Healthcare Improvement Scotland (HIS) Healthcare Staffing Programme: Scottish Ambulance Service Annual Summary Report 2025-26

Background and context

This summary report provides information on how Scottish Ambulance Service have discharged their duties of the Health and Care (Staffing) (Scotland) Act 2019 and engaged HIS Healthcare Staffing Programme in line with HIS duty 12IP of the Act as set out in the HIS Healthcare Staffing Operational Framework.

Scottish Ambulance Service continues to report **overall reasonable assurance** in relation to implementation of the Act.

- this reflects established governance arrangements, workforce planning processes and real time staffing oversight systems operating across a national service. The board reports ongoing development and embedding of staffing processes, supported by workforce, demand and capacity intelligence
- as a national special Health Board, Scottish Ambulance Service operates within a distinct service delivery context and is subject to amended staffing duties under the Act. They continue to operate within a context of sustained workforce and operational pressures, including high sickness absence, recruitment and retention challenges in some localities, increasing service demand and the impact of wider system pressures on service capacity and ambulance availability

HIS board review activity 2025-26

Board review call dates

- 9 July 2025
- 16 December 2025

Board reports received

- Q1: 25 September 2025
- Q2: 24 November 2025
- Q3: 12 May 2026
- Annual: 12 June 2026

Safe delivery of care inspections

- not applicable

HIS responding to concerns related to Act

- no workforce responding to concerns raised or managed within the reporting period

Board requests for assistance to HIS Healthcare Staffing Programme

- No requests for assistance within the reporting period

Non-routine power to require information requests

- no non-routine power to require information requests made

Governance

HIS healthcare staffing internal advisory group meeting review date

- 8 January 2026

HIS Healthcare Staffing Programme business meeting review date

- 28 January 2026

Engagement with the wider HIS Healthcare Staffing Programme team

Scottish Ambulance Service has engaged with HIS Healthcare Staffing Programme through board review calls and as part of relevant national working groups. Owing to national special Health Board status, the Common Staffing Method is not applicable.

Assessment

Below is a concise, structured, triangulated summary of how Scottish Ambulance Service are fulfilling their legislative duties based on the data, evidence and intelligence available to HIS. This includes key strengths and successes, gaps or challenges and mitigating actions, incorporating examples of multiprofessional outcomes where relevant.

This summary presents board reported implementation alongside corroborative evidence and intelligence available to HIS. The extent to which board reporting can be substantiated through independent evidence varies across staffing duties, professions, services and care settings. For Special Health Boards, the opportunities for independent corroboration may be more limited where services are nationally delivered, highly specialised or not routinely subject to the same range of performance, regulatory or inspection evidence available within territorial NHS Boards. Consequently, the absence of corroborative evidence should not be interpreted as evidence of non-compliance but rather reflects the limitations of the evidence available to HIS at the time of review to substantiate board reporting or provide independent assurance.

HIS also recognises the importance of taking a proportionate approach to requests for evidence from Boards, balancing the need for assurance with the need to minimise additional reporting burden and make best use of existing sources of evidence and intelligence where possible.

Overall summary

Scottish Ambulance Service demonstrates an established approach to implementation of the Act, with reasonable overall assurance reported and broadly supported by available evidence. Key strengths include established governance and workforce planning arrangements, well developed real time staffing oversight systems, access to clinical advice, use of workforce intelligence and a strong organisational focus on staff wellbeing and support.

However, significant workforce and operational pressures remain evident, including high sickness absence, recruitment and retention challenges in rural and remote areas, increasing service demand and the impact of hospital handover delays on service capacity. Available evidence also identifies ongoing challenges relating to training compliance, protection of clinical leadership time and consistent use of staffing escalation processes.

Particular challenges identified relate to demonstrating the effectiveness of staffing risk escalation processes, reducing the impact of severe and recurrent workforce risks, protecting clinical leadership

time, improving training compliance and evidencing how clinical advice informs staffing decisions across services. Evidence of implementation and governance arrangements is generally stronger than evidence demonstrating sustained improvement in workforce and service outcomes.

12IA: Duty to ensure appropriate staffing and the Guiding Principles

- **Board reported position: Reasonable assurance**
  Board reports established workforce planning, governance and staffing oversight arrangements supported by workforce intelligence, demand and capacity modelling, recruitment activity and wellbeing initiatives. Workforce considerations are reported through established governance structures and linked to service planning and delivery.
- **Triangulated available evidence:** supports the existence of established workforce planning and governance arrangements, alongside ongoing monitoring of workforce performance indicators including vacancies, sickness absence and service demand. However, workforce and operational pressures remain evident, including high sickness absence, recruitment and retention challenges in some remote and rural areas, increasing service demand and hospital handover delays. Evidence of workforce planning activity is stronger than evidence demonstrating sustained improvement in workforce and service outcomes.
- **Board reported mitigations:** workforce planning processes, targeted recruitment activity, wellbeing initiatives, attendance management programmes, workforce intelligence and demand and capacity modelling.

12IC: Duty to have real time staffing risk assessment

- **Board reported position: Reasonable assurance**
  The board reports established real time staffing assessment arrangements supported by digital systems, operational reporting processes and staffing oversight forums. Real time staffing information is reported to inform operational decision-making across the service.
- **Triangulated available evidence:** supports the existence of established systems and processes to monitor workforce capacity, operational demand and staffing pressures in real time. However, limited independent evidence is available to demonstrate the effectiveness, consistency and impact of these arrangements across all services. Evidence is stronger in demonstrating the presence of systems and processes than demonstrating their effectiveness in practice.
- **Board reported mitigations:** digital staffing systems, operational escalation processes, daily staffing reviews, ongoing development of reporting systems and staff awareness initiatives.

12ID: Duty to have risk escalation process in place

- **Board reported position: Reasonable assurance**
  The board reports established staffing risk escalation arrangements supported by governance structures, operational processes and the InPhase risk management system. Staff are reported to have access to formal escalation routes and clinical support where staffing concerns arise.

- **Triangulated available evidence:** supports the existence of formal governance and risk management arrangements, including systems for reporting and managing workforce risks. However, evidence relating to utilisation, staff awareness and the effectiveness of escalation processes in practice is more limited. There is limited evidence demonstrating how escalation processes contribute to resolution of recurrent staffing risks.
- **Board reported mitigations:** InPhase implementation, staff training and awareness activity, established governance routes and ongoing monitoring of escalation processes.

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

- **Board reported position: Substantial assurance**
  The board reports established arrangements are in place to identify, record, monitor and manage severe and recurrent workforce risks through governance, workforce planning and risk management processes.
- **Triangulated available evidence:** demonstrates ongoing monitoring and governance oversight of recurrent workforce risks, including sickness absence, staff wellbeing, recruitment and retention challenges and operational pressures associated with hospital handover delays. However, workforce and operational pressures continue to recur throughout the reporting period. Evidence demonstrating sustained reduction in some recurrent workforce risks and the long-term impact of mitigations is less well developed.
- **Board reported mitigations:** workforce planning activity, wellbeing support, occupational health interventions, hospital flow initiatives, service redesign programmes and formal risk management processes.

12IF: Duty to seek clinical advice on staffing

- **Board reported position: Reasonable assurance**
  The board reports established arrangements for obtaining clinical advice, including access to senior clinical support and integration of clinical advice within operational decision-making processes. Clinical advice is reported to support staffing assessments and workforce planning activity.
- **Triangulated available evidence:** supports the existence of established clinical advice arrangements, including access to senior clinicians and clinical support functions across the service. However, evidence demonstrating how clinical advice is consistently recorded, evidenced and applied within staffing decisions is limited. Evidence is stronger in demonstrating access to clinical advice than demonstrating its impact on staffing decisions and workforce outcomes.
- **Board reported mitigations:** access to senior clinical advice, Integrated Clinical Hub support, clinical leadership arrangements and development of systems to improve recording and visibility of clinical input.

12IH: Duty to ensure adequate time given to clinical leaders

- **Board reported position: Reasonable assurance**

The board reports arrangements are in place to support clinical leadership roles through workforce planning processes, leadership structures and monitoring of leadership capacity.

- **Triangulated available evidence:** supports recognition of the importance of clinical leadership and ongoing governance oversight of leadership capacity and appraisal processes. However, operational pressures and workforce challenges continue to affect delivery of protected leadership time in practice. Board reporting indicates that appraisal completion and leadership capacity remain areas requiring further improvement.
- **Board reported mitigations**: workforce planning activity, appraisal improvement programmes, leadership development activity and continued monitoring through governance structures.

12II: Duty to ensure appropriate staffing: training of staff

- **Board reported position: Reasonable assurance**

  The board reports established arrangements for workforce training, education and compliance monitoring through a range of national and local learning systems and programmes.
- **Triangulated available evidence:** demonstrates established training structures, education programmes and governance oversight of training compliance. However, operational pressures continue to affect staff release and training attendance, resulting in variation in compliance across some areas. Evidence suggests training completion and uptake remain areas requiring ongoing improvement.
- **Board reported mitigations:** learning in Practice programmes, statutory and mandatory training monitoring, education support arrangements, Health and Care (Staffing) (Scotland) Act 2019 learning resources and ongoing compliance improvement activity.

12IJ: Duty to follow Common Staffing Method

- **Board reported position: Not applicable**

  The Common Staffing Method duty does not apply to Scottish Ambulance Service as a special Health Board.
- **Board reported mitigations:** not applicable

12IL: Training and consultation of staff

- **Board reported position: Not applicable**

  The Training and Consultation of Staff duty does not apply to Scottish Ambulance Service as a special Health Board.
- **Board reported mitigations:** not applicable

Conclusion

HIS noted that NHS Scottish Ambulance Service reported reasonable assurance in relation to implementation of the Health and Care (Staffing) (Scotland) Act 2019 during 2025–26. Available evidence broadly supports this assessment, reflecting mature workforce planning, governance and staffing oversight arrangements, informed by workforce intelligence, real time staffing information

and access to clinical advice. The organisation continued to demonstrate a strong focus on staff wellbeing and workforce support. However, workforce and service pressures remained evident, including high sickness absence, recruitment and retention challenges, increasing demand and pressures affecting service capacity.