Public Board meeting	26 March 2025
	Item 13

THIS PAPER IS FOR NOTING

Scottish Ambulance Service Annual report on Health and Care (Staffng)(Scotland) Act for Scottish Government and Public

Lead Directors **Author**	David Bywater, Interim Director of Care Quality and Professional Development Jim Ward, Medical Director David Payne, Practitioner for Health and Care Staffing and Workforce.
Action required	The Board is asked to **discuss and note** the annual report prior to publication.
Key points	- Overall assurance level is reasonable - Positive progression over the last year.
Timing	Required under Act to be published by 30th April 2025.
Associated Corporate Risk Identification	Risk 4636 – Health and Wellbeing of Staff Affected Risk 5888 – Workforce Planning
Link to Corporate Ambitions	This paper is aligned to all of the Service's corporate ambitions
Link to NHS Scotland's Quality Ambitions	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.
Benefit to Patients	Promotes the delivery of high-quality healthcare to support the health, well-being and safety of patients.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	

SCOTTISH AMBULANCE SERVICE BOARD

HEALTH AND CARE (STAFFING)(SCOTLAND) ACT 2019 – ANNUAL REPORT

DAVID PAYNE- PRACTITIONER FOR HEALTH AND CARE STAFFING
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SECTION 1: PURPOSE

For the Board to discuss and note the Annual Report required to be published by 30th April 2025 for the Scottish Government and public.

SECTION 2: RECOMMENDATIONS

The Board notes the contents of the annual report.

SECTION 3: BACKGROUND

The Health and Care (Staffing)(Scotland) Act 2019 commenced on 1st April 2024. The Act requires an annual report to the Scottish Government and the public be published by 30th April of each year. This is the first annual report using the template provided by the Scottish Government, a MS Excel document.

The Scottish Ministers must collate all Health Board reports and lay that combined report before the Scottish Parliament with an accompanying statement.

SECTION 4: DISCUSSION

The Scottish Ambulance Service has made positive progress in 2024-2025 in meeting the duties of the Act. Where only reasonable assurance is given a path to full assurance has been identified.

APPENDICES:
SAS HCSA Annual report 2025

Name of organisation: | Scottish Ambulance Service

Report authorised by:

| Name |
| Designation |
| Date |

Location where report is published: |

Health and Care (Staffing) (Scotland) Act 2019 Annual Report

1   Section 12IM of the National Health Service (Scotland) Act 1978 ("the 1978 Act") as inserted by section 4 of the Health and Care (Staffing) (Scotland) Act 2019 ("the 2019 Act") requires all Health Boards, relevant Special Health Boards delivering direct patient care (i.e. NHS 24, the Scottish Ambulance Service Board, the State Hospitals Board for Scotland and the National Waiting Times Centre Board) and NHS National Services Scotland (referred to in the 2019 Act as the "Agency") (collectively referred to as "relevant organisations" in this template), to publish, and submit to Scottish Ministers, an annual report setting out how they have carried out their duties under sections 12IA (including how the relevant organisation has had regard to the guiding principles in section 2 of the Act), 12IC, 12D, 12E, 12F, 12IH, 12II, 12IJ and 12IL of the 1978 Act (all inserted by section 4 of the 2019 Act).

2   Section 2(1) of the 2019 Act requires Health Boards, relevant Special Health Boards delivering direct patient care (i.e. NHS 24, the Scottish Ambulance Service Board, the State Hospitals Board for Scotland and the National Waiting Times Centre Board) and NHS National Services Scotland (referred to in the 2019 Act as the "Agency") (collectively referred to as "relevant organisations" in this template), when carrying out the section 12IA duty to ensure appropriate staffing, to have regard to the guiding principles for health and care staffing in section 1 of the Act. Section 2(3) of the 2019 Act requires relevant organisations to provide information to the Scottish Ministers on an annual basis on the steps they have taken to comply with this requirement. Section 2(4) of the 2019 Act reqiures this information to include how these steps have improved outcomes for service users.

3   Section 2(2) of the 2019 Act requires Health Boards, relevant Special Health Boards delivering direct patient care (i.e. NHS 24, the Scottish Ambulance Service Board, the State Hospitals Board for Scotland and the National Waiting Times Centre Board) and NHS National Services Scotland (referred to in the 2019 Act as the "Agency") (collectively referred to as "relevant organisations" in this template), when planning or securing the provision of health care from a third party under the 1978 Act to consider both the guiding principles for health and care staffing in section 1 of the Act and the need for the third party to have appropriate staffing arrangements in place. Section 2(3) of the Act requires relevant organisations to provide information to the Scottish Ministers on an annual basis on the steps they have taken to comply with this requirement. Section 2(4) of the 2019 Act requires this information to include how these steps have improved outcomes for service users.

4   Reporting for section 12IB (duty to ensure appropriate staffing: agency workers) is within a separate quarterly report and not included in this template.

5   Guidance on completing the template can be found below. Completed reports must be returned to hcsa@gov.scot by 30 April 2025. If you require further assistance or have any queries, please contact hcsa@gov.scot.

Report approval

6   This tab should be completed by the person signing off the report. An electronic signature is acceptable.

7   The Act requires the annual reports to be published by relevant organisations. Please enter a hyperlink to the webpage where the report can be found.

Summary

8   This tab asks for an overall summary of how the relevant organisation has carried out all of the duties and requirements of the Act. This should include all NHS functions provided by all professional disciplines covered under the Act (see https://www.gov.scot/publications/health-and-care-staffing-scotland-act-2019-overview/pages/roles-in-scope-of-the-act/ for more details of which staff groups are covered under the Act).

9   Following receipt of the reports from relevant organisations, the Scottish Ministers must collate these and lay a combined report before Parliament, along with an accompanying statement setting out how the information will be taken into account in policies for staffing of the health service. To enable this process, the information provided by relevant organisations must be comprehensive and pertinent to the staffing of the health service. Please complete these questions in detail, setting out the key achievements, outcomes, learning and risks and how this information has been used to inform workforce planning at the local level.

10 The tab then asks for an overall level of assurance of the relevant organisation's compliance with the Act, using the assurance categories as detailed below.

Individual duties / requirements

11   The next tabs look at specific elements within each of the individual duties / requirements of the Act, asking relevant organisations to provide an assessment of compliance against each statement, using the RAG classification below. Again, this should include all NHS functions, provided by all professional disciplines covered under the Act, with the exception of 12IJ and 12IL which only apply to certain types of health care, in certain locations using certain employees (more information is provided in these tabs). Next to the column for the RAG status is a column entitled 'Comment'. In this column, relevant organisations should provide detail to explain the RAG status, detailing evidence of compliance where appropriate, or gaps and areas of ongoing focus. For example, details of the organisational structures, systems and / or processes being used, such as SafeCare or SOPs in place. If the RAG status is not green then explanation should be provided advising of any gaps or areas of ongoing work, and of the NHS functions and / or professional groups that do not have systems and processes in place / are not using them.

12   Next, the relevant organisation is asked to provide details of areas of success, achievement and learning associated with the particular duty or requirement, along with indicating how this could be used in the future (for example, could learning in one area be applied to other areas). Again, in order to provide meaningful information that can inform health care staffing policy, relevant organisations are asked to complete this in some detail.

13   The relevant organisation is then asked to provide details of any areas of risk where they have been unable to achieve or maintain compliance with the particular duty or requirement, or where they have faced any challenges or risks in carrying out their duties or requirements. In this section, relevant organisations are also asked what actions have been or are being taken to address this - to show the 'pathway to green'. Again, in order to provide meaningful information that can inform health care staffing policy, relevant organisations are asked to complete this in some detail.

14   Finally, relevant organisations are asked to provide a declaration of the level of assurance they have regarding compliance with the specific section of the 1978 / 2019 Act, using the classification as below.

15   Two tabs, section 12IA and 'planning and securing services' ask additional questions to enable appropriate feedback to evidence compliance with these duties or requirements. Similar to above, these should be answered in

RAG status

16   When asked to provide a RAG status, please use this key.

Green		Systems and processes are in place for, and used by, all NHS functions and all professional groups
Yellow		Systems and processes are in place for, and used by, 50% or above of NHS functions and professional groups, but not all of them
Amber		Systems and processes are in place for, and used by, under 50% of all NHS functions and professional groups
Red		No systems are in place for any NHS functions or professional groups

17   **Declaration and level of assurance**

When asked to provide declaration of the level of assurance, please use this key.

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.

Summary report

Please answer the questions below, to provide an overall assessment of how the organisation has carried out its duties under section 2 of the 2019 Act, and sections 12IA, 12IC, 12ID, 12IE, 12IF, 12IH, 12II, 12IJ and 12IL of the 1978 Act (inserted by section 4 of the 2019 Act).

1   **Please advise how the information provided in this report has been used or will be used to inform workforce plans.**

Quarterly internal reports to the Board and this annual report have provided another perspective for senior decision makers to consider appropriate staffing within the Scottish Ambulance Service. This provides a valuable contribution alongside existing workstreams on workforce planning, patient safety and wellbeing, the provision of safe high quality care, and the wellbeing of staff. Whilst the Act leans towards hospital based care, the ethos of has prompted work to reexamine what safe means within an organisation that operates across Scotland's diverse communities, has beds in vehicles not hospitals and provides essential services to patients. There are no staffing level tools provided under the Act applicable to an ambulance service however SAS benefits from being data rich. This advantageous position already underpins our approach to workforce planning by providing data on patient outcomes, care quality and realtime staffing. The Act has facilitated opportunities to benchmark our systems and processes against the duties and consider whether they meet the requirements and expectations. Quarterly self-assessment Health and Care Staffing Act reports from across the organisation has confirmed that our ability to be appropriately staff at all times is dependent on whole system pressures in the wider NHS, such as delayed hospital turnaround times for ambulances providing care and transport to hospitals. Understanding of these challenges is useful as SAS enters a period of roster redesign as a result of the introduction of the reduced working week and protected learning time.

This is the first year of the Act implementation and whilst the learning is still becoming embedded in practice, new challenges and questions are emerging. The use of professional judgement by staff to contribute to appropriate staffing assessment, for example, is hampered by the nature of the services provided in which crews on ambulances have neither oversight of current capacity nor demand. The recent introduction of systems and processes for staff to register disagreement with reported staffing risks and to request reviews will make a valuable ongoing contribution. SAS's decision to continue to employ a lead for the Health and Care Staffing Act for 2025/26 demonstrates the value placed upon the information provided in reports to inform organisational change and workforce planning.

2   **Please summarise any key achievements and outcomes as a consequence of carrying out the duties and requirements in the Act.**

The process of Quarterly reporting has become embedded across the organisational areas where staff named in the Act work. These reports undergo governance through the Executive Team before presentation to the Board. This has provided strategic oversight and assurance of the systems and processes in place, and any challenges or risks faced. This process has produced key learning and ensured the principles of the Act are known and understood by senior leaders.

This top down approach will be supported by a bottom up approach as the 2025/26 annual training cycle for staff will include the background for the Act, the responsibilities of the organisation and of individuals. This will support and encourage staff to report staffing risks and empower them to register disagreement with decisions or request a review. These opportunities will provide perspective on staffing risks from those staff delivering services, an essential process reflecting the origins of the legislation.

SAS will continue to use the GRS eRostering package for operational staff which is proven in the field of ambulance services. This has required an innovative solution to reporting realtime staffing risks which has been achieved through the InPhase risk management system which has replaced Datix. The added customisable functionality of InPhase has removed the risk of dual lines of reporting staffing risk into one system. This will allow auditing of staffing decisions against the relevant duties of the Act.

The combining of responsibilities for the Health and Care Staffing Act and the Excellence in Care programme into one practitioner role will strengthen both programmes through 2025/26. This will enable a continuing focus on appropriate staffing utilising the care assurance focus of EIC.

3   **Please summarise any key learning and risks identified as a consequence of carrying out the duties and requirements in the Act.**

Key learning- SAS's ability to be appropriately staffed at all times is affected by NHS wide system pressures.

Key learning- Whilst approaches differ across the organisation depending on staff groups, our systems and processed align well with and support the legislation.

Key learning- Opportunities for mitigation of realtime staffing risks are more limited in remote and rural locations.

Key challenges- Increasing engagement across staff groups in their rights and duties under the legislation.

Key challenges- Capturing staff views and professional judgement on appropriate staffing.

Key challenges- Meeting the development needs of staff under 12IH Duty to ensure adequate time given to clinical leaders.

4   **Please indicate the overall level of assurance of the organisation's compliance with the Act, reflecting the report submitted.**

Reasonable Assurance

1 Guiding principles for health and care staffing
2 Guiding principles etc. in health and care staffing and planning
12IA Duty to ensure appropriate staffing

Guidance chapter link

RAG status

Section	Item	Status	Comment
12IA(1)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary (see guidance for details of professional disciplines included within the Act) are working in such numbers as are appropriate for the health, wellbeing and safety of patients; the provision of safe and high-quality health care; and in so far as it affects either of those matters, the wellbeing of staff.	Yellow	Alignment of existing systems and processes against the requirements of the duty has been completed. This work has been over seen by a programme board which has multiprofessional representation from across the Scottish Ambulance Service. This board reports through the Care Quality and Professional Development Directorate and the Workforce and Well-being Portfolio Board. The job roles named in the guidance have differing approaches to compliance due to their locations, security considerations and characteristics of their roles. Organisation wide promotion of the legislation has encouraged engagement and comparison of approach across the organisation which has given arise to learning opportunities within SAS. Whilst further progress is expected in creating a unified approach, some differentiation is expected to remain due to the complexities of our workforce systems. Educational materials from TURAS have been adapted for use and will form part of the 25/26 training package for staff. This will continue to empower staff and encourage further progress through a bottom up approach in the organisation.

The Scottish Ambulance Service's ability to ensure appropriate staffing at all times is impacted by NHS wide pressures, for example extended turnaround times at hospitals. SAS works with territorial boards closely to address system pressures and responds in real-time to capacity changes through the use of prepared escalation plans to continue to meet demand. However due to these pressures our assurance level is yellow. |
12IA(2)(a)	These systems and processes include having regard to the nature of the particular kind of health care provision	Green	The nature of the healthcare provided is reflected in our organisational structure and internal reporting mechanisms. Our three geographical regions, ScotSTAR (airwing), Advanced Practice, Ambulance Control Centres, Education and Professional Development Department and Integrated Clinical Hub all report quarterly on their position and improvement against the duties relevant to them. Datix as our risk monitoring system is embedded in practice and staffing level risks are recorded, examined and action taken as part of our robust approach to risk management. Working with Partnership further informs local context and provides valuable staff side input assisting to triangulate and inform our assurance position. Our rich data systems use historical data to predict demand and the required service capacity required to meet our service level commitments and responsibilities. Variance occurs due to time of year, events, weather and external pressures such as hospital flow. SAS responds to varying demand and capacity levels with regional and national escalation plans. Whilst the Common Staffing Method is not used, due to the lack of an ambulance service specific staffing level tool from Healthcare Improvement Scotland (HIS), the principles and ethos form part of our workforce planning which works to address issues in real-time as well as in the medium and long terms.
12IA(2)(b)	These systems and processes include having regard to the local context in which it is being provided	Green	Appreciating the impact of local context is vital for a nationwide organisation. SAS has a multitude of operating bases across Scotland encompassing island, rural, remote, and urban locations. Our service delivery is tuned to deliver the best healthcare in each through consideration and regard to the local context. This informs both current and planning of future of service delivery through local leadership structures and collaboration with staff and service users. Some challenges faced are specific to some areas and these feed into organisational workforce planning and delivery models. SAS engages with the National Centre for Remote and Rural Healthcare, other Boards and local organisations to support and develop healthcare delivery in an integrated approach.
12IA(2)(c)	These systems and processes include having regard to the number of patients being provided it	Green	The size and needs of population groups are considered in service planning and delivery. Modelling of demand based upon historical data provides insight into the type, duration and clinical level of healthcare required. SAS also strives to recognise and address healthcare inequalities across different groups within Scotland's society. Review of these factors inform local service review and resource establishment. Collaboration with other healthcare providers is undertaken to establish resilient, robust and fit for purpose services within the local context. Real-time oversight of resources is accomplished through data systems monitored by control staff and clinical managers. Resources are repositioned and their response adapted in line with local escalation plans in response to staffing level concerns.
12IA(2)(d)	These systems and processes include having regard to the needs of patients being provided it	Green	The needs of a patient are identified by our call handlers and dispatch systems. Where immediate care is needed our call handlers coach callers to administer aid to the patient whilst automated systems dispatch the nearest available ambulance. Less life threatening calls are triaged and prioritised so dispatchers can allocate the right resource for the patient's needs first time. Where appropriate SAS clinicians contact patients by phone for further information and to offer guidance to the best care pathway for their need. There are many different types of clinician and response vehicle employed by SAS. We have Doctors, critical care paramedics, neo-natal retrieval specialists, to name but a few, as well as technicians and paramedics. SAS has cars, ambulances, helicopters and planes available to get assistance to the patient. The needs of the patient are what determines the numbers and grade of clinician; and the mode of transport utilised to treat and transport if necessary. This informs our workforce strategy and planning processes. Daily six week staffing level charts are shared giving early opportunities to identify staffing level concerns for mitigation or escalation. Regions and departments have daily calls discussing real-time staffing levels which are then shared on the national daily call. Staffing risk is managed 24/7 to provide safe high quality care.

12IA(2)(e)	These systems and processes include having regard to appropriate clinical advice	Green	The Scottish Ambulance Service determines its staffing and resource levels through analysing historical demand. Input from appropriate clinicians underpins this process to produce rosters that have the required capacity to meet the predicted demand level. Appropriate clinical input is available 24/7 and extends to director level. Access to appropriate clinical advice is managed by regions and specialist areas initially with further escalation as required to on call staff in the Clinical Directorate. The need for clinical input into staffing decisions is highlighted in our systems and processes and will be monitored to provide assurance that the duty continues to be met.
2(1)	These systems and processes include having regard to the guiding principles when carrying out the duty imposed by section 12IA	Green	The Guiding Principles states the main purpose of staffing for health care is to provide safe and high quality services, and to provide the best health care or outcomes for service users. These principles are reflected in our values and we have a record of continuously improving standards; taking a patient-centred approach; listening to the views of service users and staff; and allocating staff efficiently. The principles inform our planning approach to workforce and service delivery. It is noted that in the guidance accompanying the Act it is stated that a safe system is not without risk. Our systems and processes identify risks early and interventions are instigated to mitigate or escalate in a timely manner.
	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Green	Quarterly self-assessment reports from across the organisation form the basis for monitoring compliance with our duties. This allows for identification of areas of strength and potential learning within the organisation. Governance groups within SAS provide assurance of meeting the clinical needs of patients. This information is analysed to inform quarterly reports to our Board. These structures provide opportunities for feedback to be expressed. The use of InPhase from March 2025 provides data on staffing risks with the opportunity to monitor clinical input into decisions, disagreements and reviews.

Please provide information on the steps taken to comply with section 12IA.

These are steps taken to comply with 12IA in general. Examples could include information about workforce planning, national and international recruitment, retention, retire and return, service redesign, innovation, staff wellbeing, policies around supplementary staffing.

Analysis of our workforce data is being used to forecast staff attrition and inform our annual recruitment plans. Our largest recruitment group is Newly Qualified Paramedics who have successfully completed a degree in paramedic practice and been registered by the Health and Care Professions Council. 108 have been recruited so far this financial year with a further 75 expected before year end. Recruitment of paramedics from other UK nations is ongoing and has been successful in attracting staff to Scotland.

Ambulance Care Assistants and Technicians are trained inhouse by our Education and Professional Development Department. This includes the driving requirements and clinical training in conjunction with FutureQuals as the awarding body. Predicted recruitment needs for this financial year are 75 WTE (Whole Time Equivalents) Ambulance Care Assistants and 150 WTE Technicians, though these figures are provisional and may vary depending on detail surrounding the impact of the shortened working week and protected learning time.

Likewise call handlers and dispatchers are trained inhouse to achieve qualifications in the Advanced Medical Dispatch Priority System with 20 new staff in training and progressing to 999 call handling in the coming weeks.

Rural recruitment is challenging and SAS is engaging with the National Centre for Remote and Rural Healthcare to examine innovative forms of collaboration and working with other Boards. There is on-going work to develop a programme to support Technicians to become Paramedics. Prior to the degree requirement of paramedics this was the largest cohort to our paramedic workforce and has contributed to paramedic numbers in remote and rural locations.

The Service encourages a Retire and Return to staff retention. This retains highly skilled and experienced staff; transfers specialist knowledge and skills to future generations of NHS staff; and ensures staff have alternative options later in their career.

Our Health and Wellbeing strategy is based upon a solid and growing evidence base of the need to prioritise the health and wellbeing of our workforce. This is also reflected in the Duty to ensure appropriate staffing. Our first Improving Workplace Staff Experience and Wellbeing Pulse survey was conducted in October 24 and will continue quarterly to temperature check our staff's experience of working in the Service allowing for the evaluation and evolution of design of strategies to support their wellbeing. The annual iMatter survey benchmarks SAS against other boards and supports our focus on improvement in this area.

It is important to recognise the contribution and value of our volunteers who support the delivery of our services. Whilst volunteers do not fall within t he scope of the Act our Community First Responders, Wildcat Responders and BASICs Scotland add resilience to our emergency response. SAS commissioned an independent Review of Volunteer Delivered Services (Jan 2025) to understand and shape future development. A vital part of this is shifting the balance to a co-designed approach with the volunteer's voice central to how we deliver and manage our volunteer services.

Please provide information on how these systems and processes, and their application, have improved outcomes for service users

This should include - but not be limited to - data in relation to patient safety and quality of care measures and outcomes, patient feedback and adverse event reporting; what this data has shown and any trends; and any actions taken as a result.

The Quality Indicators Performance Report collates data from across the Scottish Ambulance Service and is presented at Board meetings. This report includes patient quality of care monitoring and staffing level indicators. The latest report highlights the external pressures on SAS which impact our delivery of appropriate staffing. Hospital Turnaround Times remain at levels significantly higher than have been seen historically. Increased turnaround times reduce availability, displace resources, increase service time and utilisation and therefore increase the clinical risk carried by the Service. The average turnaround time for December 2024 was 1 hour 9 minutes and 44 seconds. On average our crews are on average spending 12 minutes and 55 seconds longer at hospital for every patient conveyed when compared to December 2023. The situation is monitored in real-time and discussed daily by clinical leaders and senior management. Actions taken to mitigate this include executive level meetings at the most challenging sites; increased use of Flow Navigation Hubs; increased use of 'safe to sit' practice to avoid patients waiting in ambulances and; reviews of joint improvement plans in place with acute sites. Further work is done regionally to address local context issues with Hospital Ambulance Liaison Officers on the ground supporting patients and staff.

The Scottish Ambulance Service is engaged with the national Excellence in Care programme. Measures on the national Care Assurance and Improvement Resource (CAIR) do not align with our services and SAS is being supported to develop its own dashboard. This will inform local teams of how small changes can work to effect improvements in overall patient care and will support the work of the Quality Improvement team in SAS. Our first Quality of Care review has been undertaken using the national framework with positive results and its implementation is being analysed for further roll out in SAS. This will provide opportunities to focus on patient safety data through the lens of staffing.

Our patient experience team responds to compliments and complaints. Between the 1st April 2024 and 31st December 2024, compliments received from sources other than social media, totalled 793. in the same date range a total of 861 complaints have been received. This shows an increase of 145 (20.3%) complaints in comparison to 2023/24 and a reduction of 48 (5%) in comparison to 2022/23. The increase in complaints appears to be consistent with what is being seen at other UK Ambulance Services and Territorial Health Boards, with the Scottish Public Services Ombudsman (SPSO) also reporting increases. Compliments and complaints are analysed for trends to inform whole service improvement.

In the period Feb 2023 to Jan 2025 seven Significant Adverse Event Reviews have been declared where staffing is recognised as a provisional contributory element. This is due to a combination of factors including demand in excess of capacity, system-wide pressure contributing to delay and associated staff availability to meet acuity/activity requirements, or staffing availability due to other reasons, such as sickness. The majority of these

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning? For example, application of eRostering has allowed senior personnel to be able to see staffing in real-time across all areas, allowing staff to be reallocated as required to reduce level of risk.	This should describe how the success, achievement or learning could be used in the future. For example, continue the roll out of eRostering across the organisation, using learning from areas that have already implemented.
Development of web page to support all staff	Our Health and Care Staffing page resides on our intranet and is regularly updated to signpost staff to internal and external resources. Along with the inclusion of information in staff inductions and the 25/26 staff training programme this is helping to embed the duties and the rights and responsibilities of staff in business as usual.	Going forward these pages will reflect the Safe Staffing journey in SAS and offer opportunities to share examples of the Act's implementation for whole organisation learning. Opportunities exist to bring the Excellence in Care programme to these pages and to include the access point to the inhouse dashboard of quality measures.
Improved engagement and meaningful feedback on compliance with the Act,	The use of MS Forms as the portal to gather quarterly self assessment reports from across the Service has been successful in evaluating compliance with the duties as a whole. These inform the quarterly reports to the Board and the annual report. Engagement with the MS Forms process has been at Director and General Manager level and has been successful in introducing the language, ethos and expectations of the Act at the highest levels. The responses have shown improved understanding and improvement across the year.	There is an opportunity to evaluate the effectiveness of the self assessment process going forward. This could include a varying focus through the year on elements of the Guiding Principles. Feedback on responses is given and further time spent in this area will continue to underpin the effectiveness of the reporting mechanism for assurance to the Board.
Effective Health and Care Staffing Implementation Operating Group	The Group reports both to the Director of Care Quality and Professional Development and the Workforce and Wellbeing Portfolio Board. This diverse membership of the group has been instrumental in informing the Service approach and implementation of the Act.	The future requirement for a Group is being assessed. Whilst value remains in meeting to evaluate challenges and successes, a move to business as usual and evidence of embedded processes will lead to group closure.

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance, or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / challenge /	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, there may be difficulty with recruiting a particular staff speciality or recruitment in a remote / rural location.	This should describe what actions have been / are being / will be taken to address the situation. For example, if there is difficulty in recruiting in a particular speciality or remote / rural location, the relevant organisation may have investigated retire and return schemes or upskilling and career development for existing staff. It may also have looked at how the service could be redesigned.
Reduced Working week and protected learning time.	The reduced working week progresses to a 36 hour week from April 2026. This represents a change to the timetable of 30 minute annual reductions and as such impacts rosters and work force planning.	The analysis of the impact is ongoing to ascertain additional staffing needs. This will feed into our recruitment strategy and training timelines.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Reasonable Assurance

12IC Duty to have real-time staffing assessment in place

RAG status

Section	Item	Status	Comment
12IC(1)	Clearly defined systems and processes are in place, and utilised, for the real-time assessment of compliance with the duty to ensure appropriate staffing, in all NHS functions and professional groups.	Green	All named professions have agreed processes in place that enable realtime staffing assessment to identify risks to patient safety, quality and outcomes. Daily emails to managers detail staffing cover levels for the next 6 weeks and give early opportunity for mitigation and escalation reducing the frequency of realtime interventions. Daily regional and national calls discuss staffing and demand. This is supplemented by 24/7 oversight by control centres and Strategic Operations Managers. The move from Datix to InPhase gives more opportunities for staff to report staffing risks as the software is available on phones and does not require the use of an intranet connected computer. The realtime assessment systems differ depending on the staff group and location however in each case routes for escalation are established and embedded in practice.
12IC(2)(a)	These systems and processes include the means for any member of staff to identify any risk caused by staffing levels to the health, well-being and safety of patients; the provision of safe and high-quality health care; or, in so far it affects either of those matters, the wellbeing of staff.	Green	As noted above all staff can report staffing risks through our risk and patient safety software. The move from Datix to InPhase has provided the ability to confirm decision sharing, clinical input and, disagreements and reviews. This will improve the assurance level given to the Board.
12IC(2)(b)	These systems and processes include the means for the initial notification / reporting of that risk to the relevant individual with lead professional responsibility.	Green	The Service uses regional calls and national calls to take the place of hospital huddles. These calls identify real-time issues in staffing and give opportunity for senior clinical leaders to take mitigating actions, such as relocation of staff and authorising the immediate release of overtime opportunities to provide additional resources. Daily emails share the projected staffing levels across the regions and sub divisions giving six weeks of data, an early warning of potential staffing issues and the opportunity to implement interventions. All staff have clear line management and are able to raise a risk in real-time. The escalation routes for these risks extend to those individuals with lead clinical responsibility.
12IC(2)(c)	These systems and processes include the means for mitigation of risk, so far as possible, by the relevant individual with lead professional responsibility, and for that individual to seek, and have regard to, appropriate clinical advice as necessary.	Green	Quarterly self-assessment returns have confirmed that escalation to the lead with professional responsibility is possible at all times. The integration with InPhase provides a permanent solution for the confirmation of appropriate clinical input and gives opportunities to register a disagreements and request a review. We have a high level of assurance in this auditable process.
12IC(2)(d)	These systems and processes include means for raising awareness among all staff of the methods for identifying risk, reporting to the individual with lead professional responsibility , mitigation, and seeking and having regard to clinical advice.	Yellow	The legislation is included in the staff induction package for all staff. The further inclusion of the duties and responsibilities of staff in the annual training scheduled for the 25/26 will continue to raise staff awareness. There is high confidence that this approach will meet the requirements of this sub-duty. Our current level of assurance is reasonable to reflect that the training programme has yet to begin.
12IC(2)(e)	These systems and processes include means for encouraging and enabling all staff to use the systems and processes available for identifying and notifying risk to the individual with lead professional responsibility.	Green	Our systems are accessible to all staff and the training includes the completion of 2 domains of the informed section of the TURAS learning resources. We will be able to monitor completion of the domains through TURAS reports. SAS has worked with NES to make these resources more accessible to staff through adaptions of language away from nursing and midwifery to a lexicon more familiar to an ambulance service. This work is ongoing and SAS is working on a project with NHS Education Scotland to evaluate and redesign the TURAS resources to be fit for all staff groups covered by the legislation.
12IC(2)(f)	These systems and processes include the means to provide training to relevant individuals with lead professional responsibility on how to implement the arrangements in place to comply with this duty.	Green	Whole organisation recorded Teams meetings as part of the Chief Executive's weekly updates have introduced the legislation to the organisation and outlined the approach and responsibilities held by staff, the Board and the Scottish Government. This is backed with our intranet pages which are a developing resource with a planned FAQ section. Both will be complimented by the TURAS resources.
12IC(2)(g)	These systems and processes include means for ensuring that individuals with lead professional responsibility receive adequate time and resources to implement those systems and processes.	Yellow	Self assessment through quarterly reporting has identified that staff with lead responsibility do not always have the time and resources to meet their legislative requirements. This includes responsibilities under chapter 12IH Duty to ensure adequate time given to clinical leaders. Further detail is included in that section of this report.

There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Green	The mechanism relies on the self-assessment quarterly reporting which informs the reports to the Board on behalf of the Director of Care Quality and Professional Development and the Medical Director. The Executive team provides governance for the reports and has oversight of successes and challenges. Self-assessment will be supplemented by the data from InPhase providing numbers of disagreements and reviews recorded. This is a robust system using triangulation of data from InPhase, rostering, and reviews to provide high assurance.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning? For example, areas that have implemented and are using SafeCare are finding it easy to be able to record risks that are identified and the mitigation measures implemented and clinical advice received. Reports extracted from the system are demonstrating an auditable trail of decision-making.	This should describe how the success, achievement or learning could be used in the future. For example, this success is being used to demonstrate to other areas the benefits of using SafeCare and supporting its implementation.
Realtime Data	The Scottish Ambulance Service benefits from its extensive data systems which support real-time staffing decisions. Oversight of demand and resource allocation is possible through a combined dashboard system. Strategic Operations Managers monitor this in real-time and are able to initiate Resource Escalation Action Plans. These plans exist to respond to increased levels of demand, reduced capacity and reduced wider NHS services over public holiday periods. At given levels of escalation predetermined consistent frameworks for action are implemented. This can occur regionally or nationally. The dashboards also provide reliable and current data for regional and national daily calls. These systems when used with the live rostering data available to managers surpass the abilities of SafeCare to identify real-time staffing issues. Similar systems operate in Ambulance Control Centres where historical data predicts demand over 15 minute periods and staffing is rostered to meet expected demand. Live monitoring also completes the picture of demand against capacity which is available to individuals with lead responsibility.	These foundations provide the highest assurance that real-time staffing is monitored and responded to at all times. Future collection of real-time staffing reports will add to this rich data picture.

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance, or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge /	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, there may be difficulty with encouraging and enabling certain professional groups to use the systems and processes.	This should describe what actions have been / are being / will be taken to address the situation. For example, if there is difficulty in engaging certain professional groups, what measures have been put in place with regard to increasing this such as using professional networks, staff representatives etc.

Impact of reduced working week and protected learning time on rosters	As the working week reduces to 36 hrs rosters will need to change. This will be challenging across the named groups in the legislation. However opportunities may arise in new rosters to respond to variances in demand. There is a lack of clarity around protected learning time and the form in which it will be incorporated into SAS. In order to coproduce new rosters for the reduced working week detail is needed.	Collaborative work with staff, partnership and the resource allocation team is ongoing and has successfully navigated the move to a 37 hr week without roster change. Going forward the working week reduction will require a permanent solution incorporating protected learning which will facilitate recruitment and roster redesign plans.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Reasonable Assurance

12ID Duty to have risk escalation process in place

Section	Item	Status	Comment
12ID(1)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, for the escalation of any risk identified through the real-time staffing assessment processes which has not been possible to mitigate.	Green	Risk escalation follows established lines within each operational area. Team leaders, managers and clinical leaders are available at all times either on live shifts or through an established on call system. This extends to Executive Team level. Daily calls occur regionally and nationally and this is captured through notes and emails. Oversight of staffing is maintained at all times using digital dashboards monitored by Strategic Operations Managers and is accessible to managers and clinical leaders. This system provides excellent data for assurance. This is a significant advantage for SAS in meeting the requirements of chapter 12ID. The captured data also allows for the identification of severe and recurrent risks which will be discussed further in chapter 12IE. The Service is moving from Datix to a new Integrated Incident, Risk and Patient Safety System called InPhase. Staff can complete a form to raise risks, including realtime staffing and the incident is escalated to an appropriate manager for consideration. As an organisation the use of radio and telephone communication is commonest for escalating realtime risks. InPhase will serve to record risks in some cases retrospectively where telecommunications has been prevalent.
12ID(2)(a)	These systems and processes include the means for the lead with professional responsibility to report the risk to a more senior decision-maker.	Green	Where risk cannot be accepted or mitigated escalation follows. As above this extends to the Executive Team through established pathways via the Strategic Operations Manager who is guided by action cards and check lists.
12ID(2)(b)	These systems and processes include the means for that senior decision-maker to seek, and have regard to, appropriate clinical advice, as necessary, when reaching a decision on a risk, including on how to mitigate it.	Green	Clinical support is available through the Clinical Directorate on call system to assist non-clinical senior decision makers. The clinician's details can be recorded via InPhase along with a check box to confirm clinical input has been provided or sought for audit purposes.
12ID(2)(c)	These systems and processes include the means for the onward reporting of a risk to a more senior decision-maker in turn, and for that decision-maker to seek, and have regard to, appropriate clinical advice as necessary, when reaching a decision on a risk, including on how to mitigate it.	Green	As above. There is a clear route of escalation of risks along with clinical input and guidance if needed for mitigation options. The recording of escalation is via the InPhase risk management system. This system went live in March 2025. Quarterly returns indicate when escalation to senior levels has occurred. The robust nature of our oversight systems means potential appropriate staffing concerns are raised in daily calls and a shared decision making approach is taken. Appropriate staffing risks are dynamic as resources and demand fluctuate on local and national scales. Our 24/7 oversight of resources and demand reflects the challenges that can evolve, and resolve, minute by minute. Detailed planning allows for rapid escalation in the event of extraordinary occurrences and these trigger immediate escalation to Executive level decision makers.
12ID(2)(d)	These systems and processes include means for this onward reporting in (c) to escalate further, as necessary, in order to reach a final decision on a risk, including, as appropriate, reporting to members of the board of the relevant organisation.	Green	As above clear systems and processes exist to rapidly escalate appropriate staffing concerns to Board level as required. Business continuity plans are in place to maintain service delivery and support our regional and national escalation plans which are reviewed as part of our risk and resilience processes. Specific escalation plans exist for risks such as delayed hospital turnarounds and involve collaborative work with the other Boards involved to reduce the risk through shared understanding and planned actions. We have high confidence in these escalation procedures which are embedded in practice and tested.
12ID(2)(e)	These systems and processes include means for notification of every decision made following the initial report, and the reasons for that decision, to anyone involved in identifying the risk, attempting to mitigate the risk, escalation of the risk and providing clinical advice.	Yellow	The use of InPhase from March 2025 combines the Service's risk reporting and escalation under the duties of this chapter. The functionality mirrors that of the National Real-Time staffing resource available to all Boards on TURAS with the added ability to use email to inform of escalations. The use of the Datix risk system is embedded in our organisation and the transition to InPhase has been supported by an internal educational campaign. InPhase can be accessed from issued phones and does not require the use of an intranet connected computer. This improved accessibility will support staff working away from base as our clinicians do. Our assurance remains yellow to allow audit to ascertain if expectations of the functionality are met over 2025/26.
12ID(2)(f)	These systems and processes include means for anyone involved in identifying the risk, attempting to mitigate the risk, escalation of the risk and providing clinical advice to record any disagreement with any decision made following the initial identification of a risk.	Yellow	Emails from the InPhase system include a link to register a disagreement via a MS form. Disagreements are recorded in a secure MS List and referenced to the InPhase incident number. Disagreements are then shared and monitored. Self-assessment quarterly reports will record numbers of disagreements received in each reporting area of SAS. Assurance is yellow to reflect the early stage of implementation of this system.
12ID(2)(g)	These systems and processes include means for anyone involved in identifying the risk, attempting to mitigate the risk, escalation of the risk and providing clinical advice to request a review of the final decision made on an identified risk (except where that decision is made by members of board of the relevant organisation).	Yellow	Emails from the InPhase system include a link to request a review via a MS form. Reviews are recorded in a secure MS List and referenced to the InPhase incident number. Reviews will be undertaken by an organisation wide panel. This duty remains yellow until monitoring can confirm the process is effective and embedded in staff practice.
12ID(2)(h)	These systems and processes include means for raising awareness amongst all staff of the arrangements stated in (a) to (g) above.	Yellow	Awareness will be boosted by inclusion in the 25/26 cycle of training for staff. Triangulation of appropriate staffing reports, risks captured and data, such as Significant Adverse Event Reviews (SAERs), will provide the opportunity to assess engagement levels with staff groups. This will direct future targeting of resources to support education and awareness.

12ID(2)(i)	These systems and processes include the means to provide training to relevant individuals with lead professional responsibility and other senior decision-makers on how to implement the arrangements in place to comply with this duty.	Green	Ongoing monitoring and learning will guide the educational approach to guide individuals with lead professional responsibility. This will be accomplished through directed communication, intranet pages and online training sessions and recordings. Signposting will include the TURAS resources available on the Health and Care Staffing Act pages.
12ID(2)(j)	These systems and processes include means for ensuring that individuals with lead professional responsibility and other senior decision-makers receive adequate time and resources to implement the arrangements.	Yellow	These requirements align with duties in chapter 12IH and further information will be available under that chapter of this report. Risk and patient safety management is embedded with the organisation and within job descriptions. Inclusion of duties under the legislation has been noted and will form part of the job description review processes for inclusion. There is opportunity to include duties in Personal Development Plans and appraisals for staff.
	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Yellow	Monitoring occurs through the InPhase systems and through self-assessment quarterly returns from senior leaders in the organisation. There is confidence that risks are being identified, escalated and recorded appropriately. The introduction of the InPhase system will be monitored to and will lead to improved assurance levels.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning? For example, senior decision-makers in paediatric nursing were identified and chain of escalation communicated to all personnel. Individuals are now much better aware of who to contact during any particular shift in the event that a risk needs to be escalated.	This should describe how the success, achievement or learning could be used in the future. The procedures for identifying the chain of escalation that were used in paediatric nursing are now being trialled and rolled out across other areas.
Recording of risk	The use of risk recording and management software is embedded in the safety culture of the Scottish Ambulance Service. This is a strong foundation to build upon for the duties in this chapter.	Opportunity to build on the safety culture to drive quality assurance through Excellence in Care programme.

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance, or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge / Risk	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, there may be difficulty with ensuring relevant individuals involved in reporting, mitigating, escalating or giving clinical advice on a risk are notified of decisions made and the reasons for them.	This should describe what actions have been / are being / will be taken to address the situation. For example, if there is difficulty in notifying relevant individuals about decisions made and the reasons for them, what measures have been put in place to ensure this happens, such as providing training, increasing awareness and auditing to identify root causes.

Transition to InPhase	Move from Datix to InPhase requires monitoring to ascertain if functions to support the duties are being used by staff.	Plan and deliver an audit of functions within InPhase related to the duties in Act. This will provide assurance and identify if further training needed.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Reasonable Assurance

12IE Duty to have arrangements to address severe and recurrent risks

Section	Item	Status	Comment
12IE(1)(a)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, for the collation of information relating to every risk escalated to such a level as the relevant organisation considers appropriate.	Green	The Datix risk management system was in use Q1-Q3 of this financial year and the organisation has transitioned over to InPhase risk management system. The use of risk management systems is embedded in the organisation for the recording of risks which have caused, or nearly caused, harm to patients or staff. Risks are categorised for impact and likelihood resulting in an overall risk level. This aids decision making on actions taken to accept, mitigate or escalate the risk. Actions are recorded and the decision shared. Risk categories are collated by severity and frequency as part of the Risk Management Policy. This ensures that trends are identified.
12IE(1)(b)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, to identify and address risks that are considered severe and / or liable to materialise frequently.	Green	Reporting lines within our Risk and Resilience Department and Director lead Portfolios monitor reported risks and corporate risks regularly. SOPS and national guidance are followed. Risks are owned and the system highlights risks that have not been responded to or addressed within set time limits. Data trends are used to identify risks that are categorised as severe and/or frequently occurring.
12IE(2)(a)	These systems and processes include the means for recording risks that are considered severe and / or liable to materialise frequently.	Green	The risk database is interrogated to identify risks recorded through categories such as location, staff group, severity and frequency. Service areas are able to poll risks relating to their area. Unaddressed risks are flagged and appropriately allocated. The risk system works within the Service governance structures and reports regularly through existing governance groups.
12IE(2)(b)	These systems and processes include the means for reporting of a risk considered severe and / or liable to materialise frequently, as necessary, to a more senior decision-maker, including to members of the board of the relevant organisation as appropriate	Green	Risks are escalated through lines of management. These lines extend both clinically and professionally to the Executive Team. Staffing risks are categorised within the InPhase system. Further useful categories concerning missed meal breaks and fatigue are also reported giving opportunities to identify risks associated with staff wellbeing and its impact on appropriate staffing. This is a helpful triangulation measure. Frequent and/or severe risks are identified through these processes and there is high confidence in our assurance for this duty.
12IE(2)(c)	These systems and processes include means for mitigation of any risk considered severe and / or liable to materialise frequently, so far as possible, along with a requirement to seek and have regard to appropriate clinical advice in carrying out such mitigation.	Green	As noted the InPhase system escalates through clinical and professional lines. The software allows for notes to be attached to the risk incident. This provides the opportunity for details of clinical involvement to be recorded. A check box has been added to record whether clinical input has been provided. This represents an auditable point which will be used in future to monitor this duty for assurance. This also serves as a reminder of the need to provide or seek clinical input to staffing decisions.
12IE(2)(d)	These systems and processes include means for identification of actions to prevent the future materialisation of such risks, so far as possible.	Green	When an InPhase incident is closed any actions identifies are shared. The actions taken are held within the database and can be retrieved individually. These actions will address at a minimum the mitigation of the current risk. Actions to prevent future risks may need to go through governance groups where actions will be recorded as part of their action logs.
	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Green	Monitoring of systems and processes for compliance purposes has a number of strands. Quarterly self assessment reports enquire as to whether any severe or recurrent risks have been identified in the reporting window. Likewise a question asks what actions were taken. This feeds into the Health and Care Staffing quarterly reports to the board. The InPhase system also shares risks to senior decision makers and clinical leaders. The dual approach allows for comparison of compliance.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

Area of success / achievement / learning	Details	Further action

This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning? For example, a recurrent risk was identified in the capacity of one laboratory, leading to a delay in testing samples and communicating sample results. Following investigation, the process for booking in samples was streamlined and an admin coordinator was appointed. This has improved performance and the lab is now meeting its targets.	This should describe how the success, achievement or learning could be used in the future. For example, the organisation is now looking at whether the changes implemented in the one lab could be applied to other labs, to improve performance across the division.
Utilisation of InPhase	By including the duties of the legislation within our risk management system SAS has created a single point of data entry for staff. This captures both the risk and the opportunities to escalate, register disagreements and request reviews. It is efficient and builds upon our strong organisational culture of reporting and addressing risks.	Understanding the whole system approach to risk and the tools available identified this opportunity. The National Safe Staffing Resource on TURAS uses a checkbox approach for confirmation of actions. Mirroring this approach in InPhase was key to unlocking InPhases potential. It's imperative that oversight is maintained of all available solutions to identify opportunities to be innovative.

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge /	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, collation of data in a particular NHS function has identified a risk that materialises frequently, however identification of actions to prevent future materialisation has not improved the situation.	This should describe what actions have been / are being / will be taken to address the situation. For example, if identification of actions to prevent a frequent risk has not improved the situation, measures to address could have included establishing a working group to investigate and make recommendations, observing practice in the area, interviewing staff, addressing the staff skills mix, allocating additional assistance, redesigning the service etc.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Substantial Assurance

12IF Duty to seek clinical advice on staffing

Section	Item	Status	Comment
12IF(1)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, to seek and have regard to appropriate clinical advice in making decisions and putting in place arrangements relating to staffing under sections 12IA to 12IE and 12IH to 12IL and to record and explain decisions which conflict with that advice.	Green	Clinical input is used as part of the roster design process. The process considers historical demand and capacity as well as matters pertinent to the local context, such as location and distances to secondary care. During the population of rosters to accommodate leave etc the workforce planners follow our Business Rules to allocate staff to cover. These rules frame the options planners have when filling vacant shifts. When Business rules cannot be this is escalated to the relevant manager for support. This provides an opportunity when necessary for clinical advice to be given. The InPhase risk management system records reported risks submitted by all members of staff and gives opportunity to confirm and record clinical input into staffing decisions. Job groups report through established management lines and educational work is ongoing to ensure that staffing risks are recorded in InPhase.
12IF(2)(a) (i) and (ii)	These systems and processes include the means whereby if a relevant organisation makes a decision which conflicts with clinical advice received, any risks caused by that decision are identified and mitigated so far as possible.	Green	Risk profiles change rapidly in ambulance services. The location of ambulance resources needs to be considered alongside appropriate staffing of them. This informs dynamic risk assessments and risk levels. Where organisational decisions conflict with clinical advice this can be recorded within our risk management system along with the actions taken to mitigate the risk as far as possible. Our data systems facilitate a retrospective review of resource locations, capacity and demand. this allows risk to be framed within real-time circumstances to aid reflection and review on incidents.
12IF(2)(a) (iii) and (iv)	These systems and processes include the means whereby if a relevant organisation makes a decision which conflicts with clinical advice received, any person who provided clinical advice on the matter is notified of the decision and the reasons for it and this person is able to record any disagreement with the decision made.	Green	Clinicians are afforded an opportunity to contribute notes to an incident in which they have made a clinical contribution.
12IF(2)(b)	These systems and processes include the means for individuals with lead clinical professional responsibility for a particular type of health care to report to the members of the board of the relevant organisation on at least a quarterly basis about the extent to which they consider the relevant organisation is complying with the duties in 12IA to 12IF and 12IH to 12IL.	Green	Within the Scottish Ambulance Service the individuals with lead clinical responsibility are the Director of Care Quality and Professional Development and the Medical Director. Quarterly reports from the organisation are gathered and collated to form a report for the lead individuals to report to the Board. This system has proven to robust and accurate in identifying occasions where clinical input has disagreed with appropriate staffing decisions. Our risk management system also collates risk reports which feed into our Clinical Governance Framework. These systems are not connected though are referenced to each other.
12IF(2)(c)	These systems and processes include the means for individuals with lead clinical professional responsibility for a particular type of health care to enable and encourage other employees to give views on the operation of this section and to record those views in the reports to the members of the board of the relevant organisation.	Yellow	The opportunity to record decision making is part of InPhase. However further work needs to be undertaken to gather the views on the operation of this section of the duty.
12IF(2)(d)	These systems and processes include the means to raise awareness among individuals with lead clinical professional responsibility for a particular type of health care in how to implement the arrangements in this duty.	Green	The individuals with lead clinical professional responsibility are engaged with and have oversight of the Health and Care Staffing implementation process. An organisational wide communication approach has been taken to which all staff can access in the form of intranet resources, annual training and recorded presentations. The effectiveness of these will be measured through feedback and monitoring use of reporting systems. This will allow for future improvement. The inclusion of the duties for staff is included in the 25/26 training cycle.
12IF(2)(e)	These systems and processes include means for ensuring that individuals with lead clinical professional responsibility for a particular type of health care receive adequate time and resources to implement the arrangements.	Yellow	The organisation has the ability to monitor time allocated for individuals with clinical responsibilities. Quarterly self-assessment reports have however reported that enough time is not always available. Further detail will be provided in this report under Chapter 12 IH.
12IF(3)	These systems and processes include means for the relevant organisation to have regard to the reports received.	Green	The organisation's systems and processes require reports pass through governance with the Executive team before presentation as a standing paper at the Board. However the dates of Board meetings do not always align with the presentation of quarterly reports resulting in a time lag. As annual reports are required to be published on 30th April each year the window of opportunity for the report to reflect the full financial year is too short. Hence annual reports are written following Q3 self-assessment quarterly report are received. This provides opportunities for the report to pass through appropriate scrutiny and governance before presentation at the end of March to the Board and subsequent publication in board papers. This scrutiny provides opportunities to express regard to the reports received.

There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Green	The quarterly self-assessment reporting system is established and implemented. Where difficulties arise in these reporting lines arise they are identified and additional support provide. This system is robust and will supported through 2025/26 with a dedicated lead who will manage the transfer to business as usual. The standing paper for the Board has been diarised by the Board secretary and a report absence will be highlighted.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning? For example, the views of employees included in the reports prepared by individuals with lead clinical professional responsibility for a particular type of health care identified a potential improvement in working practices in one area.	This should describe how the success, achievement or learning could be used in the future. For example, the potential improvement is being trialled in the one area and if successful will be rolled out across other areas in the organisation.
Self-assessment quarterly reporting	Self assessment reporting has been successfully embedded across organisational groups and provides rich data and information on compliance. The provision of report feedback has improved the quality of the data collection process and subsequently the collection of robust data.	Further improvement will be sought through consideration of reporting lines from governance groups.

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge /	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, in compiling the reports made to the members of the Health Board, there are good mechanisms in place for the Medical Director to enable and encourage medical employees to give their views, but the mechanisms for seeking the views of other professional groups for which they are responsible, such as pharmacy employees, are not well established. Hence, the views of these employees are not being sought or incorporated into the reports.	This should describe what actions have been / are being / will be taken to address the situation. For example, if the views of all professional groups are not being sought, what measures have been put in place to engage these groups and proactively seek out their opinions.
Collecting the views of individuals with lead professional responsibility.	There are no specific opportunities to gather views within our current systems and processes.	Further work to consider existing assurance groups is required to identify opportunities to seek the views of these individuals.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Reasonable Assurance

12IH Duty to ensure adequate time given to clinical leaders

Section	Item	Status	Comment
12IH	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, to ensure that all individuals with lead clinical professional responsibility for a team of staff receive sufficient time and resources to discharge that responsibility and their other professional duties.	Green	Clearly defined systems and processes exist across the organisation for clinical leaders to have sufficient time and resources. This is accomplished through the rostering of leaders onto protected leadership time. This varies depending on the staffing size of the location with larger stations having a clinical leader available at all times to rural areas where leaders step back from operations to lead. However the staff they lead are operational and often away from base which is a barrier to leadership. In Advanced Practice and ScotSTAR all staff have protected development time which is advantageous in accomplishing the duties. Uncertainty remains around protected learning time, part of the reduced working week arrangements, and how this might be used to best effect. There are two non clinical staff groups in SAS named in the legislation guidance, call takers and dispatchers. Whilst leaders in this area are also non clinical they do provide supervision, staff development and lead the delivery of high quality care. Quarterly organisational self-assessment reports have reflected that increases in operational staff numbers requires a proportional increase in staff in leadership roles in support.
12IH	These systems and processes include time and resources for these individuals to supervise the meeting of the clinical needs of patients in their care; to manage, and support the development of, the staff for whom they are responsible; and to lead the delivery of safe, high-quality and person-centred health care.	Green	The organisation has robust systems and processes which include time and resources for these individuals to supervise the meeting of the clinical needs of patients in their care, to manage, and support the development of, the staff for whom they are responsible, and to lead the delivery of safe, high-quality and person-centred health care. This is tracked on our eRostering system. Opportunities for appraisal completion for operational staff is a challenge.
12IH	These systems and processes include the means to identify all roles, and therefore individuals, with lead clinical professional responsibility for a team of staff.	Green	Leadership roles are clearly defined within the staffing structures of SAS. These roles are constantly developing. Responsibilities as laid out in the Act will be included in the next round of job description reviews.
12IH	These systems and processes include the means to determine what constitutes sufficient time and resources for any particular individual.	Yellow	Sufficient time and resources are available for leaders. The nature of ambulance services however means opportunities to engage face to face with the teams they are responsible for is limited. There is no rostered protected time for operational staff. This presents an ongoing challenge.
12IH	These systems and processes include the means for ensuring this duty has been reviewed and considered within the context of job descriptions, job planning and work plans, as appropriate.	Yellow	Measures used to ensure this duty is reviewed include appraisal completion rates and rostered leadership time. Appraisals are a focus of the organisation going forward and consideration is being given to improvement routes. The organisation has been successful in increasing its clinical workforce which may require an increase in the leadership teams to support the increased numbers.
12IH	These systems and processes include the means to consider outputs from activities carried out to meet this duty in order to inform future workforce planning and protect the leadership time required for clinical leaders.	Green	As above accurate measures are being used and analysed to inform future plans and organisational focus. The reduced working week will require an element of increasing the workforce across the staff groups named in the legislation. Consideration will be given in the future workforce plan on how to continue to provide effective clinical leadership. Certainty around the implementation of protected learning time would be a beneficial addition to planning.
	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Green	Self-assessment returns, Datix, rostering data and TURAS reports are monitored for compliance. Escalation is through managerial and/or clinical lines. These measures provide assurance via the quarterly report which is presented to the Board. InPhase provides opportunities for staff to report risks associated with not meeting this duty.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning? For example, senior physiotherapists and team leaders convened a working group to determine what sufficient time and resources would look like for individuals with lead clinical professional responsibility for a team of staff. The outcome of the project was a determination of time and resources for different team leaders, and feedback so far has been positive.	This should describe how the success, achievement or learning could be used in the future. This has now been extended to other AHP areas and trialled to see applicability.
Measures	Monitoring of data measures has identified appraisal as a focus for improvement.	Effective measures and reporting are helpful in identifying areas for improvement in duties. There is an opportunity going forward to consider measures to incorporate in our Excellence in Care dashboard to drive improvement.

Areas of escalation, challenges or risks

Area of escalation / Challenge /	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, the process in place to identify the roles, and therefore individuals, with lead clinical professional responsibility for a team of staff does not consistently identify who these individuals are, and therefore sufficient time and resources for these individuals to discharge their responsibilities has not been considered.	This should describe what actions have been / are being / will be taken to address the situation. For example, if the process in place to identify the roles, and therefore individuals, does not consistently identify who those individuals are, what measures have been taken to address this? e.g. working with all staff groups / clinical areas / teams to identify job titles / roles, utilising HR processes and data, utilising eRostering to identify team leaders etc.
Appraisals	Appraisal rates show room for improvement.	This has been identified and work is ongoing to identify the barriers and challenges to completion. Appraisals are an organisational focus for improvement. Training opportunities to deliver high quality appraisals has been offered.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

<mark>Reasonable Assurance</mark>

12II Duty to ensure appropriate staffing: training of staff

Section	Item	Status	Comment
12II	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups, to ensure that all employees receive such training as considered appropriate and relevant for the purposes set out in section 12IA(1)(a) and (b) and such time and resources as considered adequate to undertake this training.	Green	For new employees joining SAS the Health and Care Staffing Act is included in the induction package. For existing staff the legislation is included in the annual cycle of training for clinical staff planned for 25/26. This is supported by an intranet page and resources on TURAS. SAS has successfully collaborated with NHS Education Scotland to adapt the TURAS resources to make them more accessible for ambulance service staff. Appraisals are completed on TURAS alongside Personal Development Plans (PDPs) and completion rates monitored. Our Education and Professional Development Department provide extensive educational support through annual training updates as well as, for example, supporting staff returning to work after a period of absence. Training records are held for staff. Staff in Ambulance Control Centres are regularly audited for competency and support delivered as needed.
12II	These systems and processes include means to determine the level of training required, and time and resource to support this, for all relevant employees.	Green	Essential skills and knowledge are identified and included in the Statutory and Mandatory packages for staff. These packages have been migrated to TURAS from the LearnPro system and can be monitored for completion. Clinical roles have clearly defined scopes of practice and these inform essential expectations for roles. Registered staff are required by their governing bodies to maintain a portfolio demonstrating their ongoing professional development and meeting of their standards of proficiency. After a period of initial training Ambulance Care Assistants, Technicians and Newly Qualified Paramedics complete a portfolio of learning to record their progression to independent and competent delivery of their role. Roles within Scot Star and Advanced Practice have protected learning time built into their rosters. The implementation of protected learning times for other roles as part of Agenda for Change requires more clarity to inform changes to rosters can be made alongside the reduced working week. Resourcing removal staff from operational duties to attend training has been highlighted as a barrier. Staff are issued with a smart phone to enable use of the JRCALC (Joint Royal Colleges Ambulance Liaison Committee) clinical guidelines SAS application through which clinical updates are issued and acknowledged. The annual training consists of a blended approach between online learning and practical sessions. Face to face training gives an opportunity for competency to be recorded in areas such as manual handling. Assurance for this duty is monitored through TURAS appraisals, TURAS module completion and face to face training records.
12II	These systems and processes include the means to deliver the agreed level of training to all relevant employees.	Green	SAS currently has training bases in North, East and West regions for training officers to support education delivery. Online modules can be completed on stations or at home during allocated time. Learning objectives are informed through organisational feedback via governance groups, SAERs and staff feedback which the basis of the training needs assessments. Clinical training officers also deliver initial training to staff joining the Service, With the implementation of the working week recruitment needs are being assessed and capacity to complete initial training across staff groups assessed. Learning for Advanced Practice is undertaken through academic lines with staff undertaking master's level study at universities. Training of ACC staff is inhouse by approved trainers in the AMPDS systems following the format prescribed. The ACCs have achieved Accredited Centre of Excellence (ACE) accreditation for the standard of its 999 call handling and supporting processes.
12II	These systems and processes include the means to ensure all relevant employees receive both time and resources to undertake the training.	Yellow	Creating opportunities for staff to complete training is challenging. This revolves around extracting staff from operational rosters whilst maintaining high quality services. Robust systems and processes exist to identify staff requiring update training. If training is cancelled due to clinical pressure that is recorded and escalated as appropriate. Cancellation of training is specifically monitored through in house education teams, as well as through digital systems where available. Allocation of training time is record on GRS, our eRostering package and can be tracked for individuals.
	There is a clearly defined mechanism for monitoring compliance with this duty and escalation of non-compliance (when this cannot be adequately met)	Green	Assurance of compliance with this duty is monitored through: annual appraisals, TURAS completion reports, training records and JRCALC app update acknowledgements.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

Area of success / achievement / learning	Details	Further action

This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning? For example, the psychology division, in conjunction with HR, has just completed a project to promote more accurate capturing of information relating to continued professional development for psychology colleagues. Feedback from employees is that they have found the new system much easier to use and are now recording relevant CPD.	This should describe how the success, achievement or learning could be used in the future. AHP colleagues have now expressed interest in the new system and are undertaking a project to see if they could implement something similar.

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge /	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, clearly defined processes and procedures exist for some groups of staff, e.g. nursing and midwifery, but don't exist for other groups of staff, e.g. healthcare scientists.	This should describe what actions have been / are being / will be taken to address the situation. For example, if procedures and processes are not in place for healthcare scientists, what measures need to be put in place to ensure this?; such as working with HR and healthcare scientist representatives to define an appropriate training programme, assess training needs of employees and plan for required training to be undertaken.
Path to Green	Further clarity around the implementation of protected learning time as part of Agenda for Change is needed.	Workforce colleagues are seeking information to assist in roster redesign as part of the move to a 36hr week from April 2026.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Reasonable Assurance

1 Guiding principles for health and care staffing
2 Guiding principles etc. in health and care staffing and planning

RAG status

Section	Item	Status	Comment
2(2)	Clearly defined systems and processes are in place, and utilised, in all NHS functions and professional groups to ensure that when the relevant organisation is planning or securing the provision of health care from a third party, it has regard to the guiding principles for health and care staffing and the need for that third party from whom the provision is being secured to have appropriate staffing arrangements in place.	Yellow	Procurement in SAS is aware that any new, or renewed agreements, including SLAs, must include consideration to this duty such that the guiding principles and appropriate staffing are included in agreements. This remains reasonable assurance until the system has proven delivery.

Please provide information on the steps taken to comply with section 2(2)

These are steps taken to comply with 2(2) in general. Examples could include information about procurement and commissioning processes, how the guiding principles are taking into account and what procedures are in place for obtaining information about staffing arrangements.

Information, including the Quick Guide from Healthcare Improvement Scotland have been shared with Procurement. Consideration will be given to arrangements to obtain staffing information based on the type of service procured. Work has identified organisations and Boards with whom SAS provides service also with the expectation that future agreements will request relevant Health and Care Staffing Act from us.

Please provide information on how these systems and processes, and their application, have improved outcomes for service users

This should include, but not be limited to data in relation to patient safety and quality of care measures and outcomes, patient feedback and adverse event reporting; what this data has shown and any trends; and any actions taken as a result.

This duty has yet to be tested in SAS.

Areas of success, achievement or learning

Please provide details of areas of success, achievement or learning associated with carrying out the requirements.

Area of success / achievement / learning	Details	Further action
This should include details of the NHS function / professional group etc. that the area of success, achievement or learning relates to.	This should describe the situation: what is the success, achievement or learning? For example, when procuring from private hospitals, the organisation has incorporated the requirements of the Act into the tender process.	This should describe how the success, achievement or learning could be used in the future. For example, the learning from tendering with private hospitals is now being used to implement arrangements in other types of procurement.
Procurement engagement	Procurement colleagues engaged in the implementation of HCSA	Continue to develop and monitor

Areas of escalation, challenges or risks

Please provide details of areas of escalation where the relevant organisation has been unable to achieve or maintain compliance or any challenges or risks associated with carrying out the requirements, and the actions in place to address these.

Area of escalation / Challenge /	Details	Action
This should include details of the NHS function / professional group etc. that the area of escalation, challenge or risk relates to.	This should describe the situation: what is the challenge or risk identified? For example, there may have been difficulties in planning or securing services from a particular speciality in relation to having regard to the need for that service to have appropriate staffing arrangements in place.	This should describe what actions have been / are being / will be taken to address the situation. For example, engaging with service providers to ensure that they understand what information is required, seeking alternative service providers etc.

Declaration: The relevant organisation has systems and processes in place to meet the requirements of this duty, and has carried out this duty through the presence and use of appropriate systems and processes as detailed above.

Level of Assurance: Please indicate level of assurance provided

Reasonable Assurance