession planning activity continued throughout the quarter, with over 98% of established posts filled, only four vacancies currently being recruited to, and additional recruitment underway for Scottish Government-funded specialist posts. Sickness absence was 5% in September. Training and workforce capability requirements continued to be identified through recruitment, appraisal, supervision, competency review, workforce planning and operational governance processes. Workforce capability is monitored through a real-time capability matrix, while daily operational huddles and weekly REAP reviews consider workforce capacity, training abstractions and operational commitments to maintain operational readiness and safe service delivery. Appraisal reporting identified 34% completed and signed off, with a further 62.5% underway, supporting ongoing workforce development and competence.

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

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

For each of the duties, areas are asked to rate their 'assurance' that the services in their area have defined systems and processes that are aligned with the duty defined in the Act and embedded in practice.

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

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

12IA - Duty to ensure appropriate staffing

Table 2: Duty IA – Duty to ensure Appropriate Staffing area ratings.

Area	Prev. Report	Q1 26/27	Q2 26/27	12IA: Duty to Appropriate Staffing
West	●	●	●	Substantial Assurance
East	●	●	●	Substantial Assurance
North	●	●	●	Reasonable Assurance
Advanced Practice	●	●	●	Reasonable Assurance
ACC	●	●	●	Reasonable Assurance
Scheduled Care	●	●	●	Substantial Assurance
ScotSTAR	●	●	●	Reasonable Assurance
ICH	●	●	●	Reasonable Assurance
NRRD	N/A	●	●	Substantial Assurance

North, AP, ACC and ScotSTAR recorded 'reasonable assurance' for this Duty. Hospital delays remain the most significant challenge within **North Region**, contributing to reduced ambulance availability, shift overruns, staff fatigue and the requirement for compensatory rest periods. Additional pressures were reported across rural and remote areas, driven by vacancies, sickness absence, annual leave and the limited availability of suitably qualified staff. Daily operational oversight, targeted recruitment, workforce management measures and collaboration with Health Board partners helped maintain safe service delivery despite ongoing workforce and system pressures. They report on strengthening workforce resilience through ongoing recruitment, proactive workforce management and enhanced operational oversight. The dedicated Duty Manager roles at ARI and Dr Grays Hospital have improved hospital flow and ambulance resource release. Despite these efforts, hospital turnaround delays remain their most significant challenge. **Advanced Practice (AP) report** at all times having suitably qualified and competent individuals under Duty 12IA but reiterated they do not hold line management responsibility for staffing levels. They note further recruitment of 21 trainees and 16 past trainees moving to qualified status in the past quarter (risk 3782). **ACC** identified recruitment to vacant posts as its principal challenge, although recruitment activity remains ongoing. **ScotSTAR** report that 'no-cover' periods were primarily concentrated within Neonatal Services, particularly in the North region, with additional gaps across Paediatric Retrieval staffing. Day-shift shortages were more prevalent than night-shift shortages, with Neonatal North staffing groups experiencing the greatest workforce resilience pressures during the quarter. ScotSTAR also noted that the SPRS business case, approved by the SAS Board, is awaiting Scottish Government funding approval. The

neonatal service review continues alongside the Best Start redesign programme, with neonatal recruitment now complete. The **ICH** report on the permanency of the ICH notes that, during this quarter, it was not possible to ensure the availability of suitably qualified staff at all times. However, assurance is provided through the ongoing evaluation programme, which includes recommendations to better align workforce capacity with service demand, informed by the ICH's first Demand and Capacity Review.

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

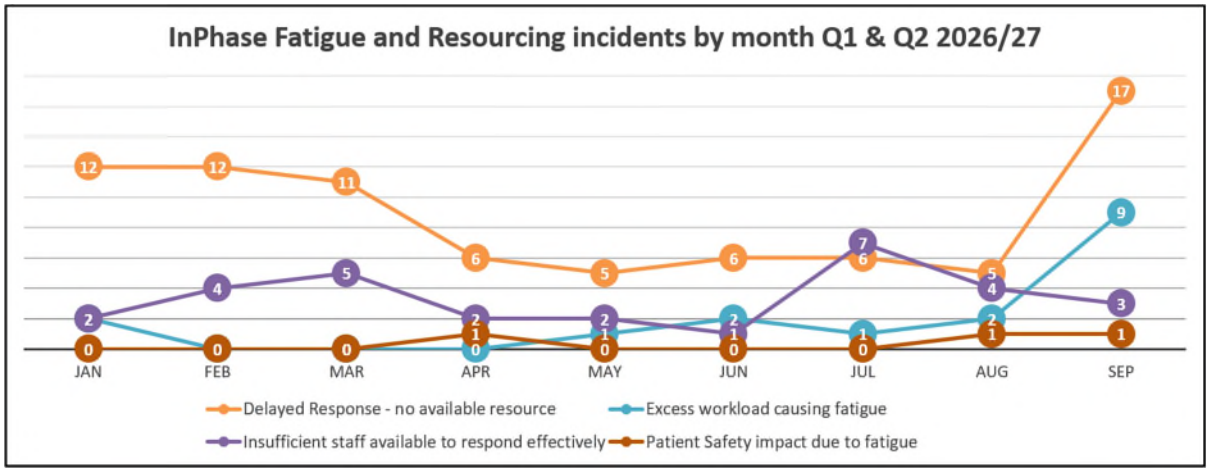
In our quarterly Board engagement Healthcare Improvement Scotland asked SAS to consider how it can measure staff well-being from quarter to quarter. Evidence offered from across the organisation includes staff absence rates, PULSE surveys and partnership meetings. All areas reported staff wellbeing is being actively considered and monitored through a mix of formal and informal processes including regular engagement, wellbeing groups, and support tools. All areas continue to report full engagement in these areas. Collectively staff wellbeing is monitored through a combination of workforce metrics, governance processes and staff feedback mechanisms across all services. Key measures include sickness absence, turnover, vacancies, appraisal completion, TOIL balances, overtime, shift overruns, compensatory rest, workforce abstractions and occupational health activity. Additional insight is gathered through wellbeing meetings, iMatter results and action plans, staff surveys, engagement activities, return-to-work discussions, Health & Safety groups, clinical supervision, Partnership forums and real-time staff feedback tools. Across services, wellbeing continues to be affected by operational pressures, particularly workforce shortages, workload demands, hospital delays and system pressures. These factors can contribute to fatigue, missed breaks, shift overruns and reduced workforce resilience. Actions to support wellbeing include attendance management, wellbeing conversations, welfare support, clinical supervision, staff engagement, occupational health support, targeted interventions and ongoing monitoring through governance and leadership structures. These arrangements enable services to identify concerns, respond proactively and support staff wellbeing while maintaining safe service delivery.

InPhase: The embedded use of the InPhase risk management system by staff provides useful triangulation. Chart 1 presents data on Q1 and Q2 2026/27 with legacy data from Q4 2025/26, for comparison.[1] In Q2 of 2026 (April to May) Comparison of

[1] Caution must be exercised in interpreting these Charts 1 and 2. The investigation process can result in small changes in absolute numbers after initial reporting as they are recategorized. These data are provided by our Risk Management support Team and are correct at time of extraction from the InPhase Dashboard 31/08/2026.

Q1 (April - June) and Q2 (July - September) indicates higher levels of reported workforce and resourcing incidents in Q2. Total number of delayed responses due to unavailable resources during the 3-month reporting period increased from n=17 in Q1 to n=28 in Q2, while reports of excess workload causing fatigue increased from n=3 to n=12. Reports of insufficient staff available to respond effectively increased from n=5 in Q1 to n=14 in Q2, with the highest monthly total recorded in July. Reported patient safety impacts attributable to fatigue remained low throughout both quarters, with one incident reported in Q1 and one incident reported in Q2. Overall, Q2 recorded a greater number of reports relating to resource availability, staffing capacity and workload pressures than Q1. September accounted for a substantial proportion of reports relating to delayed response and workload-related fatigue. Contextually, reporting by clinicians through InPhase on these key areas remains low as a proportion of total incidents attended; however, each report may represent a significant event or experience for the patient or member of staff involved.

Chart 1: InPhase Fatigue and Resourcing Incidents by month



NB. All regions reporting on this part of the Act note the importance of staff wellbeing with various reporting mechanisms described. Notably, **East Region** has been collaborating with the University of Stirling on a cornerstone study to measure self-reported hydration habits among ambulance staff. As hydration is vital for physical, mental and cognitive wellbeing, the findings - now under analysis - will inform future staff wellbeing initiatives. The study manuscript is now being finalised prior to sharing with SAS to inform future wellbeing initiatives before submission to a scientific journal for peer review and publication.

Chart 2: Rest Break Issues on InPhase by Month

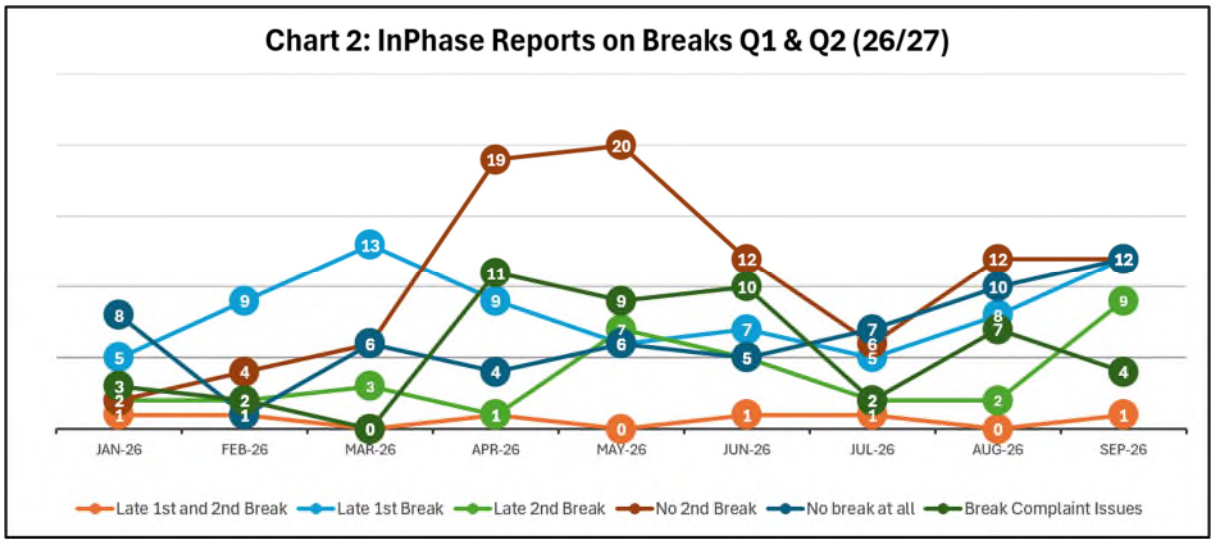


Chart 2 presents the aggregated monthly InPhase data for Missed Meal Break reports across Q1 and Q2 (2026/27); permitting sequential analysis/comparisons. Reports of break-related issues fluctuated across the six-month period. Comparison of April - May and July - September data indicates a mixed picture of break compliance. Reports of missed second breaks decreased from n=39 to n=30. However, this was accompanied by substantial increases in reports of no break at all (n=10 to n=29), late first breaks (n=16 to n=25), and late second breaks (n=8 to n=16). Conversely, formal break-related complaints reduced from n=20 to n=13 over the same period. Overall, while some improvement was observed in relation to missed second breaks, the increase in delayed and missed breaks suggests that staff continued to experience challenges accessing timely rest periods during July - September. The elevated reporting observed in September may reflect the impact of increased operational and system pressures on workforce wellbeing and break compliance.

Significant Adverse Events

There were 14 Significant Adverse Events identified between July - September 2026. Of the 14 SAERs, on provisional review 3 incidents are considered to have safe staffing as a likely contributing factor. One had identified reduced staffing capacity in both ICH and operational frontline crew cohorts. A second incident occurred despite staffing levels being consistent with planned workforce capacity. However, higher-than-anticipated service demand and prolonged hospital turnaround times reduced available capacity and contributed to delays in welfare callbacks within the ACC. The final incident involved operational cover and ICH staffing both below expected levels, and prolonged hospital turnaround times, which impacted on delay to response and clinical review.

12IB Duty to ensure appropriate staffing: agency workers

Table 3: Duty IB – Duty to ensure appropriate staffing – agency workers area ratings.

Area	Prev. Report	Q1 26/27	Q2 26/27	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
EPDD	●	●	●	Substantial Assurance
NRRD	N/A	●	●	Substantial Assurance

The Act requires a separate quarterly report to the Scottish Government detailing the use of high-cost agency staff. Work undertaken with Procurement and Finance has confirmed that area-level reporting provides the most effective mechanism for identifying usage. No areas reported employing agency staff meeting the reporting criteria during Q2 2026/27. This is consistent with previous reporting periods, and there is high confidence that current systems and processes accurately capture and monitor agency staff utilisation.

Our RAG status remains green (substantial assurance).

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

Table 4: Duty IC/D/E – Duty to have real-time staffing assessment area ratings

Area	Prev. Report	Q1 26/27	Q2 26/27	12IC: Duty to have real-time staffing assessment in place	Prev. Report	Q1 26/27	Q2 26/27	12ID: Duty to have risk escalation in place	Prev. Report	Q1 26/27	Q2 26/27	12IE: Duty to have arrangements to address severe and recurrent risks
West				Substantial Assurance				Substantial Assurance				Substantial Assurance
East				Substantial Assurance				Substantial Assurance				Substantial Assurance
North				Reasonable Assurance				Reasonable Assurance				Reasonable Assurance
Advanced Practice				Substantial Assurance				Substantial Assurance				Substantial Assurance
ACC				Reasonable Assurance				Reasonable Assurance				Reasonable Assurance
Scheduled Care				Substantial Assurance				Reasonable Assurance				Substantial Assurance
ScotSTAR				Substantial Assurance				Reasonable Assurance				Reasonable Assurance
ICH				Reasonable Assurance				Reasonable Assurance				Substantial Assurance
NRRD	N/A			Substantial Assurance	N/A			Substantial Assurance	N/A			Substantial 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.

A staffing concern was formally raised by a staff member within East Region during Q1 (2026/27) under the Health and Care Staffing (Scotland) Act. This is the first concern to be raised through the Act's statutory process and has initiated a formal review of the circumstances. The review is being led by the Lead Practitioner for Health and Care Staffing in partnership with the East Regional Clinical Quality Lead.

12IC 'real-time staffing assessment in place' – For this 2nd Quarter of 2026/27 four areas report 'reasonable assurance' for this Duty; **North**, **Advanced Practice, ACC** and **ICH**. **North Region** continued to utilise established arrangements for real-time staffing assessment, risk escalation and mitigation through daily operational oversight, workforce monitoring and operational management processes. A significant development during the quarter was the introduction of dedicated Duty Manager oversight at Aberdeen Royal Infirmary and Dr Gray's Hospital, strengthening management of hospital flow pressures and ambulance resource deployment. Recruitment activity, including the North Region Trainee Technician programme, continued to support workforce resilience.

Prolonged hospital turnaround and handover delays remained the most significant staffing challenge and continued to impact ambulance availability, workforce flexibility and staff wellbeing. These pressures were particularly evident during the NHS Grampian Critical Incident in September 2026 over a ~72hr period. Recruitment and retention challenges also persisted across some rural and remote communities. Staffing risks continued to be identified, escalated and mitigated through established operational and governance processes, supporting both immediate operational decision-making and longer-term workforce planning.

The absence of line management responsibility within **Advanced Practice** limits the ability of Advanced Practitioners to provide full assurance, as they do not have direct authority over staffing, performance management, or implementation of corrective actions.

ACC continue to report on various systems and processes that support their management of staffing requirements with the addition of a weekly staffing summary of actions required which is sent from Operational Managers and Business Support to Senior Leaders in ACC.

ICH provide reasonable assurance but that high levels of AP abstraction continue to be reported. This is influenced by APs being managed within regional structures, where abstraction is monitored at station and sub-regional level rather than through a coordinated national approach. While abstractions support a range of organisational priorities, they have the potential to impact frontline patient-facing capacity in live-time operations, highlighting the need for continued oversight and workforce planning.

12ID 'risk escalation in place' – 'reasonable assurance' is provided by five areas; **North Region**, **Advanced Practice**, **ACC**, **Scheduled Care, ScotStar and ICH**.

During Quarter 2, **North Region** continued to embed real-time staffing assessment and staffing risk escalation through established operational, governance and risk management arrangements. Whilst no formal Safe Staffing Reports were submitted, staffing risks continued to be identified, escalated and mitigated through daily operational reviews, operational huddles, Duty Head of Service reporting, InPhase risk

reporting and established management escalation routes. Workforce resilience was supported through completion of the North Region Trainee Technician recruitment programme, ongoing Newly Qualified Paramedic recruitment activity, and the introduction of dedicated Duty Manager oversight at Aberdeen Royal Infirmary and Dr Gray's Hospital. Prolonged hospital turnaround delays remained the most significant challenge, particularly during the NHS Grampian Critical Incident in September 2026, impacting ambulance availability, workforce utilisation and operational resilience. Recruitment and retention challenges also persisted within some rural and remote communities. Overall, established operational processes continued to support the identification, escalation, mitigation and review of staffing risks, informing both immediate operational decision-making and longer-term workforce planning.

Whilst **Advanced Practice** is managed regionally, the AP team is assured that adequate arrangements are in place to highlight and mitigate any emerging risks. Regular discussions are held with regional colleagues to appraise each risk and assess according to the appropriate areas of responsibility.

ACC, on **03/08/2026**, reported the identification of reduced staffing levels within **Unscheduled Care at West ACC**. At the time of reporting, there was no Duty Manager available, with operational oversight being provided by one Dispatch Supervisor supported by six Dispatchers. The situation highlighted ongoing challenges associated with maintaining staffing resilience within key operational roles and ensuring adequate management capacity during periods of increased demand. The incident was managed through established operational oversight and escalation processes. The underlying issue reflects ongoing challenges with the timely filling of vacancies across a number of staff groups and disciplines, which can affect workforce capacity, operational flexibility and resilience. Recruitment activity remains ongoing to address vacancies and strengthen staffing availability, with staffing levels continuing to be monitored through established workforce and operational management arrangements.

Scheduled Care report, within the context of 'Risk escalation' that staff concerns are being recorded 'sometimes' within the InPhase system. This suggesting that there is a generally sound system of governance, risk management, and control in placed. But there are some issues, non-compliance or scope for improvement identified which may put at risk the achievement of objectives in the area audited. This preventing 'substantial assurance' from being recorded.

ScotStar advised that safe staffing concerns are sometimes recorded within the SAS Safe Staffing Tool but there are always processes in place for escalation of staffing risks to senior decision makers.

For Duty 12ID, **ICH** reports an improvement from amber (limited assurance) to yellow (reasonable assurance) in that safe staffing concerns are consistently recorded on InPhase and that established processes are in place to escalate staffing risks to senior decision makers. While these arrangements provide assurance that staffing risks are

identified, monitored and escalated appropriately, further work is required to fully embed safe staffing considerations within routine ICH operational and governance processes.

12IE 'arrangements to address severe and recurring risks' – North Region, Advanced Practice, ACC and ScotStar all recorded 'reasonable assurance', consistent with the previous quarterly report (Q3 2025/26) (see table 5).

North Region continues to make progress in addressing recurrent staffing risks associated with hospital flow, ambulance lost hours and workforce resilience. Collaborative working has been key in supporting improvements in hospital flow, reducing turnaround delays and increasing ambulance availability through HALO. The region has also expanded the use of the Integrated Clinical Hub, Flow Navigation Centres and alternative care pathways to reduce unnecessary conveyance. The Technician Training programme continues to strengthen future workforce capacity – they note the most severe and recurring risk continues to be the impact of prolonged hospital turnaround.

Advanced Practice state their capacity to provide Substantial Assurance is provided in the knowledge that adequate reporting and risk management systems are in place and remain closely monitored within SAS.

ACC did not report on any severe or recurrent risks this quarter but rated this Duty as 'reasonable assurance' suggesting that there is a generally sound system of governance, risk management, and control in placed. But there are some issues, non-compliance or scope for improvement identified which may put at risk the achievement of objectives in the area audited. This preventing 'substantial assurance' from being recorded.

ScotSTAR identified recurrent workforce and staffing risks during the quarter. Workforce reviews were undertaken, resulting in the development of business cases to address identified pressures and support service sustainability. These risks continue to be recorded on the ScotSTAR Risk Register, where they are subject to regular monitoring and review through established governance arrangements. Progress is monitored through both the Risk Register and associated business case processes.

Notably, although reporting 'substantial assurance' for this Duty, **East Region** identified a significant and recurring risk relating to winter system pressures, which may adversely affect both response to patients and staff experience. The risk continues to be monitored through established operational and governance arrangements, with mitigation focused on maintaining service delivery, workforce resilience and staff wellbeing during periods of increased demand.

ICH report no severe or recurrent risks during this 2nd quarter and that they continue to monitor through BI and hourly reporting in place for live time teams, escalated through 1st and 2nd line management and discussed daily on national call.

Table 5: Area's reporting identified severe or recurring risks area ratings.

Area	Previous report	Q1 2026/27	Q2 2026/27
West	No	No	No
East	No	No	Yes
North	Yes	Yes	Yes
Advanced Practice	No	No	No
ACC	No	No	No
Scheduled Care	No	No	No
ScotSTAR	Yes	Yes	Yes
ICH	No	No	No
NRRD	n/a	No	No

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 and SafeCare software or on TURAS. Both require onboarding of staff. Within SAS we have implemented this process via the InPhase system. To date we have had no requests for reviews in staffing submitted in SAS.

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

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

The identification of severe and recurrent risks is accomplished through analysis of risk reports and our risk register. It is recognised that Partnership also contributes through regional and national forums to identification. This will be supplemented by the Real-time Staffing reporting tool. North has reported the ongoing recurrent risk of lost hours to delayed hospital handovers. Mitigating actions include the use of additional HALOs, the implementation of the High Escalation Plan and the use of the

offload SOP to free up ambulance resources for immediately life-threatening calls. These actions are in conjunction to the collaborative work between Boards.

Discussions have taken place with the Patient Safety Manager, who will strengthen the visibility of Safe Staffing-related factors within adverse event reporting. These will be reported on a quarterly basis and are included within this Q1 report (page 11). Detailed information is not provided here as adverse events are reported and scrutinised through established organisational governance and assurance processes.

SAS is currently undertaking an internal formal review in response to concerns raised within the Borders area (East Region). The review is being co-led by the Senior Practitioner for Health and Care Staffing/Excellence in Care (SPHCS/EiC) and East Region Clinical Quality Lead (RQCL) with operational guidance provided via Heads of Service and support from the BI Team. As part of this process, detailed data analysis is underway to address a number of key lines of enquiry and ensure findings are informed by both quantitative and qualitative evidence. Interviews have recently been completed with staff members who raised the concerns, providing valuable insight to guide and support the review. As this is the first review of its type, the review framework, methodology and supporting processes are being developed and refined concurrently with the review itself. Consequently, additional time has been required to ensure both the review and the underpinning framework are robust, proportionate and fit for future application across the Service.

At this stage, the overall RAG status across these duties remains **Yellow (Reasonable Assurance)**, reflecting that appropriate processes are in place and the concerns are being actively investigated, with conclusions and any resulting actions to be informed by the outcome of the review.

12IF Duty to seek clinical advice on all staffing decisions

Table 6: 12IF Duty to seek clinical advice on all staffing decisions area ratings.

Area	Prev. Report	Q1 26/27	Q2 26/27	12IF: Duty to seek clinical advice on staffing
West				Substantial Assurance
East				Substantial Assurance
North				Substantial Assurance
Advanced Practice				Reasonable Assurance
ACC				Reasonable Assurance
Scheduled Care				Not Applicable
ScotSTAR				Substantial Assurance
ICH				Substantial Assurance
NRRD	N/A			Reasonable Assurance

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

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

West Region, East, North Regions, ScotSTAR and ICH all report '*Substantial Assurance'*. Specifically, **West** Region indicated that clinical support for staffing decision-making remains available where required through ICH and FNC arrangements, with staffing levels also discussed daily through national operational calls. Increased numbers of staff have completed the relevant TURAS module through onboarding and induction processes, supported by a continued focus on e-learning compliance across the workforce.

East Region stated that clinical support for staffing decision-making is available where required, particularly where there is a proposal or requirement to implement a different

staffing model. Support is available from the Clinical Directorate, Education and Professional Development team, and the wider Regional Leadership Team, which contains significant clinical expertise. Decisions are made with partnership engagement, and the Regional Clinical Quality Lead is a key member of the Regional Senior Leadership Team. The Region noted that this remains a recurring concern, having been raised through three InPhase reports relating to the Healthcare Staffing legislation. The Region is currently working with the SPHCS/EiC to develop and test a framework to support the exploration of the concerns raised. However, the concerns reported do not explicitly identify any staffing decisions that were made contrary to clinical advice. This review is ongoing with additional information provided under Duty 12IE (page 18).

North Region During Quarter 2, North Region continued to utilise established clinical governance, operational management and staffing escalation arrangements to ensure appropriate clinical advice is available to support staffing decisions. Clinical advice continued to be provided through the RCQL, Clinical Team Leaders, Advanced Practitioners, Consultant Paramedics and the wider National Clinical Team. Clinical input continued to inform staffing risk assessments, workforce planning discussions, patient safety reviews and operational decision-making, including the management of sustained hospital flow pressures, workforce availability challenges and the NHS Grampian Critical Incident. The introduction of dedicated Duty Manager roles at Aberdeen Royal Infirmary and Dr Gray's Hospital further strengthened communication between operational, workforce and clinical teams. No staffing decisions requiring formal recording through the SAS Safe Staffing Reporting Tool were identified during the reporting period, and no disagreements with clinical advice were formally escalated. A continuing focus remains on raising awareness of the purpose and use of the Safe Staffing Reporting Tool to support consistent application across services. Overall, the Region remains satisfied that appropriate clinical advice continues to be routinely sought and considered within staffing decisions, with established clinical governance arrangements embedded within operational and workforce decision-making processes.

ICH states that they have a full clinical leadership team in place.

ACC report that the National Clinical Quality Lead (NCQL) remains available to provide clinical advice where required. Regular engagement between the NCQL and ACC Senior Managers continues to support staffing decision-making and ensure appropriate clinical input is available through established management arrangements.

ScotSTAR reports that, due to the configuration of its teams, clinical advice is readily available through Clinical Leads, Advanced Practitioners and Clinical Service Managers, all of whom are involved in staffing decision-making. Senior clinical staff within duty teams are also able to liaise with other clinical colleagues on duty, while Clinical Leads and the Associate Medical Director (AMD) can be consulted in particularly challenging or unusual situations to support safe and effective decision-

making. ScotSTAR update that the SPRS business case is currently with the Scottish Government for consideration, while the SNTS business case is being finalised and will be submitted to the SAS Board for approval.

NRRD reported that staffing decisions are informed by consideration of the clinical and operational competencies required to deliver services safely and effectively, including the availability of suitably qualified and competent staff with the necessary clinical, educational and specialist response capabilities. The department's real-time capability matrix supports this process by providing visibility of critical skills and competencies across the workforce. Clinical advice is incorporated through engagement with relevant clinical leaders, professional advisers and subject matter experts when reviewing workforce requirements, service changes, capability development, training requirements and operational readiness. Where staffing pressures or capability gaps are identified, the potential impact on clinical quality, patient safety and service effectiveness is considered before decisions are made. The daily operational huddle and weekly REAP review processes provide opportunities to consider key clinical competencies alongside staffing levels and operational commitments. These forums enable workforce risks affecting clinical capability to be identified, discussed and escalated where necessary, including the availability of specialist clinical competencies, competency requirements for operational functions, the impact of vacancies and abstractions, risks to patient safety and operational readiness, and advice from relevant clinical leaders, professional advisers and subject matter experts.

Advanced Practice expressed uncertainty in this duty as a division exists between clinical professional lines and managerial responsibility for the team. This requires further consideration to ascertain the role of clinical input into staffing decisions in this area. This challenge persists in Q2 2025/26. Early conversations have taken place regarding accountability arrangements and reporting lines associated with this reporting requirement, with further work planned to clarify roles, responsibilities and governance oversight. An extensive demand and capacity roster review is in the preparation stage. This will link areas of highest demand to proportionate resourcing. A stakeholder review is also under way examining optimal delivery of advanced practice roles within the organisation. ongoing.

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

12IH Duty to ensure adequate time given to clinical leaders

Table 7: 12IH Duty to ensure adequate time given to Clinical Leaders, area ratings.

Area	Prev. Report	Q1 26/27	Q2 26/27	12IH: Duty to ensure adequate time given to clinical leaders
West				Reasonable Assurance
East				Reasonable Assurance
North				Substantial Assurance
Advanced Practice				Reasonable Assurance
ACC				Reasonable Assurance
Scheduled Care				Not Applicable
ScotSTAR				Reasonable Assurance
ICH				Reasonable Assurance
NRRD	N/A			Reasonable Assurance

Across all areas, arrangements remain in place to provide clinical leaders with protected time, support and development opportunities to fulfil their leadership responsibilities. Progress has been reported in relation to appraisal completion, leadership capability and workforce development, with notable improvements in appraisal compliance across several areas. Dedicated leadership time, clinical supervision, protected learning arrangements and clinical governance processes continue to support staff development and patient safety. Despite this progress, appraisal completion remains an area of focus across a number of areas, and operational pressures continue to create challenges in maintaining protected leadership time. Services continue to prioritise leadership visibility, staff support, professional development and appraisal activity, whilst balancing workforce and operational demands.

West Region - reported that Team Leaders are allocated 40% of their time for leadership-specific responsibilities, although the clinical leadership element of the role is expected to extend to 100% of time when undertaking operational duties. There remains a regional focus on ensuring staff participate in appraisal discussions, with the Region continuing to prioritise DFLM time to support a visible leadership presence. Significant progress has been made, with 45.5% of staff now holding a current appraisal. Further work is planned to ensure all staff have agreed objectives and Personal Development Plans (PDPs) as part of the appraisal process. In addition, 81% of staff have completed Statutory and Mandatory Training (up from 75% reported in previous quarter).

East Region - East Region reported that clinical leadership is provided through a variety of roles, including Paramedics, Advanced Practitioners, clinicians within the Integrated Clinical Hub and Clinical Team Leaders. Mechanisms are in place to support Advanced Practitioners to participate in clinical supervision. Team Leaders are allocated 40% of their time to undertake leadership-specific responsibilities, although the clinical leadership element of their role extends throughout operational duties. The Region continues to focus on supporting staff participation in appraisal

discussions, with appraisal compliance increasing from 55% in Q1 to 68% now in Q2. The Region has also recruited to a whole-time equivalent Clinical Area Service Manager post, with a dedicated focus on clinical leadership. They recognise the important role appraisals play in supporting staff and has invested significant effort in improving completion rates. Further work is planned to ensure all staff have objectives and Personal Development Plans (PDPs) in place as part of the appraisal process. While progress has been sustained over the last two quarters, maintaining this improvement may become more challenging during winter periods, as meaningful appraisal conversations require staff abstraction and protected time, which may not be sustainable throughout Q3.

North Region has increased its rating to green '*substantial assurance'* since Q1 reporting. reported that clinical leaders continue to be supported through DFLM time, protected management activity, clinical governance arrangements and organisational support. A number of Team Leaders are now rostered in full-time leadership roles, providing additional protected time to support staff supervision, clinical governance, professional development and patient safety responsibilities.

Clinical leaders continue to play a key role in staffing discussions, workforce planning, quality improvement activity, SAERs, patient safety governance and operational escalation processes. Progress has also continued through work to improve TURAS appraisal completion, strengthen management support arrangements and develop leadership capability across the Region. The current TURAS appraisal completion rate is 31.16%, with compliance remaining an area of focus. A continuing challenge remains the impact of operational pressures, particularly hospital turnaround delays, ambulance lost hours and workforce availability pressures, which can occasionally result in protected leadership time being redirected to support operational service delivery. However, dedicated leadership posts and continued organisational support have strengthened the Region's ability to provide clinical leaders with protected time to fulfil their responsibilities under the Act.

Within **ACC**, while it is reported as a non-clinical environment, clinical leadership and advice remain available through close working arrangements with the Integrated Clinical Hub (ICH). Clinical leaders from the ICH work closely with ACC leaders to support decision-making where required. Ongoing progress has also been made in improving understanding of the appraisal process among Supervisors and Managers, alongside continued improvements in compliance with mandatory e-learning requirements. With regards Turas completion, this remains static with Q1 at 25% completed and 50% in progress.

ScotSTAR reports that all Clinical Leads have dedicated PA/SPA time to support the clinical delivery of the service. Advanced Practice staff also have 25% non-clinical time to maintain skills and provide clinical leadership. ScotSTAR currently reports 38% of appraisals as completed and signed off or actively in progress (up from 25% during

Q1). However, this is likely to underestimate overall compliance for two reasons. Firstly, a significant proportion of staff complete appraisals using paper-based documentation rather than the electronic system. Secondly, the reported figures relate only to full-time SAS Agenda for Change staff. Medical staff undertake annual appraisal processes through their lead Health Board, with local arrangements in place to ensure all SAS-employed doctors participate. Overall compliance is expected to be close to 100%, as annual appraisal is a requirement for maintaining GMC licence to practise.

ICH – The ICH indicates that 60% of TURAS modules had been completed by the end of the second quarter. While protected leadership time has been incorporated into all relevant rosters, the availability of sufficient time and resource to support this work is currently assessed as occurring only "sometimes". This may impact the pace of implementation of ICH action plans and progress towards achieving planned objectives.

NRRD reported that Team Leaders are provided with dedicated leadership and management time through DFLM arrangements. Clinical leaders and operational teams also participate in the briefing and debriefing of incidents, exercises and operational activity, supporting organisational learning and service improvement. They operate a structured seven-week protected learning cycle for specialist teams, including Team Leaders, providing protected time for training, competency maintenance, continuing professional development and leadership development.
At the latest reporting period, 34% of appraisals had been completed and signed off, with a further 62.5% in progress. Appraisal compliance remains an area of focus and is monitored through the NRRD Performance Framework and management governance processes.

Three specific requirements are specified under this duty. Organisational areas were asked to respond whether there were available time and resources in each always, sometimes or never. Area responses are presented in Table 8 (pg.26).

Table 8: Frequency scale reporting area responses to availability of leadership time

Area	Prev. Report	Q1 26/27	Q2 26/27	To supervise the meeting of the clinical needs of the patients in their care	Prev. Report	Q1 26/27	Q2 26/27	To manage, and support the development of the staff for whom they are responsible	Prev. Report	Q1 26/27	Q2 26/27	To lead the delivery of safe, high-quality and person-centred healthcare
West				Sometimes				Sometimes				Sometimes
East				Always				Sometimes				Always
North				Sometimes				Sometimes				Always
Advanced Practice				Always				Always				Always
ACC				Sometimes				Sometimes				Sometimes
Scheduled Care				N/A				N/A				N/A
ScotSTAR				Always				Always				Always
ICH				Sometimes				Sometimes				Sometimes
NRRD	N/A			Always	N/A			Sometimes	N/A			Sometimes

12II Duty to ensure appropriate staffing: training of staff

Table 9: 12II Duty to ensure appropriate staffing: training of staff, are ratings.

Area	Prev. Report	Q1 26/27	Q2 26/27	12II: Duty to ensure appropriate staffing: training of staff
West				Substantial Assurance
East				Substantial Assurance
North				Reasonable Assurance
Advanced Practice				Reasonable Assurance
ACC				Reasonable Assurance
Scheduled Care				Not Applicable
ScotSTAR				Substantial Assurance
ICH				Substantial Assurance
NRRD	N/A			Reasonable Assurance
EPDD				Reasonable Assurance

In **West Region,** staff competence and capability are supported through national Learning in Practice programmes, statutory and mandatory e-learning, robust recruitment and induction processes, and dedicated development pathways for Newly Qualified Paramedics and Technicians. Ongoing monitoring of complaints, feedback, SAERs and quality of care reviews helps ensure learning is identified and acted upon. Where individual learning or development needs are identified through appraisal discussions, performance management, capability processes, feedback or return-to-work reviews, tailored development plans are agreed with the individual, line manager and Education Team. Leadership development is also supported through a rolling programme of regional training delivered jointly with staff partners. Compliance and progress are monitored through established governance arrangements and routinely reviewed through the Performance and Planning Steering Group (PPSG).

Staff competence and development within **East Region** continue to be supported through the national Learning in Practice programme, statutory and mandatory e-learning, recruitment and induction processes, NQP and Technician development programmes, capability management processes, and review of complaints, feedback and SAERs. Quality of care and clinical reviews are led by the Clinical Quality Lead and Clinical ASM, with a rolling programme of leadership training delivered jointly to managers and staff partners. All staff are afforded protected learning time appropriate to their role, including Learning in Practice activity. Where individual learning needs are identified through capability, performance management, feedback, return-to-work processes or appraisal discussions, a tailored development plan is agreed with the individual and a Clinical Training Officer. Robust monitoring arrangements remain in place for statutory and mandatory training, with compliance increasing from 73% in Q1 to 78% in Q2. Challenges with Education and Professional Development capacity

have resulted in some late cancellations of Learning in Practice courses and delivery remaining behind trajectory.

During Quarter 2, **North Region** continued to support staff access to training and development through Learning in Practice (LIP) activity, statutory and mandatory training programmes, supported learning arrangements and professional development opportunities. Progress included completion of the North Region Trainee Technician recruitment programme, with Newly Qualified Paramedic (NQP) recruitment also ongoing. Clinical Team Leaders, Clinical Training Officers and local managers continued to support competency development, clinical supervision and access to training, with requirements monitored through TURAS, LIP reporting and workforce governance arrangements. A continuing challenge remains balancing training requirements with operational demand, particularly during periods of sustained system pressure, workforce shortages and hospital turnaround delays. Despite these pressures, workforce planning, rostering arrangements and management oversight continued to support access to the education and training required to maintain competence, professional registration and safe clinical practice.

Advanced Practice reported that GRS rosters reflect the time afforded for development activities with Advanced Practitioners maintaining their own TURAS SharePoint portfolios. In addition, Advanced Practitioners are provided with 1.5 days of clinical development time per week, supporting ongoing professional development, competency maintenance and clinical leadership responsibilities.

ACC supports staff competence through regular auditing of 999 call handling and dispatch activity. Supervisors and Managers provide protected learning and development time by releasing staff from frontline duties where operationally possible, although the frequency and duration vary according to service demand. Staff shortages and periods of increased demand have, on occasion, reduced the availability of training opportunities.

Scheduled Care supports ongoing and relevant training through a structured Scheduled Care Training Programme, including systems training, e-learning via TURAS Learn and LearnPro, and access to Practice Developer resources. Staff are provided with protected learning time and supported by Practice Developers, Auditors and mentors to facilitate competency development, learning and professional growth.

ScotSTAR supports staff competence through orientation processes for new staff, structured training pathways for Retrieval Practitioners, including academic development to **Postgraduate Diploma/Master's level**, and ongoing education delivered during clinical shifts through simulation, topic-based teaching and case discussions. Staff also participate in regular CPD events, hot and cold debriefs, mortality and morbidity reviews, appraisals, and daily and weekly training and education activities. Work continues to develop competency frameworks for all staff

groups, although development of the EMRS competency framework has presented challenges. Staff are supported through access to training budgets and endowment funds to facilitate continuing professional development and maintain specialist knowledge and skills.

The **ICH** advises that systems and processes are in place to support staff in maintaining the knowledge, skills and competence required for their roles. These include structured induction arrangements, ongoing training programmes, continuing professional development (CPD) opportunities and protected rostered time to undertake learning activities. Training plans are in place to support workforce development, with progress subject to ongoing review across ICH. Evidence to support these arrangements includes training records, action plans and an established audit programme. While progress continues, ICH notes that ongoing review is required to ensure training and development activities remain aligned to operational requirements and workforce needs.

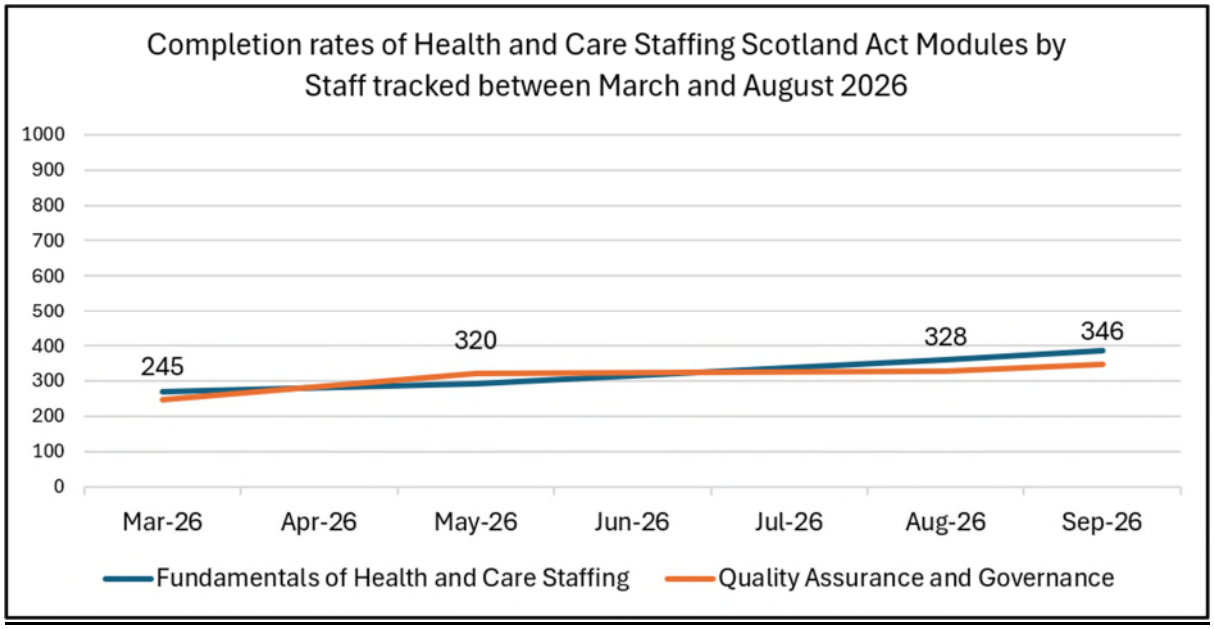
NRRD continues to maintain a range of systems and processes to ensure staff are suitably qualified, competent and capable of carrying out their roles safely and effectively. Competence is supported through recruitment processes, induction, mandatory training, continuing professional development, supervision, appraisal and ongoing competency assessment. A structured seven-week protected learning cycle continues to provide dedicated time for training, exercising, competency maintenance, leadership development and continuous professional development. Staff development is further supported through operational briefings, debriefings, exercises, incident learning processes and service improvement activity. NRRD also maintains a real-time capability matrix to provide oversight of specialist qualifications, competencies and operational skills across the workforce, supporting the identification of training needs and capability gaps. Training compliance, workforce capability, appraisal completion and specialist competencies continue to be monitored through departmental governance arrangements, leadership meetings and performance reporting, with continued focus being maintained in these areas.

EPDD report that Learning in Practice (LiP) delivery continues, although challenges remain in releasing operational staff to attend training. All staff required to support delivery of Specialist Moving and Handling and Management and Prevention of Violence and Aggression training have now been appointed and are undertaking the necessary training to fulfil these roles. Progress continues to be monitored and reported through the Staff Governance Committee and Clinical Governance Committee. Approximately 40% of clinical staff have completed the face-to-face Learning in Practice 2-day module. Table 10 (pg. 29) presents the accumulated LiP places taken to date (risk 3737).[2]

[2] Under-attendance remains primarily driven by initial underfill, short-notice staff absence and non-attendance. Performance and underlying causes were reviewed with operational leads through the

The Scottish Ambulance Service provides a range of learning modules on Turas to support staff education on the requirements of the Health and Care (Staffing) (Scotland) Act. As the Act mandates that clinicians receive education in this area, completion of these modules is an important organisational requirement. However, completion rates have remained low, where it has been identified staff may be experiencing challenges in locating and accessing the relevant modules within Turas. The Educational and Professional Development Department (EPDD) has recognised these barriers and is exploring approaches to improve accessibility, engagement, and overall completion rates; this work is ongoing, please see Table 10 below:

Table 10: HCS(S)A 2019: Turas Module Completion by month



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

The Learning in Practice (LiP) annual programme is informed by organisational need; including organisational learning from SAERs, statutory and mandatory training and from external bodies such as the Joint Royal Colleges Ambulance Liaison Committee (JRCALC). There was no LiP in 2024/25 however in 2025/26 a programme of Manual Handling and Aggression and Violence training will be delivered in person with online modules also requiring completion, including online training on the Health and Care

National Clinical Operational Group (NCOG) and the Clinical Assurance Group (CAG). With NCOG being closed, the operational input will be reviewed at the Heads of Service group, with reports continuing to be made to the Staff Governance, Clinical Governance, and Clinical Governance Oversight Groups.

Staffing Act. Table 11 below provides details on places offered by EPDD vs uptake and Table 12 the online Turas Module completion percentages across areas.

Table 11: Accumulated Face to Face LiP Places Taken

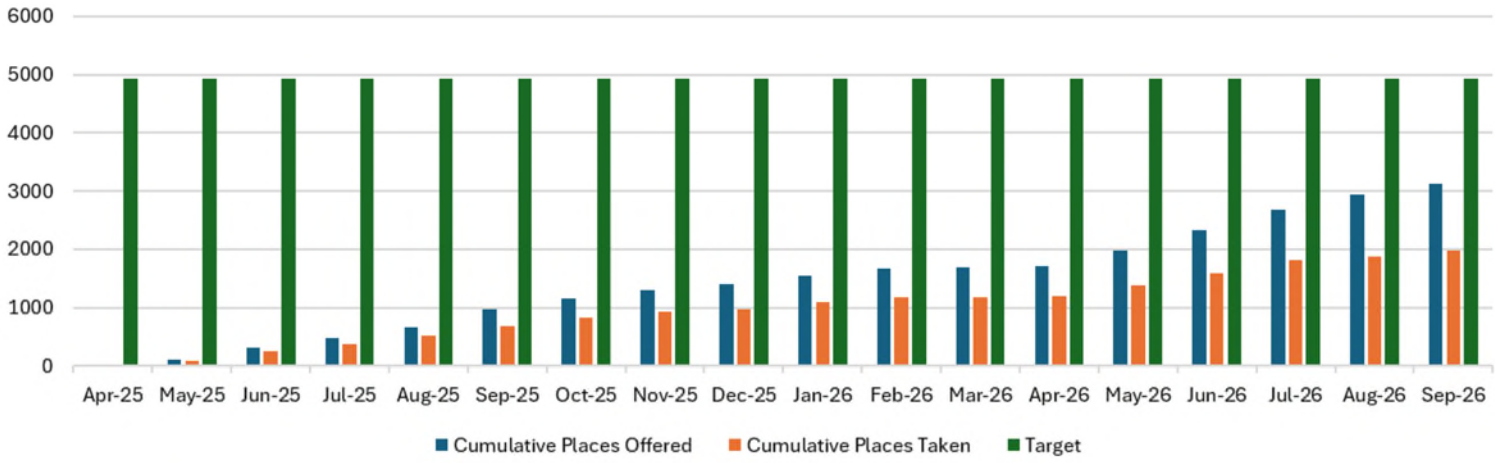
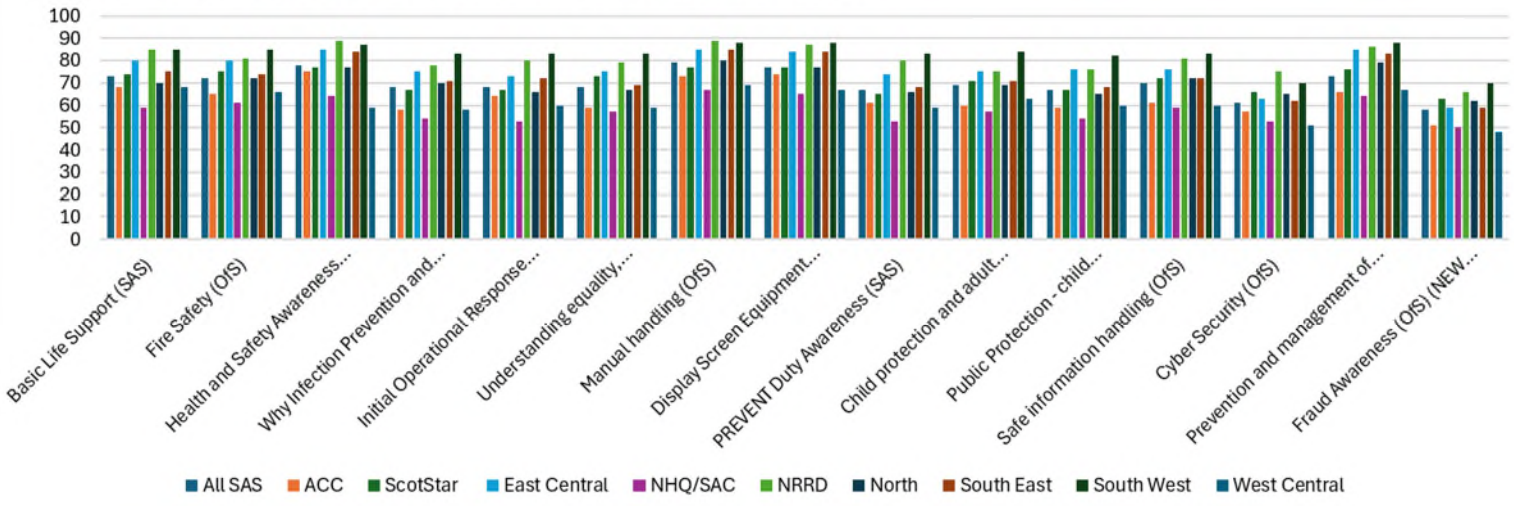


Table 12: LiP Turas Module Completion percentage by area (to 22/10/2026)



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

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

Proactive educational support during Return to Work is vital for maintaining safe staffing levels and reducing reliance on costly overtime. The EPDD has strengthened its processes and support for staff returning after an absence. A forthcoming study in collaboration with the Royal College of Paramedics and the Universities of Stirling and

Glasgow will explore clinicians' experiences and learning needs to ensure high-quality education, improved confidence and sustained care quality. The questionnaire-based study is now closed with data analysis underway. The results will be shared with the SAS prior to submission to a peer reviewed journal for publication.

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 legislation and future SLAs will need to include regard to the Health and Care Staffing Act.

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

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

SECTION 6: CONSULTATION

This report has been circulated to the contributing authors from across SAS for comment before presentation to the Board.

APPENDICES:

Appendix 1- Risks

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

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

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

Appendix 3- Health and Care Staffing Act: Guiding Principles

- Improving standards and outcomes for service users
- Taking account of the particular needs, abilities, characteristics and circumstances of different service users
- Respecting the dignity and rights of service users
- Taking account of the views of staff and service users
- Ensuring the wellbeing of staff
- Being open with staff and service users about the decisions on staffing

- Allocating staff efficiently and effectively

- Promoting multi-disciplinary services as appropriate

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

Reports must include assessment of compliance against various duties	• ensure appropriate staffing • ensure appropriate staffing: agency workers • have real-time staffing assessment in place • have risk escalation process in place • have arrangements to address severe and recurrent risks • seek clinical advice • ensure adequate time given to leaders • ensure appropriate staffing: training of staff
Reports must also include:	• reference to the steps taken to have regard to the guiding principles when arranging appropriate staffing • reference to the steps taken to have regard to the guiding principles when planning and securing health care services from third parties • details of the views of employees on how, operationally, clinical advice is sought • information on decisions taken which conflict with clinical advice, associated risks and mitigating actions • conclusions and recommendations following assessment and consideration of all detailed above

Useful Links

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

The draft guidance can be found here.

A summary of the duties can be found here.