



<b>PUBLIC BOARD MEETING</b>		<b>27 May 2026</b> <b>Item 17</b>
<b>THIS PAPER IS FOR DISCUSSION</b>		
<b>STAFF EXPERIENCE AND PERFORMANCE REPORT</b>		
<b>Lead Director</b>	Elise Gallagher, Director of People & Culture	
<b>Author(s)</b>	Graeme Ferguson, Deputy Director of People & Culture Alison Ferahi, Head of Organisational Development & Wellbeing Fay McNicol, Head of Health and Safety Coralie Colburn, Senior HR Manager	
<b>Action required</b>	The Board is asked to <b>discuss</b> the Staff Experience and Performance report.	
<b>Key points</b>	<p>Key points to note:</p> <ul style="list-style-type: none"><li>• Total sickness absence during the last reporting period has decreased from 8.92% in February to 8.2% in April. There was a decrease in both long-term (5%) and short-time absence (2.96%) against the previous month. This is a welcome reduction, following the efforts of the Attendance Management Programme and progress will be kept under review.</li><li>• The formal dispute with the trade unions regarding rest breaks has now formally ended. This represents significant progress and all parties remain confident that the test of change now in operation will be the long-term solution to this long running issue.</li><li>• Our 'Staying Well' Service launched on 1 December 2025 has supported 200 members of staff as of 5 May 2026. Mental health referrals account for 78% of the total number of referrals – this has increased significantly since the inception of the service. Evaluation of the service will be shared with SGC in December 2026.</li><li>• Our appraisal completion rate is 25.42% as of 4 May 2026. There are currently 1663 in-progress appraisals, and should these be completed alongside the 370 partially completed we would see our completed appraisals within SAS reach 55%.</li></ul>	
<b>Timing</b>	This report is updated for each Board meeting.	

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<b>Associated Corporate Risk Identification</b>	Risk ID 4636 Risk ID 5651 Risk ID 5652 Risk ID 5653
<b>Link to Corporate Ambitions</b>	This paper relates to: <ul style="list-style-type: none"> <li>We will be a great place to work, focusing on staff experience, health and wellbeing.</li> </ul>
<b>Link to NHS Scotland's Quality Ambitions</b>	This paper is aligned to and supports all three of NHS Scotland's quality ambitions to enable our workforce to provide safe, effective and person centred care.
<b>Benefit to Patients</b>	The steps we are taking via our organisation wide staff experience commitments to support, nurture, retain, develop & enable our people to thrive at work will in turn have a direct impact on improving the quality of care we provide to patients.
<b>Climate Change Impact Identification</b>	This paper has identified no impacts on climate change.
<b>Equality and Diversity</b>	An Equality Impact Assessment was completed on 8 July 2024 for our Health & Wellbeing Strategy 2024-27 and filed with the Service EDI Lead for publication on @SAS.

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**Scottish  
Ambulance  
Service**

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## **SCOTTISH AMBULANCE SERVICE BOARD**

### **STAFF EXPERIENCE AND PERFORMANCE REPORT**

**ELISE GALLAGHER, DIRECTOR OF PEOPLE & CULTURE**

**GRAEME FERGUSON, DEPUTY DIRECTOR OF PEOPLE AND CULTURE**

**ALISON FERAHI, HEAD OF ORGANISATIONAL DEVELOPMENT &  
WELLBEING**

**FAY MCNICOL, HEAD OF HEALTH AND SAFETY**

**CHRIS CARRON, HEAD OF WORKFORCE PLANNING & INSIGHT**

**CORALIE COLBURN, SENIOR HR MANAGER**

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#### **SECTION 1: PURPOSE**

This paper provides an update on staff experience and workforce performance over the last reporting period to May 2026.

#### **SECTION 2: RECOMMENDATIONS**

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

#### **SECTION 3: DISCUSSION**

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

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

Our Health & Wellbeing Strategy 2024-27 builds upon the approach of its predecessor and is grounded in a solid and growing evidence base highlighting the importance of prioritising the health and wellbeing of our workforce. The actions that we set out in this reporting period have been achieved. Six new priorities have been developed for 2026-27 and are included within the report.

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### 3.1 WORKFORCE PLANNING

Work is underway to develop the next 3 year workforce plan for 2026-29. Although no definitive timescale has been confirmed yet by Scottish Government (SG), an abridged version of this plan was submitted to SG in mid-March 2025. This had a particular focus on “difficult to recruit areas and roles” and more general workforce challenges. Our draft 3-year SAS workforce plan, 2026/29 went to Staff Governance Committee on 3 March 2026 and further draft will be discussed on 4 June 2026.

The workforce information contained in the Vector of Measures outline varied performance across the different metrics. Key points for noting and discussion are outlined below along with an update on proposed developments in our workforce reporting approach.

#### Employee Resourcing

##### Staff in Post

Table 1 confirms that at the end of April 2026, SAS employed 6855 staff, contributing 5788.02 WTE.

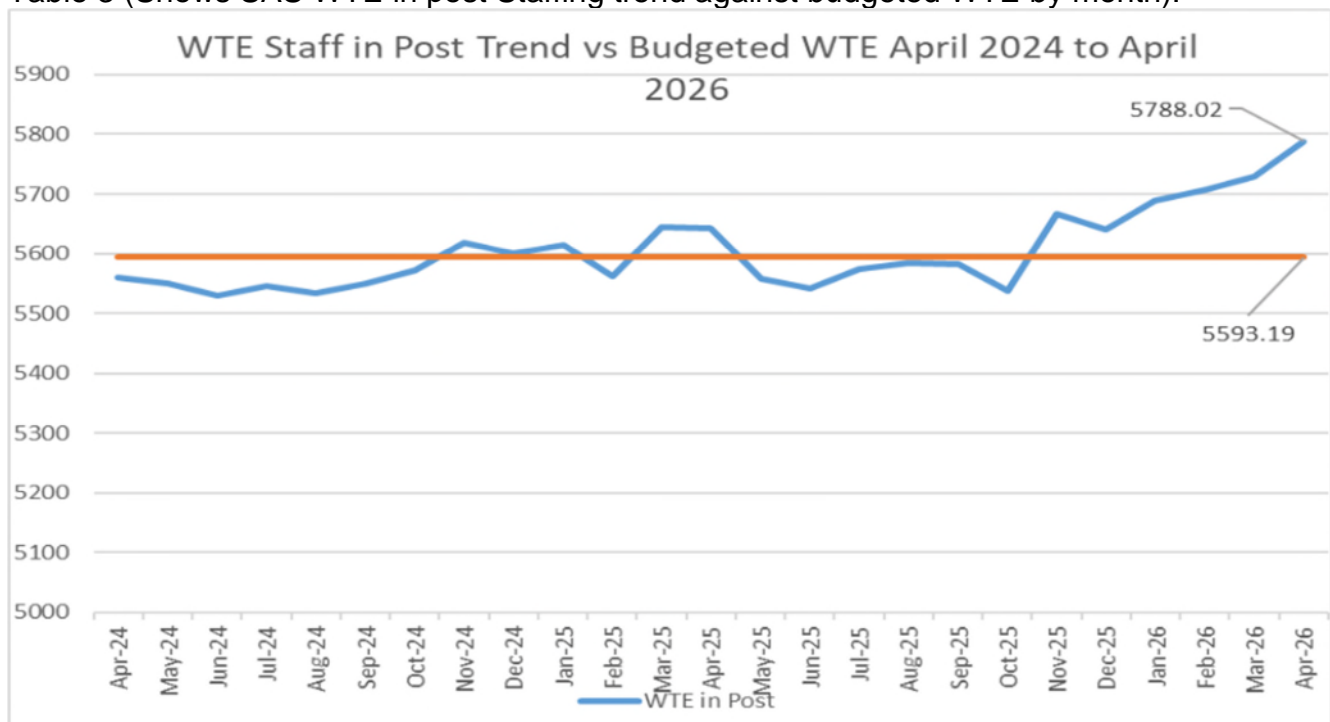
Table 1

<b>Scottish Ambulance Service</b>		
<b>Staff in post as at the end of April 2026 (Headcount vs WTE)</b>		
<b>SAS Job Family</b>	<b>Headcount</b>	<b>WTE</b>
Ambulance Paramedic	2583.00	2291.09
Ambulance Technician	1491.00	1344.86
Ambulance Care Assistant	979.00	766.13
Ambulance Services - Driver	44.00	10.57
Ambulance Services - EMDC Operative	500.00	412.84
Ambulance Services - Operations Manager	117.00	101.20
Ambulance Services - PTS Control	96.00	78.80
Medical	114.00	7.92
Nursing	118.00	60.86
Senior Managers	14.00	8.22
Administrative Services	660.00	583.83
Support Services	139.00	121.70
<b>Grand Total</b>	<b>6855</b>	<b>5788.02</b>

Table 2 (Shows the in-post staffing by Job Family / Region).

Scottish Ambulance Service						
WTE Staff in post as at end of April 2026 by Job Family and Region						
SAS Job Family	North Region	East Region	West Region	National Operations	Corporate Functions	Grand Total
Ambulance Paramedic	449.63	687.16	909.80	226.02	18.48	2291.09
Ambulance Technician	297.28	440.11	606.43	1.04	0.00	1344.86
Ambulance Care Assisitant	95.26	249.40	403.51	17.96	0.00	766.13
Ambulance Services - Driver	0.00	0.00	8.57	0.00	2.00	10.57
Ambulance Services - EMDC Operative	0.00	0.00	0.00	412.84	0.00	412.84
Ambulance Services - Operations Manager	8.62	16.89	24.07	22.51	29.11	101.20
Ambulance Services - PTS Control	0.00	0.00	2.03	76.77	0.00	78.80
Medical	0.00	0.00	0.00	5.41	1.51	7.92
Nursing	1.00	0.00	1.00	53.39	5.47	60.86
Senior Managers	0.00	0.00	0.00	0.00	8.22	8.22
Administrative Services	17.30	46.28	46.77	114.08	359.40	583.83
Support Services	3.03	0.53	9.82	8.00	100.32	121.70
<b>Grand Total</b>	<b>872.12</b>	<b>1440.37</b>	<b>2012.00</b>	<b>938.02</b>	<b>524.51</b>	<b>5788.02</b>

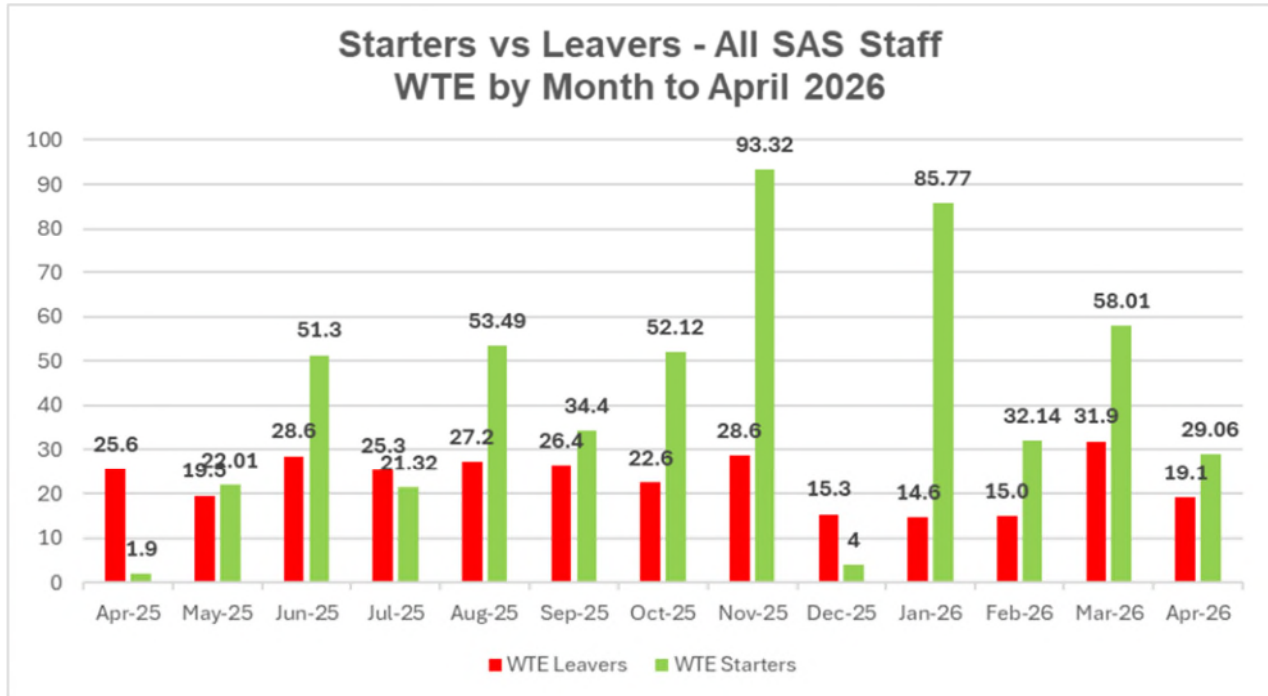
Table 3 (Shows SAS WTE in post Staffing trend against budgeted WTE by month).



## Workforce Change – Starters and Leavers

Table 4 highlights that the number of staff new starters exceeds leavers in the financial year to date (although staff starting on bank contracts present as 0 WTE on the eESS system).

Table 4



## 3.2 ATTRACT, RECRUIT, RETAIN

### 3.2.1 Newly Qualified Paramedics

The North Region has recently completed a local recruitment exercise which resulted in the appointment of 24 qualified Paramedics. SAS will shortly commence the 2026/27 Newly Qualified Paramedic recruitment programme. A recruitment advert will be issued late May with an applications, shortlisting, fitness testing and interviews taking place across the summer months. Regional teams are currently finalising details of current and projected vacancies and locations with recruitment activities being coordinated to align with university graduation timelines. The Education and Professional Development Department (EPPD) are confirming anticipated student graduation numbers with the Scottish universities however it is anticipated that additional applications may be received from recently qualified "non-Scots domiciled" paramedics across the UK following recent decisions by regional ambulance services to suspend paramedic recruitment activity.

### 3.2.2 Sickness absence levels

Total sickness absence during the last reporting period has decreased from 8.92% in February to 8.2% in April. There was a decrease in both long-term (5%) and short-time absence (2.96%) against the previous month.

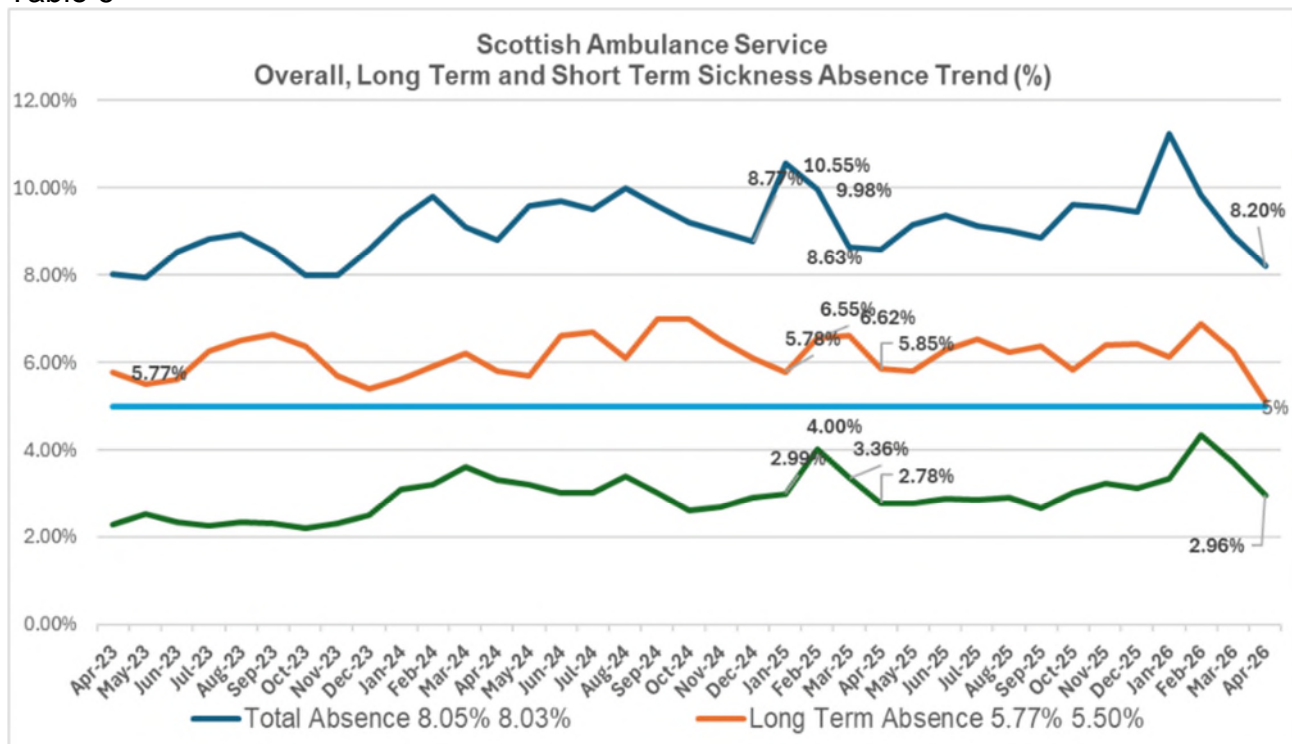
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Patterns of absence indicate that there has historically been an increase in sickness levels observed across the winter months and this continues to be monitored given the current elevated levels of staff absence. An executive oversight group has been established to identify the key factors driving sickness absence and develop actions required to reduce both long- and short-term absences. The key driver for this group is to ensure that all available support is in place to support staff with challenging health issues and that our internal processes are applied consistently.

Considerable data analysis has now been undertaken which gives the Service far more workforce data than ever before to analyse underlying causes of sickness absence, including down to station and individual level, as well as highlighting wider abstraction reasons with this data now in place, there can be much more credence given to the available information which in turn will prompt more person centred and supportive management actions to address high level of sickness absence.

Table 6 highlights the overall long term and short-term sickness absence trends over the last 2 years.

Table 6



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

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### 3.2.4 Occupational Health Activity

There remains considerable scrutiny of our various Occupational Health (OH) providers and concerns remain with the baseline service itself. Whilst we are continually seeking to rectify any Service related problems as quickly as possible, urgent internal discussions are ongoing around possible options to replace the current expired service level agreement. We utilised our bank OH nurse consultant to clear the backlog list (approx. 100 people), Appointments commenced end of January and completed 10<sup>th</sup> April. The backlog was caused by having no OH support from NHS Lothian or NHS Fife. Arrangements were also in place over a temporary arrangement for 1 day a week with assistance provided by NHS Lanarkshire who will work with NSS OH to work on the BAU from January to October.

The data in Tables 7 shows there were 2070 referrals submitted in this fiscal year (2025/26)

- 1226 Management Referrals
- 808 Physiotherapy Referrals
- 25 Referrals to Keil
- 11 TRIM

Anxiety, stress and depression and other psychiatric illness remain the highest category for management referrals accounting for 32.5% under this initial triage criteria.

The table shows the referrals by divisions, reasons and locations.

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Table 7

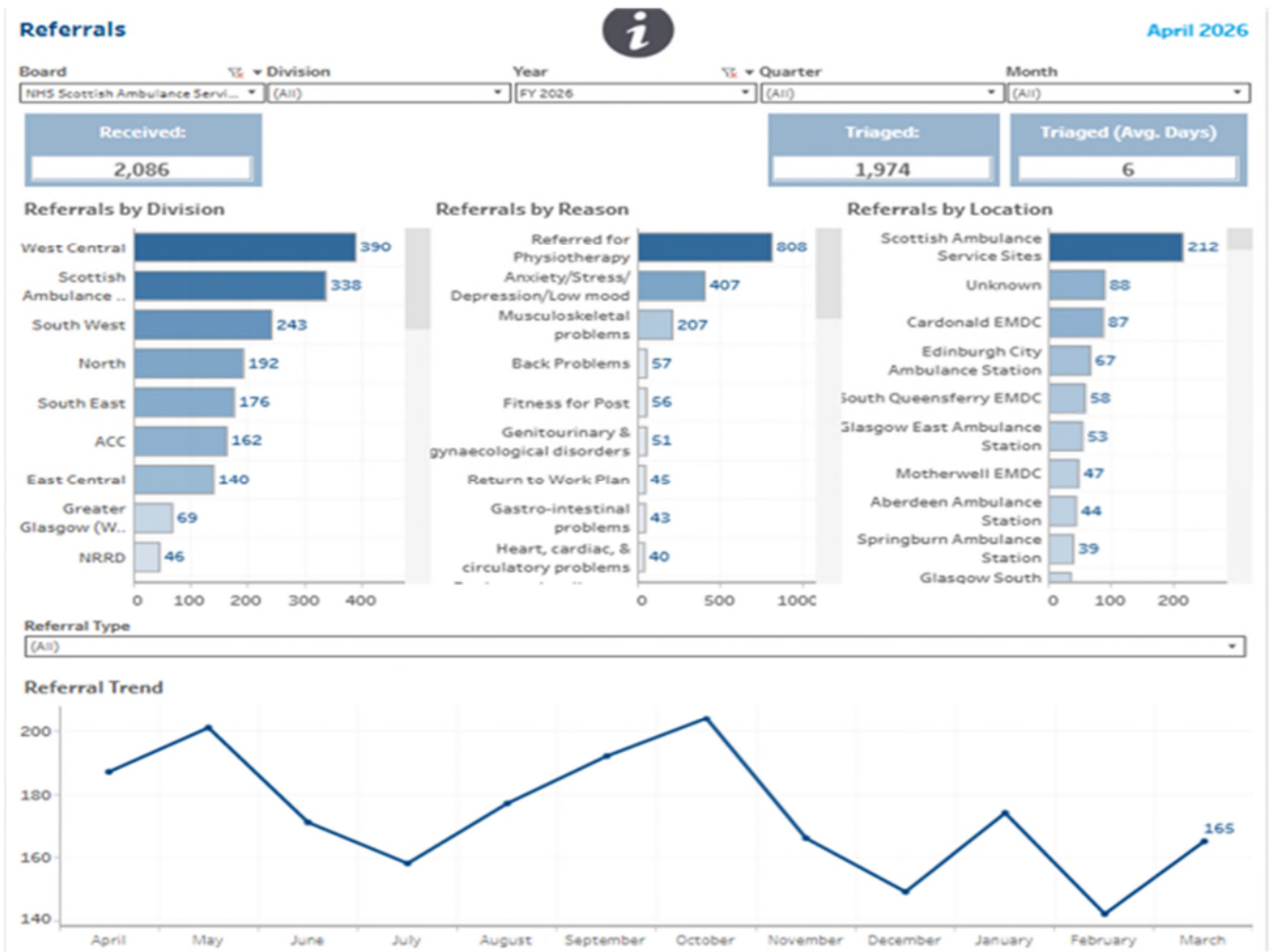
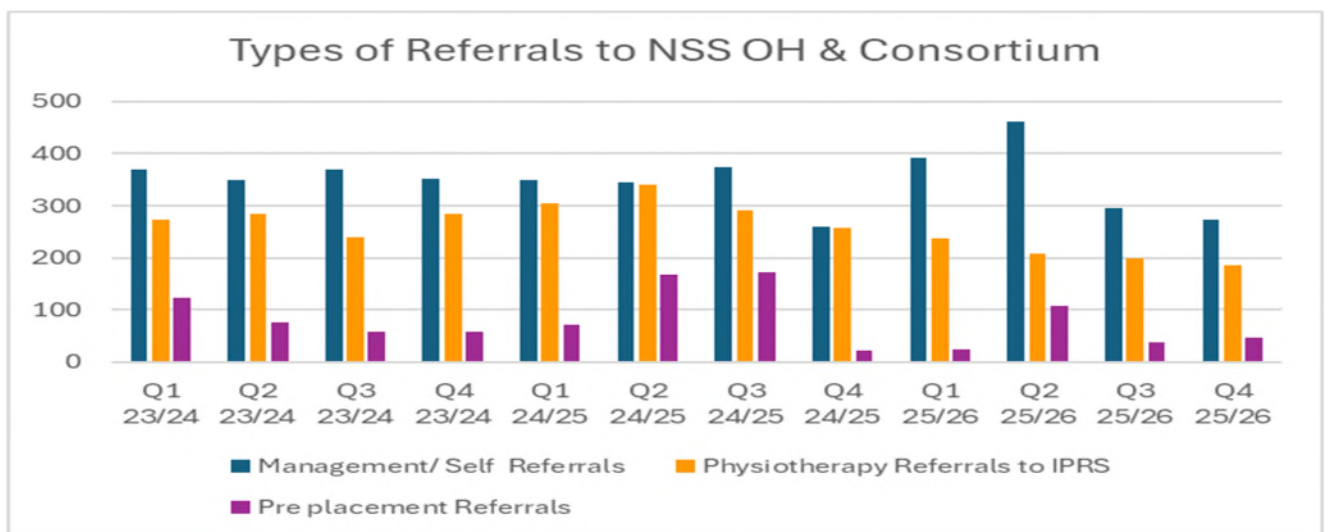


Table 8 (breakdown of type of referral by quarter up to Q4)



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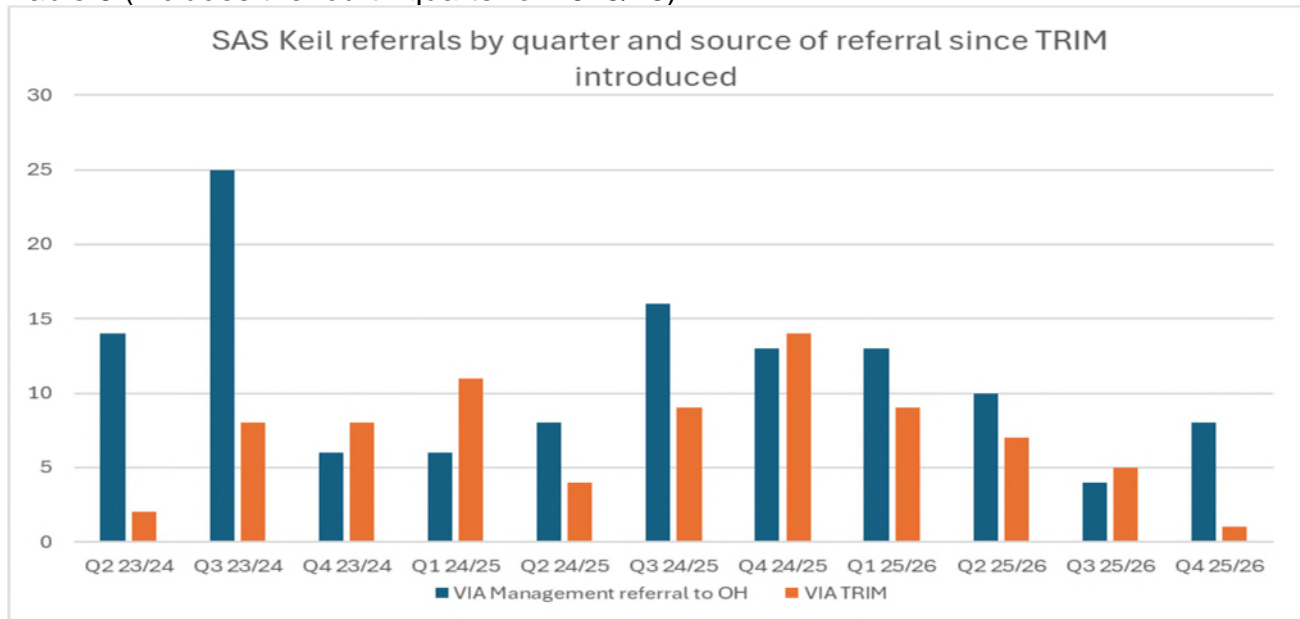
### 3.2.5 Pre-placement Checks

There have been 252 pre-employment assessments in this year to date (Fourth quarter), with an average clearance time of 27 days.

### 3.2.6 Keil Referrals

There were 9 Keil referrals submitted in Q4. (table 8) Shows the numbers of staff referred through management referral and through TRIM from its introduction to the service.

Table 9 (includes the fourth quarter of 2025/26)



It is important to note that the new SAS staying well service launched in December 2025

### 3.2.7 Employee Relations

#### National Employee Relations Activity

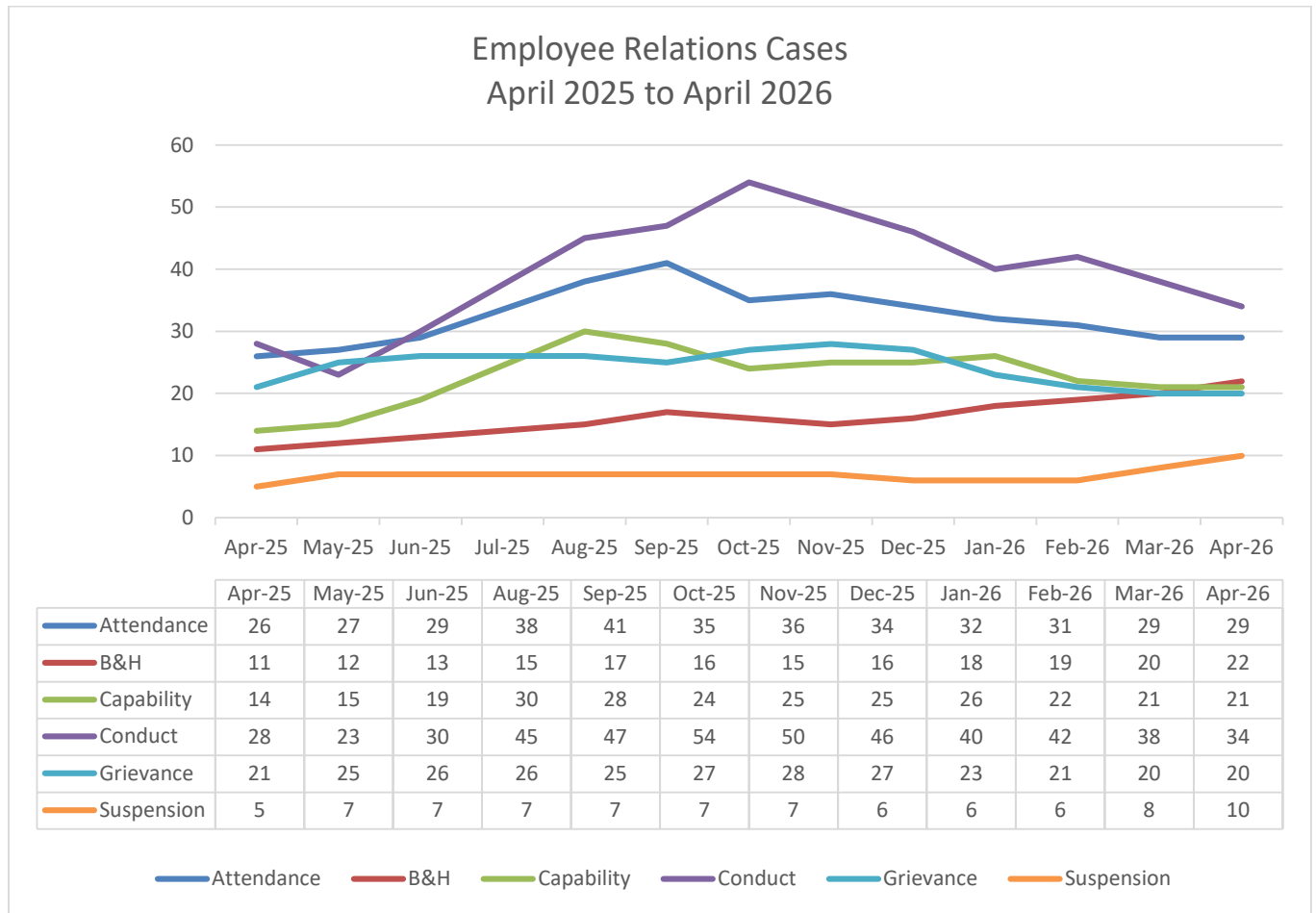
Recording of Employee Relations activity re Grievances, Bullying and Harassment and Conduct as well as Capability and Attendance is monitored via an online recording sheet which is intended to provide timeous recording of ongoing cases along with additional data which facilitates tracking of timescales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

The undernoted table reports on current employee relations activity and application of the relevant Once for Scotland Policies.

The tables below represent initial outputs of the online recording as the end of April 2026. Support for ER case work is now being coordinated through the People Services Hub and a new system for recording and reporting is being developed.

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Table 12



The number of ER cases across the service has shown a downward trend since September. The total number of cases was 165 in September 2025 and has fallen to 136 cases in April 2026.

Table 13 shows all Employee Relations case activity as of April 2026 by category and region/directorate.

Table 13

	Apr-26	Attendance	B&H	Capability	Conduct	Grievance	Suspensions	Total
Operations - West		15	6	7	10	6	6	50
Operations - North		1	1	5	8	1	2	18
National Operations		4	3	4	6	10	2	29
Operations - East		6	10	5	5	0	0	26
Finance, Strategy and Logistics		3	1	0	4	1	0	9
Care, Quality & Professional Development		0	0	0	0	0	0	0
Medical		0	0	0	1	0	0	1
Collective (National)		0	1	0	0	2	0	3
<b>Total</b>		<b>29</b>	<b>22</b>	<b>21</b>	<b>34</b>	<b>20</b>	<b>10</b>	<b>136</b>

There has been a slight increase in the number of staff suspensions, rising from 8 in March to 10 in April. The breakdown of the duration of these suspensions is outlined below.

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- Between 1 – 6 months: 7
- Between 6 – 12 months: 1
- Between 12 – 18 months: 2

The current formal dispute with the trade unions regarding rest breaks has now formally ended and all parties remain confident that the test of change now in operation will be the long-term solution to this problematic issue.

Table 14

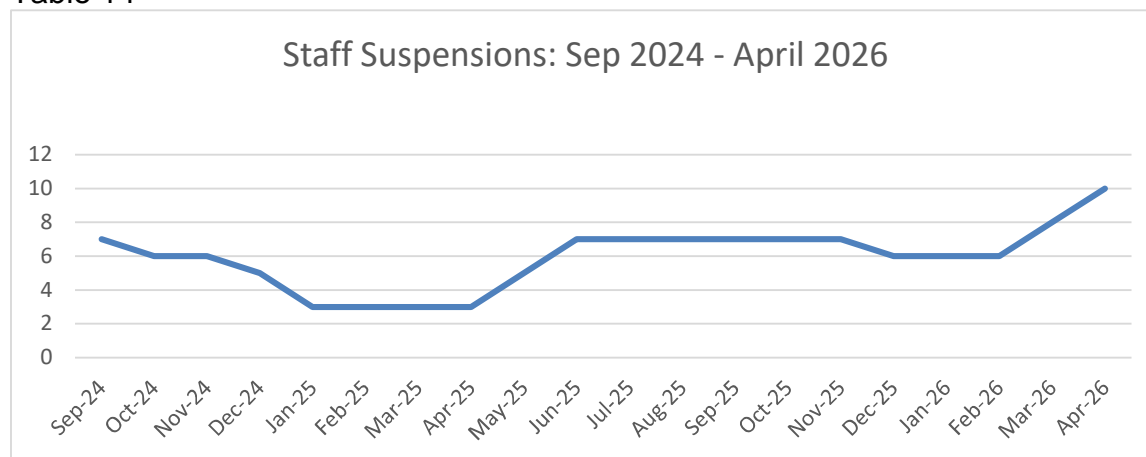


Table 15 (below) summaries the broad key themes of current conduct cases.

Number of Conduct Cases by Theme	
Clinical Care	4
Driving	3
Falsification of records / Plagiarism	4
Fraud	1
Inappropriate or unprofessional behaviour	11
Non-adherence to policy	3
Sexual Safety / misconduct	3
Substance Misuse	1
Other	4

### 3.3 HEALTH & WELLBEING STRATEGY 2024-27

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

Our six priorities for 2026/27 are:

1. Increasing awareness, knowledge and access to wellbeing support & resources and continuing to test and establish new pathways of support.

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

### 3.3.1 Staying Well Service

We launched a new service in SAS that is managed by the Wellbeing Team on 1 December 2025 to take a more proactive approach to supporting our workforce's health & wellbeing. We have had 200 referrals since launch on 1 December 2025. The table below highlights the number of referrals per month since launch of the Staying Well service on 1 December 2025.

Month	Number of Referrals	Total
December 2025	27	27
January 2026	37	64
February 2026	35	99
March 2026	43	142
April 2026	46	188
May 2026 (up until 5 May)	12	200

Table 2 gives an overview of the reasons for referral to this service on a percentage basis as of 5 May 2026. Mental health referrals account for 78% of the total number of referrals – this has increased significantly since the inception of the service.

Table 2. Referrals to Staying Well Service as of 5 May 2026

Reason for Referral	% of Referrals
Mental Health	78
Bereavement	8
Women's Health	1
Social	1
Workplace	2
Physical Health	4
Sexual Assault	2
Financial	4

### 3.3.2 Trauma Risk Management (TRiM)

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

We have had 723 referrals since launch from the end of June 2023 as highlighted in Table 3 below. Of these referrals 281 have been from the West Region, 280 from the East Region, 122 from the North Region, 40 from National Operations with a total of 125 onward referrals to Occupational Health.

**Table 3. TRiM Referrals since launch of service end June 2023**

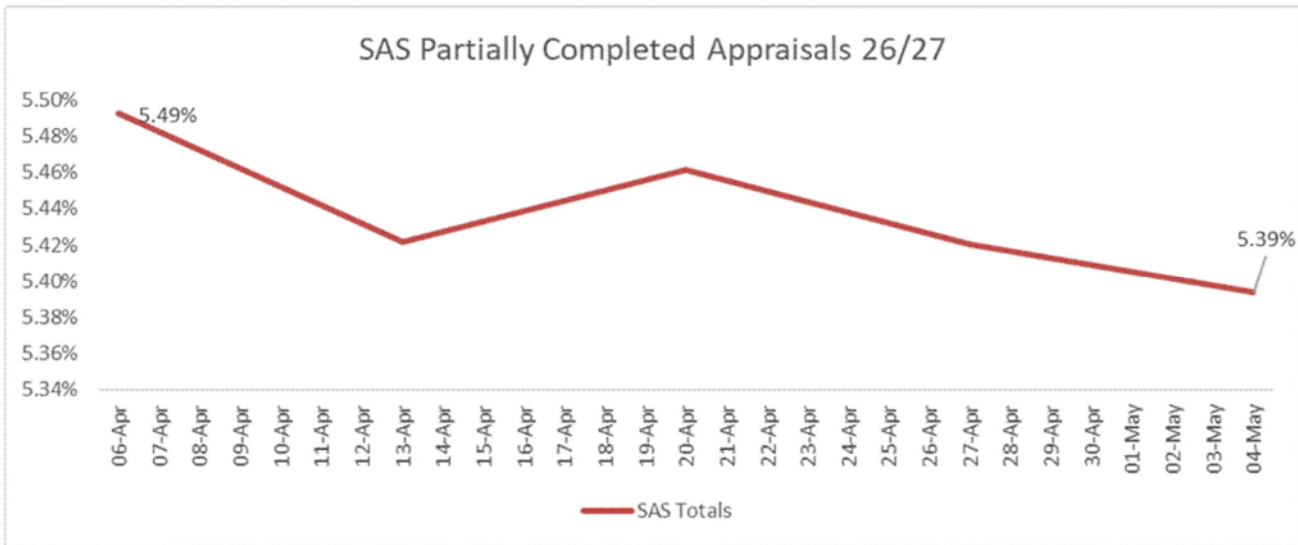
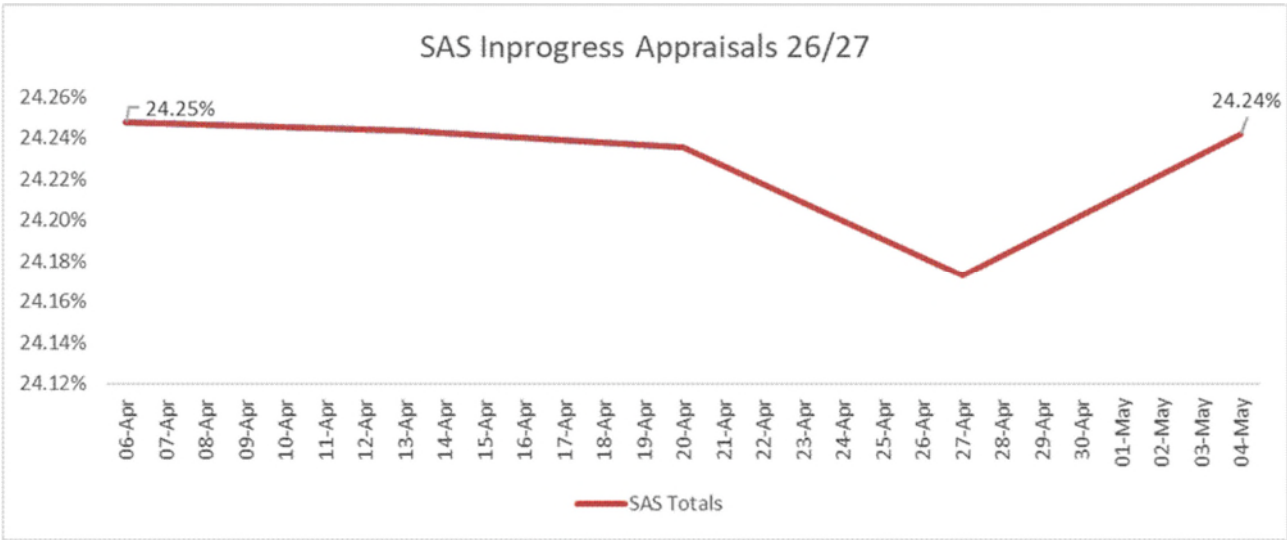
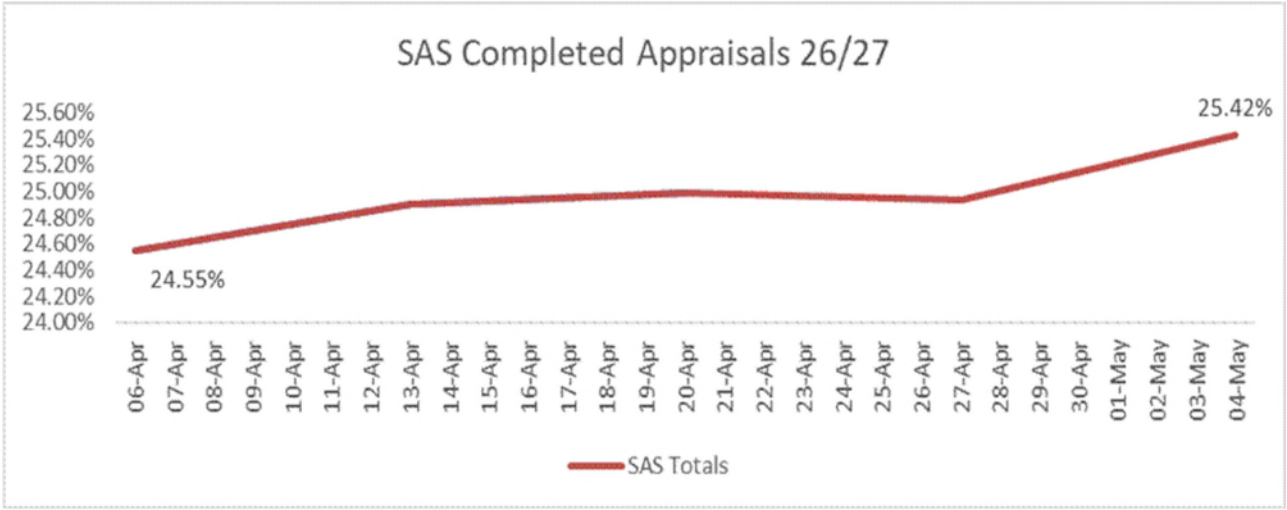
Month	Number of Referrals	Total
July 2023 – March 2025	509	509
April 2025	19	528
May 2025	13	541
June 2025	8	549
July 2025	21	570
August 2025	11	581
September 2025	17	598
October 2025	19	617
November 2025	19	636
December 2025	20	656
January 2026	18	674
February 2026	10	684
March 2026	16	700
April 2026	18	718
May 2026 (up until 5 May)	5	723

### 3.3.3 Employee Development - Appraisal

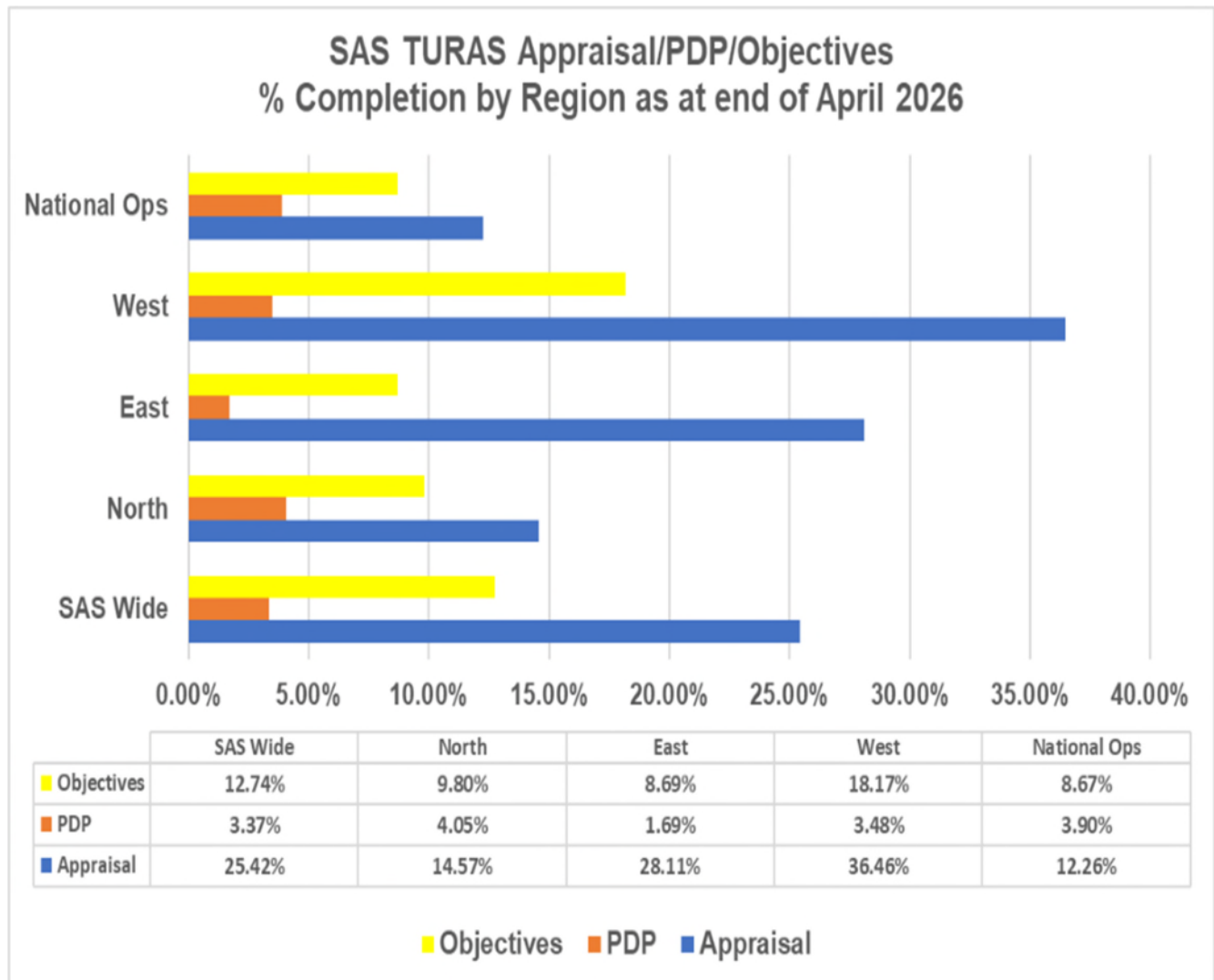
There has been a consistent upward trend in completed appraisals over the last year from 5.23% in November 2024 – 20.23% in November 2025. As anticipated our appraisal rate remained static throughout the winter period as the workforce faced increased operational pressures.

As of 4 May 2026, our SAS TURAS appraisal completion rate is 25.42%. There are currently 1663 in-progress appraisals, and should these be completed alongside the 370 partially completed we would see our completed appraisals within SAS reach 55%.

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



### 3.3.4 iMatter Staff Experience Survey

A paper was discussed at the May Executive Team meeting regarding strengthening our approach to iMatter across SAS.

The paper outlined our approach to planning a year-long improvement cycle approach to iMatter, rather than it being perceived as a one-off annual event.

Actions to strengthen our approach include:

- Having an Executive sponsor for iMatter with increased Executive leadership & support for the improvement cycle.
- Regular messaging throughout the year.
- Setting up a small working group to co-ordinate the phases of iMatter (not just one person that was previously in place).
- Meaningful and visible action planning.

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The 2026 iMatter cycle has already begun, with us in the team confirmation phase. The dates of the 2026 cycle are as follows:

- Team Confirmation: Monday 27 April 2026 to Friday 22 May 2026
- Survey opens: Monday 25 May 2026 and closes Monday 15 June 2026
- Reports published: Tuesday 16 June 2026
- Action Plan deadline: Tuesday 11 August 2026
- Implementation of action plans and key messaging – August 2026 – April 2027.

### **3.4 LEARNING AND INNOVATION**

#### **3.4.1 Learning**

##### **Statutory and Mandatory Training Compliance**

The TURAS Learn platform was launched in March 2024 and staff are currently working towards completion of the twelve SAS statutory and mandatory training modules. Table16 shows progress in the levels of completion since the launch of the TURAS Learn platform to End of April 2026 by Sub Division level. The RAG status shown is the KPI's agreed by the staff governance committee.

Completion of all 13 modules remains a challenge, but the trajectory is positive and we will continue to monitor this to achieve 100% completion rate for all prescribed modules, which is the goal. The Staff Governance Committee agreed a stepped approach to compliance with 80% being the target set for now and this will be reviewed in Q1 2026.

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Table 16

% Compliance at date of report	ACC	ScotStar	East Central	NHQ/SAC	NRRD	North	South East	South West	West Central	Date of last data
Basic Life Support (SAS)	59	63	70	54	77	66	67	81	51	05/05/2026
Fire Safety (OfS)	57	67	71	58	77	66	67	80	50	05/05/2026
Health and Safety Awareness (SAS)	70	74	74	58	86	68	72	81	54	05/05/2026
Why Infection Prevention and Control matters (OfS)	47	58	61	49	75	60	54	76	41	05/05/2026
Initial Operational Response (SAS)	55	58	61	47	87	58	60	77	40	05/05/2026
Understanding equality, diversity and human rights (OfS)	50	58	64	54	75	59	60	77	43	05/05/2026
Manual handling (OfS)	67	70	73	59	86	69	71	81	53	05/05/2026
Office Ergonomics -Display Screen Equipment (DSE) / Preventing Aches and Pains (SAS)	68	71	72	59	83	67	70	81	51	05/05/2026
PREVENT Duty Awareness (SAS)	48	55	60	48	76	56	58	76	41	05/05/2026
Child protection and adult support and protection (OfS)	51	61	64	51	72	64	61	77	43	05/05/2026
Public Protection - child protection and adult support and protection for SAS staff	51	58	64	50	71	59	60	75	44	05/05/2026
Safe information handling (OfS)	53	60	63	56	79	63	55	75	41	05/05/2026
Cyber Security (OfS)	47	51	48	49	67	48	35	66	32	05/05/2026
Prevention and management of violence and aggression (OfS)	66	68	72	57	82	67	68	81	50	05/05/2026
Fraud Awareness (OfS) (NEW spring 2026)	29	24	24	24	29	23	12	35	13	05/05/2026
Completion Status	Under 50% Compliance			50-79% Compliance			Over 80% Compliance			
	Non Compliant			Partially Compliant			Compliant			
Go Live 2nd March										
Total	Aug	Sept	Oct	Dec	Jan	Feb	Apr			
	23	21	22	21	16	19	27			
	89	91	90	90	94	91	98			
	5	5	5	6	7	7	10			
	117	117	117	117	117	117	135			

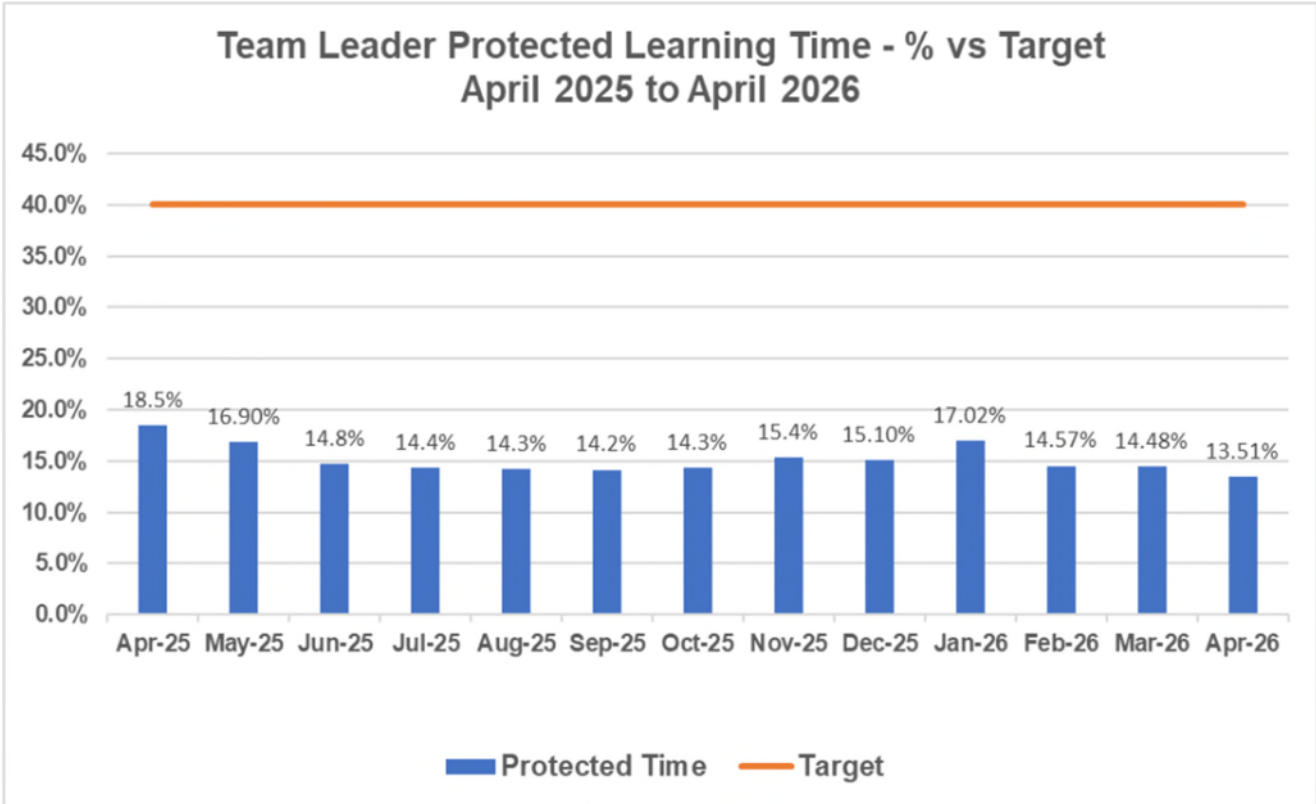
Note: module completion rates can alter as the expiry dates vary dependant on when you completed the course initially.

### Effective Leadership and Management

Protected time for Team Leaders in April 2026 was recorded at 13.51%, a decrease on previous months as can be seen in the table below.

There have been longstanding concerns about this issue and how this is recorded and reported. Through the Culture Programme, discussion will take place about the implications of the this and whether or not this should continue to be a meaningful performance measure that we report on.

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**3.4.2 Innovation**

**People Services Hub**

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

The key aims of the People Services Hub are to:

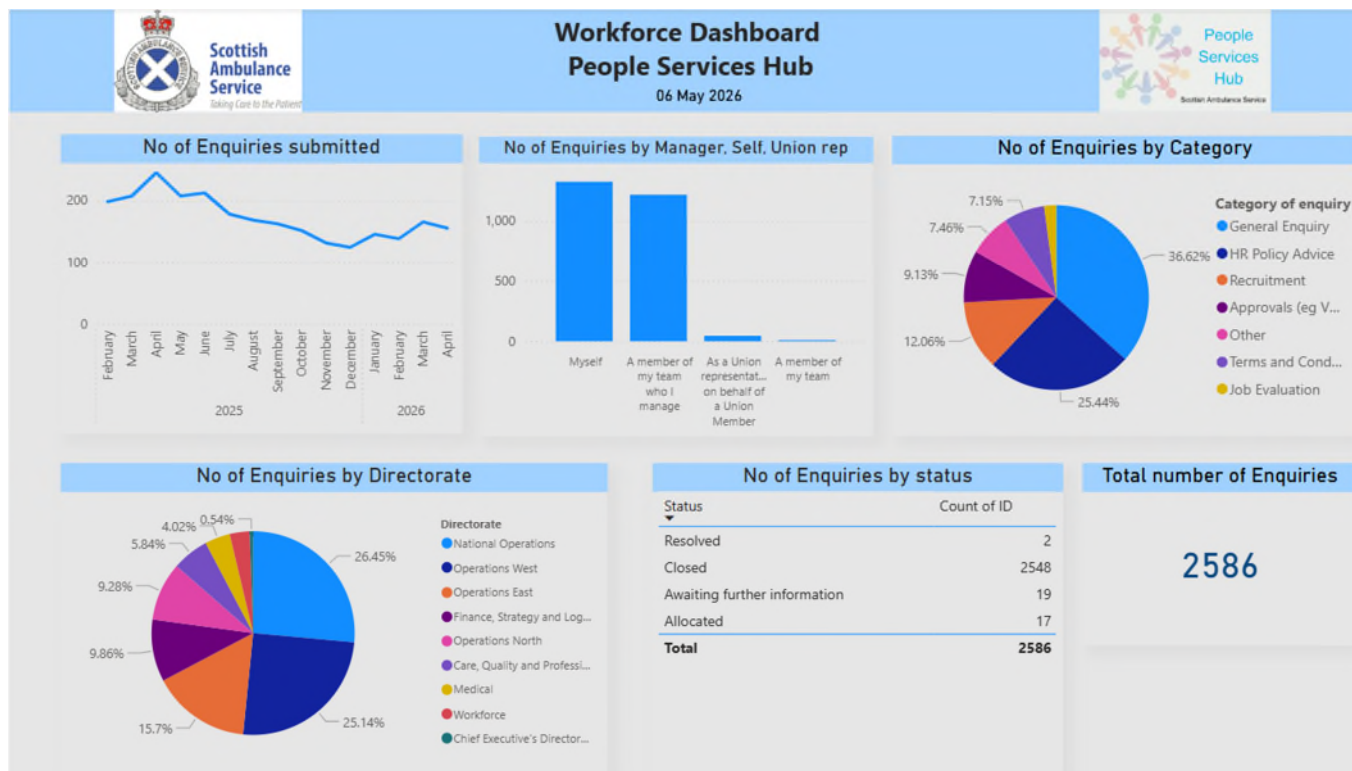
1. Provide consistency in HR advice across all Directorates with an understanding of varying service needs.
2. Provide fast and accurate responses to enquiries with an initial response given within 48 hours (excluding weekends and public holidays).
3. Allocate an appropriate HR professional to support employee relations cases and accurately track the progress of each case.
4. Provide robust and accurate reporting of employee relations activities.
5. Reduce the amount of HR Advisor time spent on low-level enquiries to allow more focus on higher-level work, such as ER cases, portfolio projects, and support organisational delivery of strategic objectives.

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

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

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Table 17 (People Services Hub enquiries: 3<sup>rd</sup> February 2025 to 30<sup>th</sup> April 2026).



## SECTION 3.5 EQUALITY, DIVERSITY AND INCLUSION

### 3.5.1 Legislative context

The Equality Act 2010 created a requirement for public authorities, including Scottish Ambulance Service, to meet the public sector equality duty to have due regard to eliminate discrimination, advance equality of opportunity and foster good relations. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 list the obligation to report progress on mainstreaming the public sector equality duty and to report progress on equality outcomes work every two years. Every four years there is a requirement to develop and publish new equality outcomes. All our key reports were published at the end of April, as detailed below:

- 1) Mainstreaming Report (2025-29)
- 2) Equality Outcomes (2025-29)
- 3) Gender Pay Gap Report (2025)
- 4) Equal Pay Statement (2025)
- 5) Equality Monitoring Report (2025)

The purpose of these reports is to provide examples of how our activities demonstrate we are building equality and diversity in to all that we do. This work aligns with the requirements of the

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public sector duty to eliminate discrimination, advance equality of opportunity and foster good relations. Reference is also made to several activities to illustrate how our work contributes to reducing health inequalities. The mid-term report for Mainstreaming and Equality Outcomes will be published in April 2027. We are currently monitoring all actions and will provide regular updates, at SGC, ahead of the 2027 reporting deadline.

A key element of the mainstreaming report is to illustrate how employee information is gathered and used to support change and improve outcomes for our workforce. Therefore, the annual workforce equality monitoring report 2024/25 and equal pay information are referenced in the reports.

### 3.5.2 Sexual Safety Programme Update

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

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

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## 3.6 COMPLIANCE

### 3.6.1 Health and safety update

There has been no HSE involvement this reporting period.

Work has continued, looking at the (Injury Prevention and Rehabilitation Service) IPRS retender with Procurement and NSS, and meetings have taken place with IPRS and a demo given on electronic referrals.

#### Air Monitoring

Air quality testing has taken place by SOCOTEC, our chosen contractor who provides testing, inspection and compliance services.

Testing included static and personal monitoring. The objective of the monitoring was to ascertain Respirable Dust, Respirable Manganese, Total Inhalable Dust, Iron, Manganese, Nickel, Combustion Gases (Carbon Dioxide, Carbon Monoxide, Nitrogen Dioxide and Nitrogen Monoxide) and Aldehydes (Formaldehyde, Acetaldehyde, Propionaldehyde, Crotonaldehyde, Butyraldehyde, Benzaldehyde, Isovaleraldehyde and Valeraldehyde) concentrations.

Once all reports are received, these will be considered holistically to determine actions to

A summary report was provided to the next HSWG on 18<sup>th</sup> May, and the Staff Governance Committee and a presentation on the results from the hospitals will be given at the next Heads of Health and Safety meeting in June. All reports have been issued to the relevant Heads of Health and Safety for the Hospitals and to the General Manager Fleet for all SAS Fleet Workshops. The health and safety team continues to support the fleet team to ensure all recommendations are completed.

#### Accidents

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

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

\*\* Reminder that the H&S Officers report all RIDDOR reports – Line Managers should report to the Regional Officer if they suspect the incident will be RIDDOR reportable. Neither of these processes have changed with the change over to In Phase.

#### RIDDORS

There were:

- 13 January (this includes 7 patient handling, 2 other handling, 1 slip/trip/fall same level, 1 slip/trip/fall from height, 1 struck by or against, 1 patient RIDDOR )

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- 7 February (this includes 3 patient handling, 2 other handling, 1 slip/trip/fall from height, 1 patient RIDDOR)
- 13 March (this includes 7 patient handling, 2 other handling, 1 slip/trip/fall same level, 2 slip/trip/fall from height, 1 struck by or against)
- 7 April (this includes 2 patient handling, 1 slip/trip/fall same level, 3 physical assault, 1 struck by or against)

