



NOT PROTECTIVELY MARKED

EXECUTIVE TEAM MEETING

07 October 2025

Item No 08

THIS PAPER IS FOR APPROVAL

SBAR ACC LEADERSHIP / MANAGEMENT TEAM STRUCTURE

Lead Director Author	[REDACTED]
Action required	The Executive Team are asked to approve the recommendation set out within the paper.
Key points	Recommendation to invest in additional B8a 1-year secondment senior manager post within unscheduled care to take forward the programme management and review of non-conventional dispatch as well as contributing to the wider leadership team within ACC to deliver on national objectives to enhance clinical/staff governance.
Timing	October 2025-2026
Link to Corporate Ambitions	This paper is aligned to all the Service's corporate ambitions.
Benefit to Patients	Ensuring the appropriate dispatch of all SAS resources with our partner agencies underpins the "right care, right place, right time" aim whilst intending to reduce inequalities and improve outcomes.



**Scottish
Ambulance
Service**

Working in Partnership with Universities



SBAR: ACC Leadership and Management Team Structure Review

[REDACTED] Ambulance Control Centres (ACC) - 10/09/2025

Situation

There is a need to review the current ACC leadership and management team structure to provide more stability and consistency to the management of both core operational delivery and business support areas, as well as increasing the capacity and capability to drive forward several required service improvements and planned developments.

Background

[REDACTED]

There has also been ongoing growth in service demand with a lagging increase in the ACC core capacity, particularly within the emergency call handling teams but across the Alternative Resource Desk, Special Services Desk and Scheduled Care as well. Key programmes of work to drive improvements in these areas have been on hold initially during Covid19 and recovery phase, then latterly due to managerial changes.

Assessment

With the recruitment of a new GM, in post since the beginning of June 2025, there has been an opportunity to pause and assess the current leadership and management team and other key roles in the organisational structure within the wider ACC remit.

Feedback has been sought from directors, previous post holders, peers, reports, and the wider service. [REDACTED]

Factored into this are concurrent and interdependent workstreams around the overall call handling capacity required (via a separate Call Handling Business Case) as well as optimising working patterns to meet demands of Reduced Working Week (RWW).

This SBAR is therefore largely focused on non-rostered roles at Band 8a and above with further recommendations for other realignment of some non-rostered Band 7 staff within the overarching National Directorate, of which the ACC forms a central part.

Of keynote there has been a separate agreement to implement a 1-year test of change Band 8b post for Scheduled Care based on this role taking forward critical programme outputs under the Board led by the Director for East Region and Scheduled Care lead. Appointment to this has been made and they will manage an Acting Up 8a backfill too.

Additionally, there is a dedicated ACC Resilience Manager, which is a standalone post under the Head of Performance, Planning, and Information. Transfer of this to NRRD to join the wider Risk and Resilience Team is already underway. This will give more focussed line and peer support to the individual and team whilst remaining ACC facing.

Option 1 – do nothing.

The current structure is shown in Appendix 1. As highlighted above there have been substantial changes in both the leadership and management team and staffing needs that require a revised approach to address the increased demands within the system.

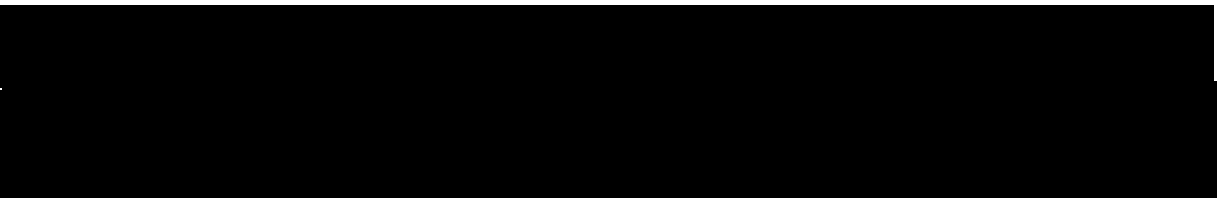


Sickness absence rates within the ACC are among the highest in SAS and other NHS Scotland Boards with the need to increase efforts to implement the Once for Scotland Attendance Policy in a fair and consistent way to reduce the current and future levels.

These considerations also come before the intention to increase the overall ACC WTE workforce within call handling and subsequently there is a target ratio to ensure that ongoing availability of supervisory and managerial staffing reflects the higher baseline.

In addition to the focus on Scheduled Care which has been detailed above there is a driver to assess and address the workforce out with conventional dispatch based on feedback from internal colleagues and external partners that this is not maximised yet.

Last, but by no means least, is the requirement to ensure that Clinical Governance standards are upheld including the timelier completion of SAERs and transfer of learning to the wider system, as well as maintaining effective audit of all patient risks.



Option 2 – changes to structure within the current funding and agreed establishment.

The proposed changed structure is shown in Appendix 2 and is within current funding. It will be outlined more fully with the background to the decision-making process and key interdependencies. Essentially it creates a streamlined reporting structure under the GM of 3 x Band 8b Heads of Service and then Deputy Heads of Service Band 8a.

(Please note that the Head of Performance, Planning & Information also supports ICH)

[REDACTED] it is possible to simply realign some of the reporting structures out with the already increased remit of a new Band 8b Head of Service for Scheduled Care which has already been agreed separately for 1 year.

This entails moving the Special Services Desk (SSD) manager which is a current Band 7 post under the Head of Operational Delivery (to be renamed as the Head of Service Unscheduled Care) to give more focussed line and peer support alongside the two current National Dispatch Managers, Band 8a, one of whom is still on a secondment.

Permanent recruitment to the extended fixed term contract National Dispatch Manager (to be renamed Deputy Head of Service Unscheduled Care) is agreed and will be to an East/North remit moving forward to provide clear focus and direction to teams in each site and reduce the duplicated East/West travelling time and associated costs.

It is further planned to move the Call Performance Manager, a Band 7 post, from the Head of Service Unscheduled Care to Head of Performance, Planning & Information.

The Call Performance Manager would in turn take over line management of the team of Auditors who currently sit under a Learning & Development Manager. This would allow both functions to focus more fully on their core delivery objectives and provide further resilience to the overall team's review and development of call performance. The audit team will also work closely with the proposed new B4 Senior Call Handlers (this role is covered separately in more detail within the Call Handling Business Case).

All the above moves are cost neutral and provide a more streamlined structure with aligned business function and delivery remits. All the individuals affected and the teams they will be part of will have greater cross cover and resilience as a result, but these changes do not create additional Unscheduled Care senior manager capacity.

[REDACTED]

[REDACTED]

Option 3 – increase capacity of senior management team requiring additional funding.

[REDACTED]

increased management structure is shown in Appendix 3.

In addition to implementing all the changes in Option 2, the Option 3 is to increase the overall ACC senior management capacity by creating an additional Band 8a Deputy Head of Service to take forward the review of all Non-Conventional Dispatch (NCD).

[REDACTED]

Some improvement work is already being undertaken in this area following the recent BASICS Code Review SBAR approved in July 2025. [REDACTED]

[REDACTED] however this process does not address requirements to also increase internal ACC dispatch resource availability to ensure the demand can be well matched.

This new 8a Deputy Head of Service role would report to the Head of Service for Unscheduled Care and would take on the programme management as well as a full structure review of ACC dispatch staff for alternative and special resource response:

- BASICS (Volunteer Healthcare Staff)
- Community First Responders (CFRs)
- ScotSTAR (HEMS/Airwing - Fixed & Rotary)
- Special Operations Response Team (SORT)

[REDACTED]

Therefore, the 8a NCD post holder would initially project plan and manage the review of all the above, modelling the demand and capacity profiles and assessing workforce requirements to fulfil all the functions for maximising NCD. This will require internal and multiagency working across statutory and voluntary staff, regions, and ACC sites.

[REDACTED]

Option 3 needs an investment in this new Band 8a for NCD however the anticipated benefits in terms of scope and remit of this role for ACC service resilience and staff support, not to mention improving the utilisation of alternative and special resources, can be measured and on that basis is requested as a 1-year test of change secondment. This has been agreed in principle with the Chief Executive as an ideal opportunity to apply the Scottish Improvement Leaders (ScIL) methodology in practice.

Financial Implications

[REDACTED]

Importantly by creating additional NCD resource as required, while also leaving current wte in place, this uplifts the overall resource available for the wider ACC management oversight. There will be this new B8a in addition to current and further B7s and B5s (uplifted through the separate RWW working guidelines funded by SG programme).

Option 3 supports the National Team's commitment to focus on our people, improving staff experience/retention, reducing 'single point of failure' associated with standalone posts. It also uplifts cover and resilience for annual leave and unplanned absence.

Recommendation

Option 3 is the preferred and recommended option as it provides additional resource capacity not only for overall management of ACC but for improving the key objectives in relation to appropriate and effective dispatch of alternative and special resources.

A further benefit is the increase in senior managers available to fulfil the ACC on-call rota providing enhanced team capacity, flexibility and resilience as well as protecting against burn out.

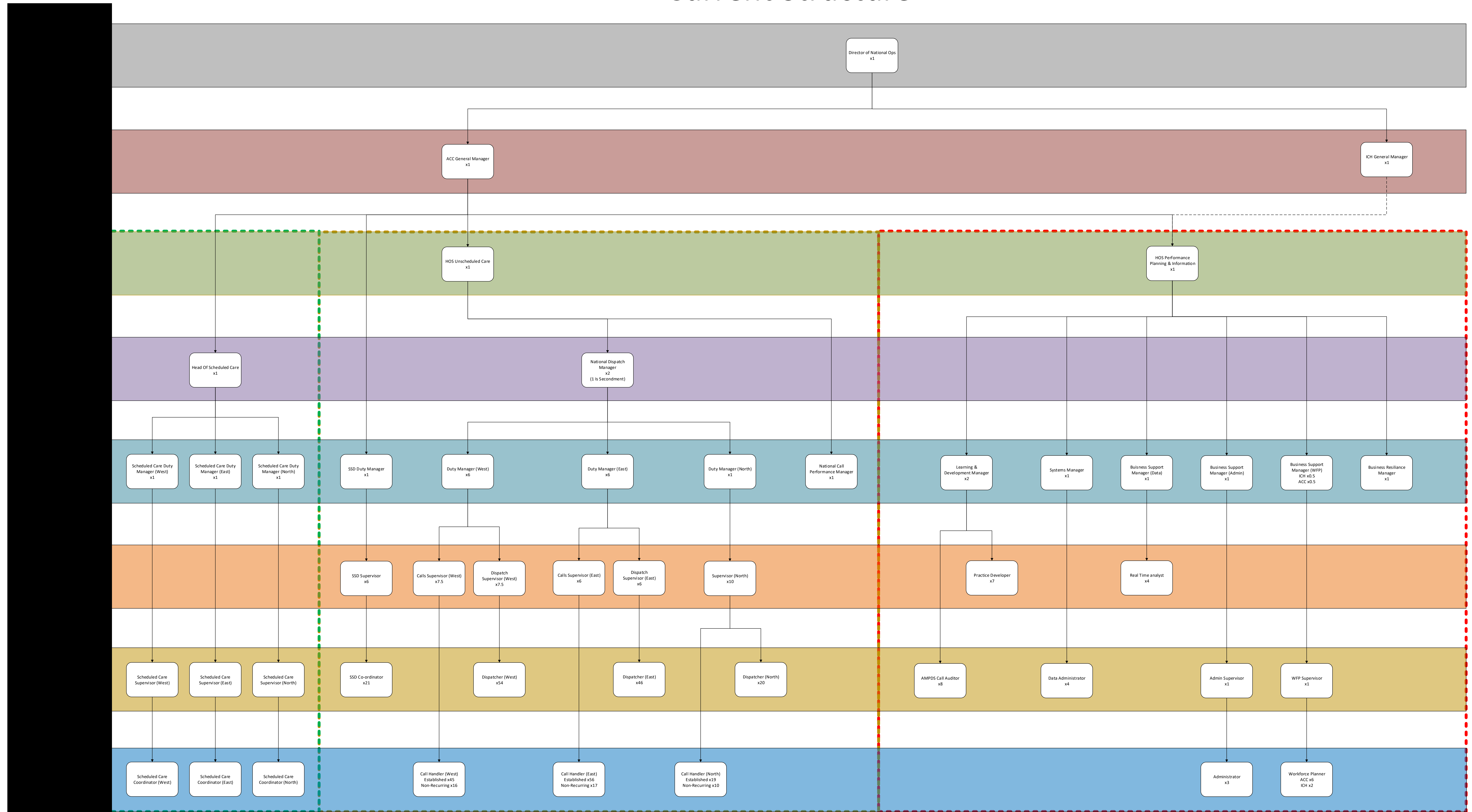
Appendices

Appendix 1 – current structure

Appendix 2 – changed structure

Appendix 3 – increased structure

Current Structure



Changed Structure

