Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

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Public Board Meeting	**25 March 2026** **Item 05**

THIS PAPER IS FOR DISCUSSION

BOARD QUALITY INDICATORS PERFORMANCE REPORT

Lead Director **Author**	Michael Dickson, Chief Executive Executive Directors
Action required	The Board is asked to discuss progress within the Service detailed through this Performance Report: - 1. Discuss and provide feedback on the format and content of this report. 2. Note performance against key performance metrics for the period to end December 2025. 3. Discuss actions being taken to make improvements.
Key points	This paper brings together measurement for improvement as highlighted by the Scottish Government's Quality Improvement and Measurement for Non-Executives guidance. This paper highlights performance to end February 2025 against our strategic plans for Clinical, Operational and Scheduled Care where this data is available. Patient Experience, Staff Experience and Performance, Health and Wellbeing and Financial Performance are reported in separate Board papers. <u>Clinical Performance</u> Clinical performance as related to the measures in this paper remain in the main within control limits. Our broad range of clinical workstreams have continued to progress over the reporting period with highlights noted within both this report and within the 2030 strategy update. These programmes are aligned to our Annual Delivery Plan as well as the suite of frameworks published by Scottish Government this year including Strategic Renewal, Population Health and the Operational Improvement Plan.

	Within OHCA we are planning the phased roll-out of the CareZone model as we near completion of the report for Dumfries and Galloway. The Major Trauma Peer review progressed as planned with early positive feedback. Supporting the principles of right care, right place the Service has been focussing on delivering more care through the Integrated Clinical Hub and where an ambulance has been dispatched utilising the pathways available. We continue to interface effectively with key stakeholders in the identification and development of pathways and specifically for proactive and preventative referrals. This also includes working with health boards on a range of initiatives associated with Flow Navigation Centres.
Timing	This paper is presented to the Board for discussion and feedback on the format and content of information it would like to see included in future reports.
Associated Corporate Risk Identification	Risk ID: 4636 – Health and Wellbeing of staff 4638 – Hospital Handover Delays 5062 – Failure to achieve financial target 5602 – Service's defence against a cyber attack 5603 – Maintaining required service levels (Business Continuity) 5651 – Workforce Planning and Demographics 5887 – Service Transformation (Change Management) 5891 – Collaborative Working
Link to Corporate Ambitions	We will • Work collaboratively with citizens and our partners to create healthier and safer communities. • Innovate to continuously improve our care and enhance the resilience and sustainability of our services. • Improve population health and tackle the impact of inequalities. • Deliver our net zero climate targets. • Provide the people of Scotland with compassionate, safe, and effective care when and where they need it. • Be a great place to work, focusing on staff experience, health and wellbeing.
Link to NHS Scotland's Quality Ambitions	This report highlights the Service's national priority areas and strategy progress to date. These programmes support the delivery of the Service's quality improvement objectives within the Service's Annual Delivery Plan.
Benefit to Patients	This 'whole systems' programme of work is designed to support the Service to deliver safe, person-centred, and effective care for patients, first time, every time. A

	comprehensive measurement framework underpins the evidence regarding the benefit to patients, staff, and partners.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	This paper highlights progress to date across a number of work streams and programmes. Each individual programme is required to undertake Equality Impact Assessments at appropriate stages throughout the life of that programme. In terms of the overall approach to equality and diversity, key findings and recommendations from the various Equality Impact Assessment work undertaken throughout the implementation of our 2030 Strategy are regularly reviewed and utilised to inform the equality and diversity needs.

SCOTTISH AMBULANCE SERVICE – BOARD PERFORMANCE REPORT

Introduction

The Board Performance Report collates and presents the Service's Key Performance Indicators. These measures are based on the Service's 2025/26 Measurement Framework. Following feedback from Board members, the format and content of this report has been revised and remains under review.

What's New

There are no additional charts in the paper since the May 2025 paper. All charts have been updated to December 2025, where data is available.

Future Development

To reduce duplication and to enhance our assurance reporting, over the next few months we are revising and aligning the various board papers.

Development of additional KPI measures in future reports will bring together time-based measures alongside new and revised workforce and clinically focused measures. The key areas of future development of measures will aim to enhance the detail for each group of patients including patients at high risk of acute deterioration (red coded conditions), patients requiring further specialist intervention (amber coded conditions) and non-emergency patients. Indicators to measure the Service's contribution to wider population health and care assurance are also under development.

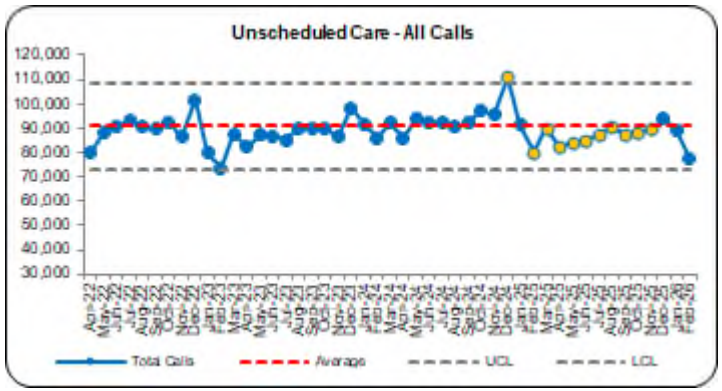
Performance Charts

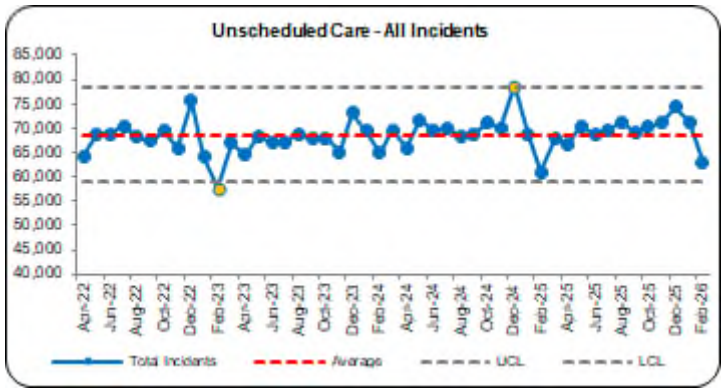
The Board Performance Report consists of data pertaining to several Service measures plotted in control charts (with control limits) and run charts (without control limits). Both types of charts provide a statistical tool for understanding variance within a data set. Correctly interpreted charts help the user to differentiate between random and non-random patterns, or 'signals'.

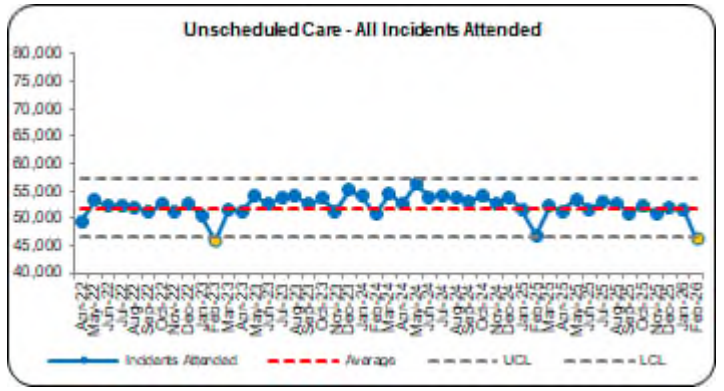
Control Charts
Rule 1: A run of eight or more points in a row above or below the mean (light blue)
Rule 2: Six or more consecutive points increasing or decreasing (green)
Rule 3: A single point outside the control limits (orange)

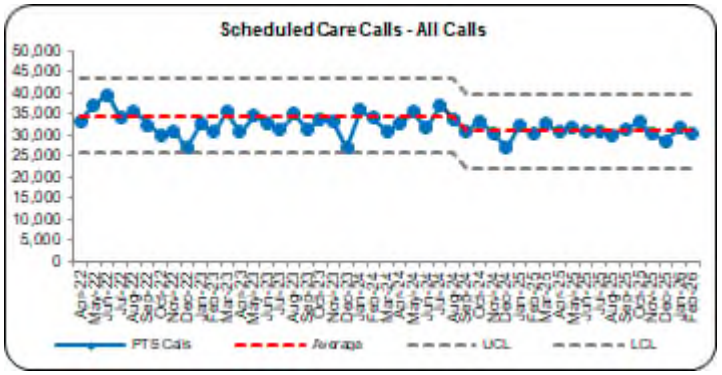
Run Charts
Rule 1: A run of six or more points in a row above or below the median (light blue)
Rule 2: Five or more consecutive points increasing or decreasing (green)
Rule 3: Undeniably large or small data point (orange)

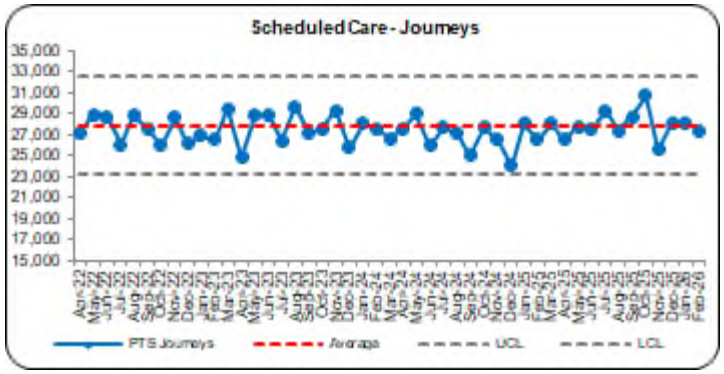
D: Demand Measures











What is the data telling us?

Following unprecedented unscheduled call demand (out with upper control limit) in December 2024 it has returned to within the control limits. In February 2026, demand experienced across the month was a 3.3% decrease on the same period last year, with 77,319 calls.

This stabilisation in call demand has resulted in a comparable pattern in the number of unscheduled care incidents recorded which returned to within the control limits since January 2025. In February 2026, there was a seasonal decrease compared to previous months partially due to fewer days in the month however, the total of 62,933 incidents represented a 3.3% increase compared to February 2025.

Why?

Unscheduled and Scheduled Care remains stable, so there is a need to report on variation only when seen.

We continue working closely with a collaboration of data analysts from across the health and social care system, led by Public Health Scotland, to forecast demand for the upcoming winter period and into 2025/26. Our demand forecasts are regularly updated based on intelligence of changes in the multitude of variables and Scottish Government planning assumptions.

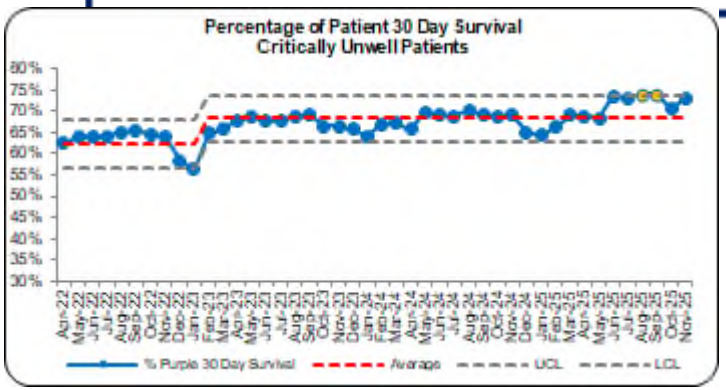
Our annual delivery plan for this year is focused on those priority areas highlighted by Scottish Government that we can influence, which will reduce pressures on the wider Health & Social Care system, support the stabilisation of services, accelerate recovery, and provide the most benefit to patients and staff.

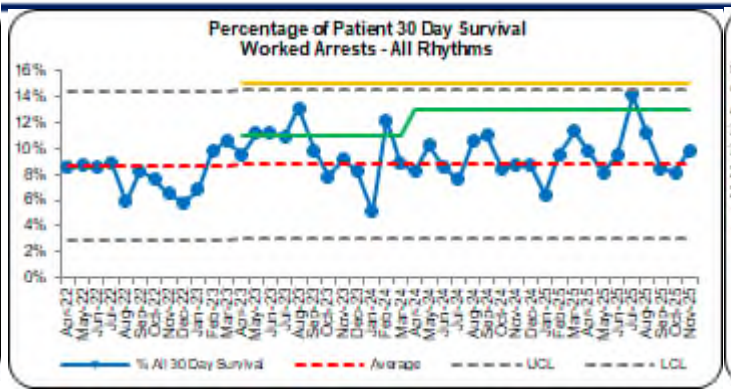
We have established several work streams to increase our workforce, to progress towards reduction in the working week assuming 36 hours by April 2026 to align with the 23/24 pay award agreement with Scottish Government, improve demand management, and increase capacity which include working collaboratively with our partners across the wider system, to reduce unnecessary Emergency Department attendance by ensuring patients receive care that meets their needs. A full update of progress against delivery of our plans is included in the 2030 Strategy Portfolio update.

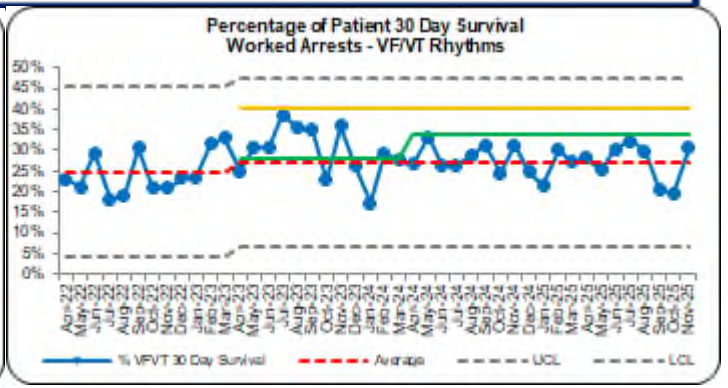
Significant work continues with hospitals to improve flow and reduce ambulance handover times. Details are included in the section of the paper specific to Hospital Turnaround.

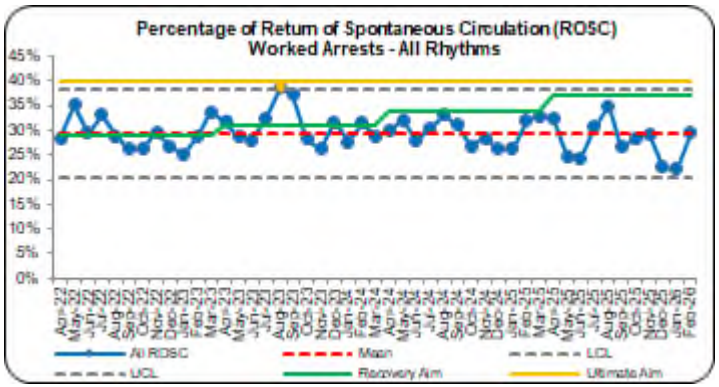
Our work to support staff health and wellbeing is detailed in a separate Staff Experience and Performance Report on the Board meeting agenda.

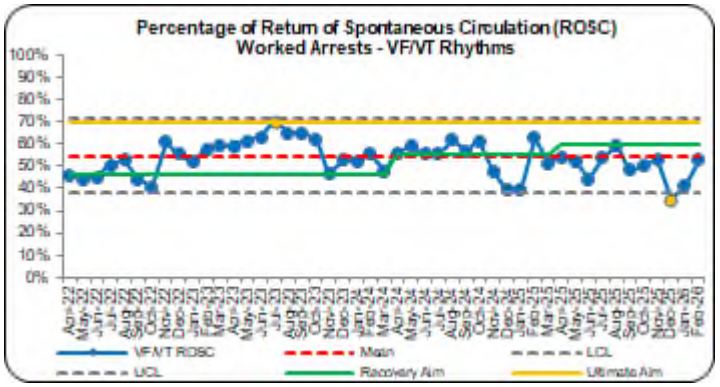
Purple Response Category: Critically Unwell Patients

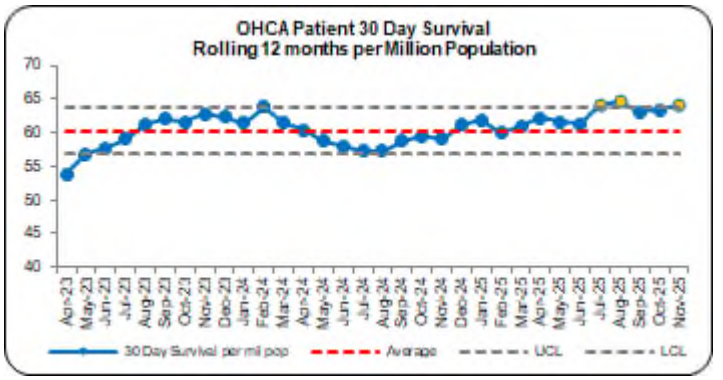


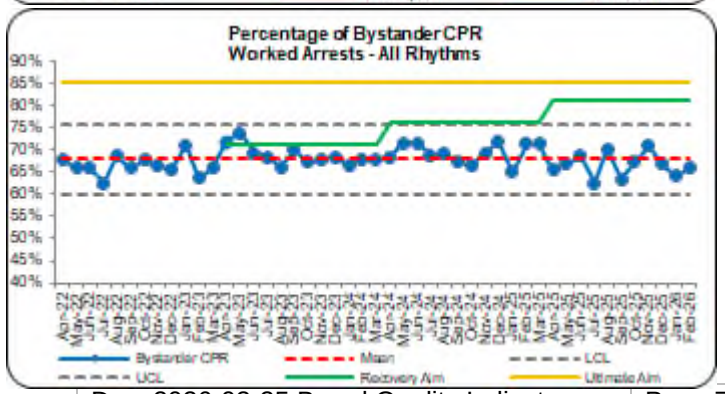


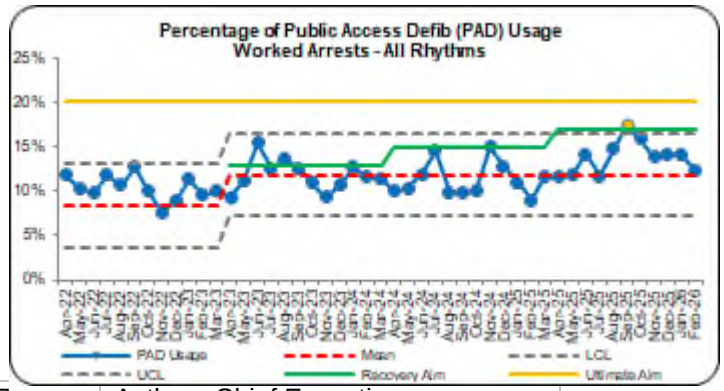


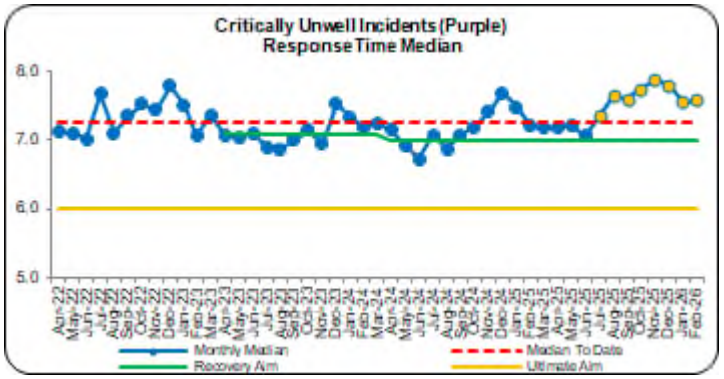


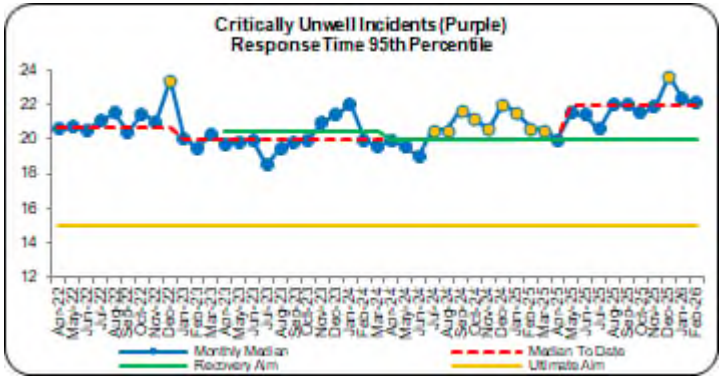












What is the data telling us?

The data presented in the charts is referenced to different measurement points depending on the complexities of data linkage. Overall, the position is stable on the worked arrest outcome measures (Mortality) with 30-day survival measures within control limits. The patient survival per million population and purple survival has been near or over the upper control limit since summer 2025. These figures relate up to November 2025 time stamps, this is due to requirements for data linkage of the longer outcome e.g. 30-day survival.

Other cardiac arrest measures that do not depend on outcome data, such as Return of Spontaneous Circulation (ROSC), Public Access Defibrillation (PAD) usage, and Bystander CPR rates, are reported until February 2026. These measures remain stable, with the expected seasonal monthly variation, with some month-on-month upward trajectory overall in ROSC prior to December. The winter dip in ROSC is seen internationally with no real understanding in the literature of why this is the case.

The response time measures for February 2026 (process measures) were above median levels as they have been since July 2025 reflecting the increase in the continued pressures experienced beyond the usual winter pressures period.

We continue to strengthen SAS Out of Hospital Cardiac Arrest (OHCA) programme with the aim of improving survival. The CareZones pathfinder report has now entered the final draft stages and will be available in the coming weeks. The programme of work has gained traction with SG who have awarded SALFS £1m to place defibrillators in communities that data shows have poor access to them, and a further £1.5 million over the next three years to co-ordinate the roll-out of the CAReZone model.
The drafting of a range of updates for Advanced Life Support and termination of Resuscitation guidance, due to published at the end of March, is nearing completion. Planning is underway for the Cardiac Arrest Symposium and Restart-a-Heart Life events later this year. The annual OHCA report has now been published by PHS and is available on the SAS website.

Purple Median Times

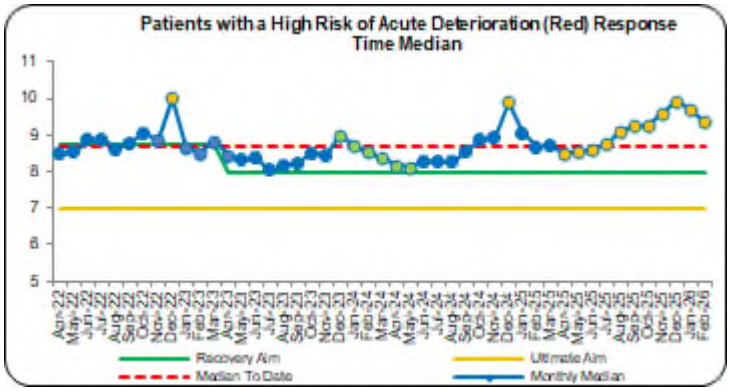
Median response times to purple category in February 2026 was 7 minutes 35 seconds. We reached 95% of these patients in 22 minutes 05 seconds (95th percentile). The key influencing factors on response times are service time (which includes hospital turnaround times), emergency demand, shift cover and staff availability during shift. Work is focused around the following priority areas.

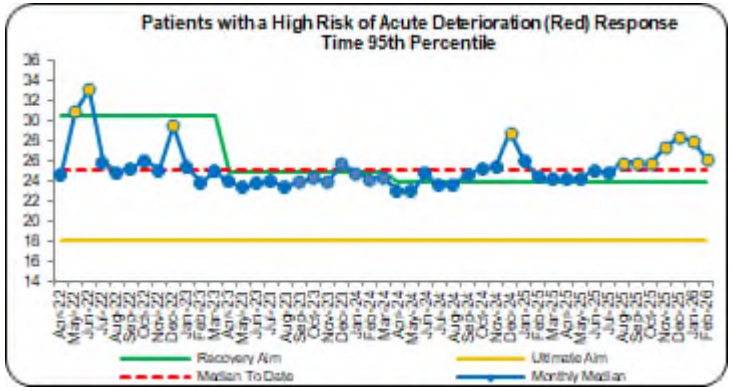
The Integrated Clinical Hub (ICH) and Pathways initiatives continue to support the principles of right care right place and the data for February 2026 shows that 51.7% of patients were managed without ambulance conveyance to hospital.

Community first responders and cardiac responders continue to play a valuable role in responding to immediately life-threatening calls across Scotland. As part of our programme of continuous improvement activity, we are exploring other opportunities and system changes to further enhance the impact of our volunteers and we are currently establishing a Volunteer Forum to support these efforts.

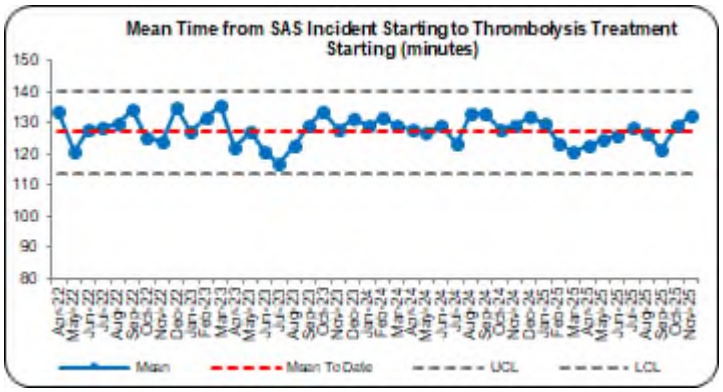
Health Boards continue to work with our regional management teams to produce site action plans in line with the Safe Handover at Hospital principles to support a reduction in delays and early escalatory actions.

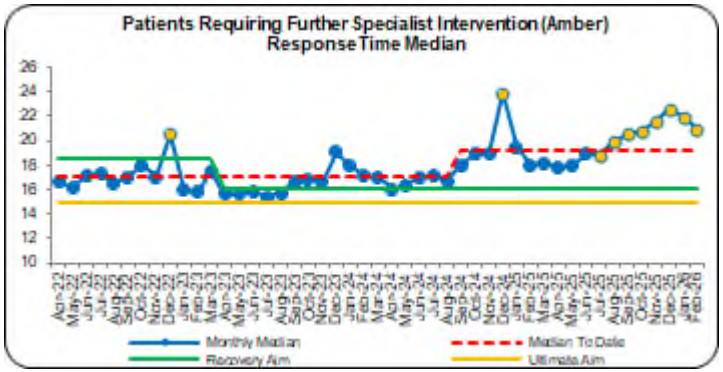
Red Response Categories: Patients at risk of Acute Deterioration

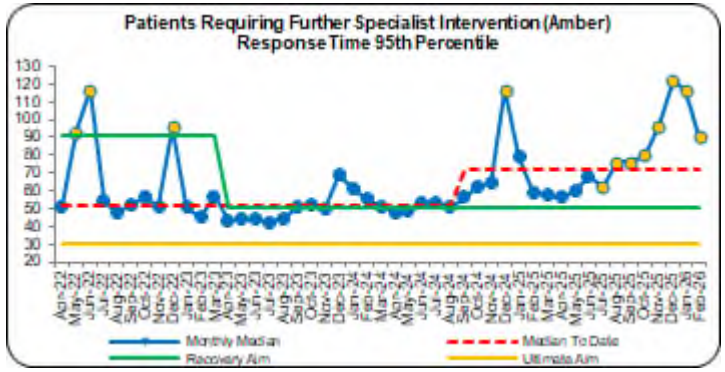




Amber Response Categories: Patients requiring Further Specialist Intervention







What is the data telling us?

The median and 95th percentile response times for both red and amber categories of call have seen a period of increase since the early part of 2025 due to increased pressure on the Service and the wider Health and Social Care sector. In February 2026 we attended 50% of red category incidents within 9 minutes 21 seconds and amber within 20 minutes 57 seconds.

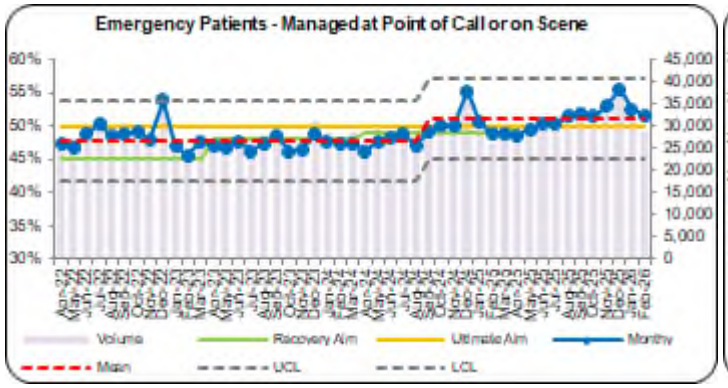
Our Major Trauma clinical workstream is a key partner in the Scottish Trauma Network. As previously reported the Trauma Services Peer Review due to run from January to March 2026 is almost complete with a site visit having taken place on 11 March 2026. Early feedback has been positive with identified areas of development and opportunity consistent with the strategic ambition of the Service.

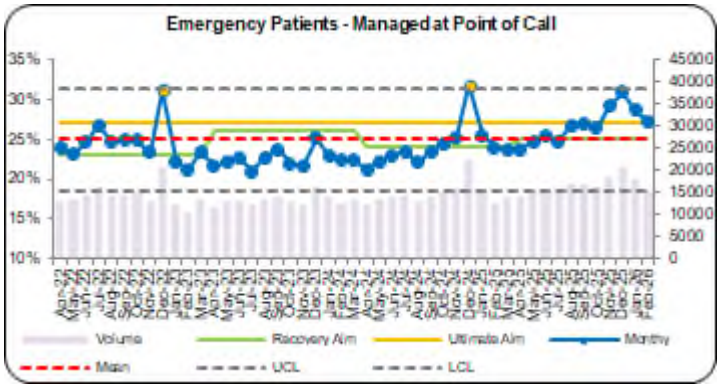
The Critical Care Desk (CCD) review is now developing recommendations from the review of the underpinning processes and these are expected to be completed in the coming weeks.

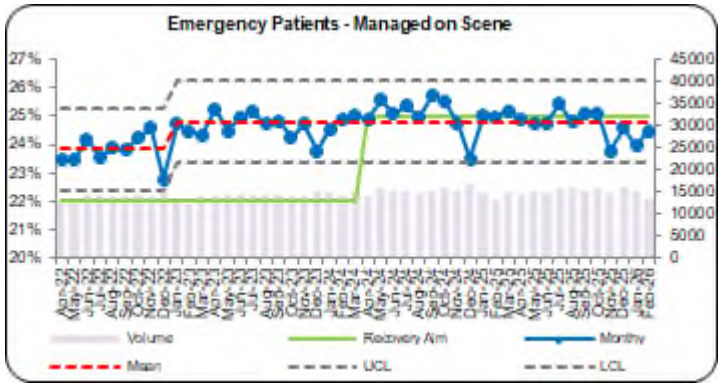
We continue to work closely with a range of partners to progress our stroke improvement workstream with a review of our annual plan and measurement framework. This plan reflects SAS's commitment to continuous improvement, clinical excellence, and equity of access—ensuring that every stroke patient receives timely, high-quality care.

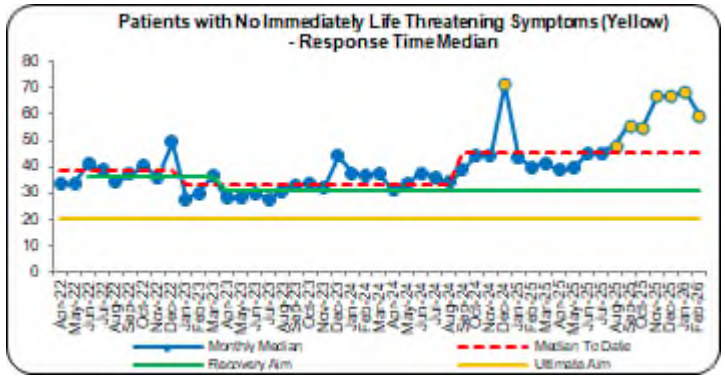
Our 999 to Thrombolysis time chart remains stable within control limits. see comment re chart timescales currently to November 2025

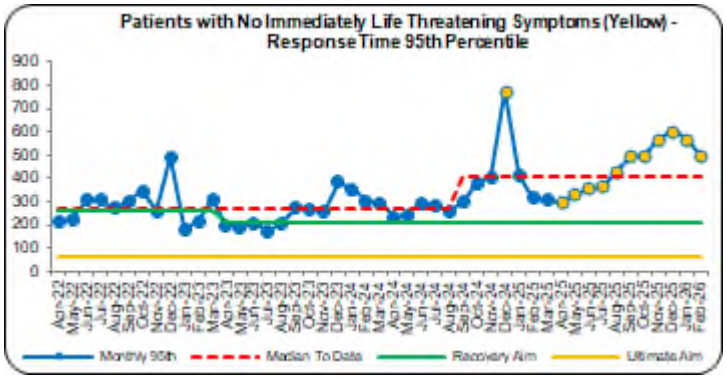
Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance











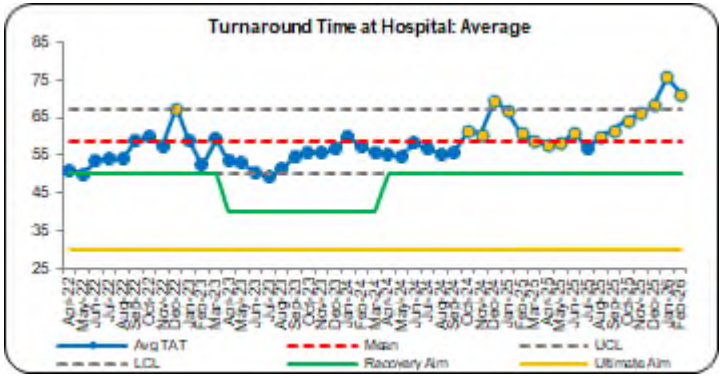
What is the data telling us?

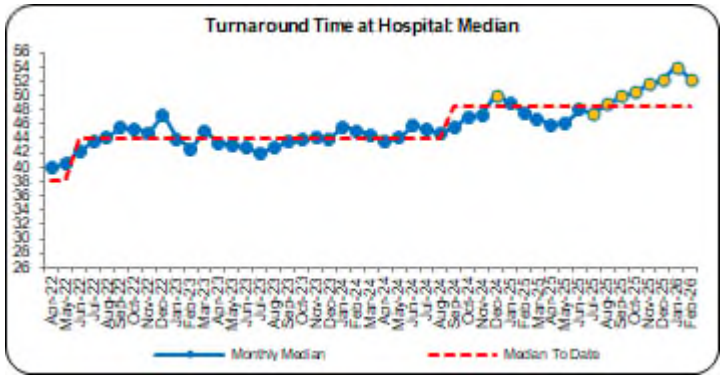
We continue to provide significant volumes of 'urgent care' in addition to our emergency response. These patients may often be better supported through clinical care out with a traditional ED pathway and to achieve this we are working in collaboration across NHS Scotland territorial health boards as well as primary care and out of hours services and NHS 24.

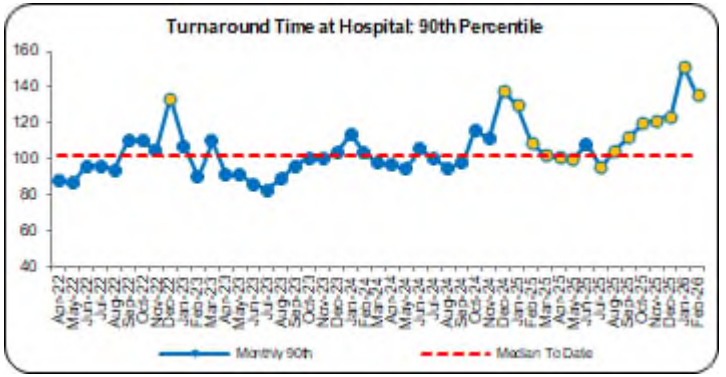
In February 2026 we managed 51.7% of all calls which comprised 15,165 (27.2%) managed at point of call and a further 13,657 (24.5%) by clinicians on-scene following ambulance attendance conveying only 48.3% of overall demand to hospital.

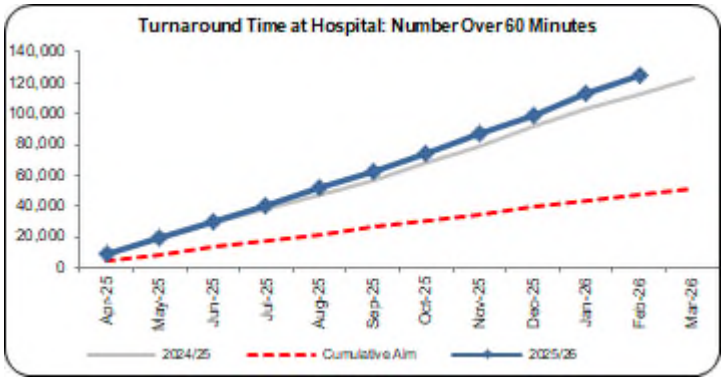
- The Integrated Clinical Hub (a multidisciplinary clinical team) has continued to strengthen its provision of remote clinical assessment and triage over the winter period as the data above indicates. In addition to this the Hub has also increased its role in the provision of senior decision support to frontline clinicians where access to local professional to professional advice may be limited. Another area of focus over winter has been raising the strategic profile of the Integrated Clinical Hub in terms of the volume of patient journeys avoided through this pre-dispatch intervention through discussions with health board partners. An assessment of impact over winter is nearing completion with the aim that this will help inform the next steps of the strategic development of the Integrated Clinical Hub.
- When an ambulance has been dispatched our frontline clinicians continue to seek alternative options to the Emergency Department where there may be opportunities to improve the delivery of person-centred care. This may also include conveyance to ambulatory care units or direct ward admissions following navigation support from health board FNCs. A series of improvement initiatives have been tested over winter, and these are being evaluated for impact including the use of qualitative data from our patients and frontline clinicians. These insights will help inform our priorities for 2026-27.
- A new report has highlighted the significant impact of the Scottish Ambulance Service's (SAS) partnership with Macmillan Cancer Support in improving palliative and end-of-life care for people across Scotland. Published by the British Medical Journal (BMJ), the report found that the three-year programme, launched in 2022, successfully reduced avoidable hospital admissions and provided more responsive, patient-centred care within community settings, aligning with patients' clear preference to remain at home whenever possible.
- As part of our focus on reducing health inequalities, we have shared insights from our data with selected health board and health and social care partners to explore collaboration opportunities. This has generated much enthusiasm for partners in terms of the insights that our data provides, and we intend to prioritise these pathfinder sites early in 2026-27.
- The SAS Pathways Hub continues to coordinate the management of referrals from our frontline clinicians to other health and care providers with a growing number of third sector partners now providing onward referral options to the Service. Falls, Alcohol and Drugs and Distress Brief Intervention referrals represent the highest volume of activity with the use of pathways aimed at addressing more holistic needs also gaining increased use. Our Pathways Hub has the potential to play an increasing part in our preventative and proactive approach to care and is also defining priorities for next financial year in line with our developing Population health plan.

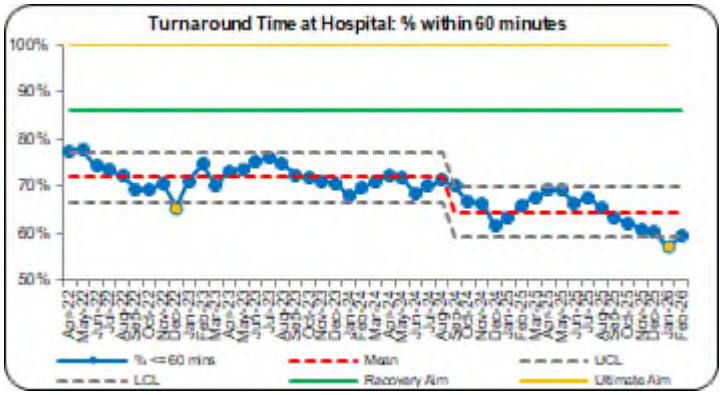
TT: Turnaround Time at Hospital











What is the data telling us?

We continue to experience variation in Hospital Turnaround Times that remain at levels significantly higher than have been seen historically. Increased turnaround times reduce availability, displace resources, increase service time and utilisation, therefore increasing the clinical risk to patients because of 999 calls awaiting a response in the community.

The average turnaround time for February 2026 was 1 hour, 11 minutes, 25 seconds. This is 10 minutes and 35 seconds higher than February 2025 reflecting a sustained increase in the average time our crews are spending at hospital.

Why?

Hospital Turnaround Times for Ambulance Crews continue to be impacted by hospitals operating at or near full capacity with little change in the 'front door' operating models in some hospital sites. In particularly challenged hospital sites, patients continue to be cared for in the back of ambulances and in some cases in cohorting spaces coordinated and managed by ambulance staff for prolonged periods of time, delaying access to required care and increasing the potential for harm.

What are we doing and by when?

Hospital Ambulance Liaison Officers (HALOs) are established at the busiest hospital sites to ensure we are fully integrated in support of whole system hospital flow. The numbers are being further increased on a temporary basis by Health Boards in line with winter planning and unscheduled care funding.

The agreed 'Principles for Safe Transfer to Hospital', outlines the target to achieve a safe handover of patient at hospital within 15 minutes. The Service's three Regions continue to undertake improvement work in collaboration with their respective Health Boards.

Other specific actions include:

- Regular executive level meetings at the most challenging sites.
- Increased use of Flow Navigation Centres and Call Before You Convey (CBYC) to explore all options for alternatives to ED.
- Increased use of 'safe to sit' practice to avoid patients waiting in ambulances where they can safely wait in waiting areas.
- Review of joint improvement plans in place with acute sites.

Regional specific actions include:

East:

- Regular operational, tactical and strategic level engagement takes place regularly with sub-regional teams and local health boards. These discussions continue to have a focus on patient safety and shared risk regarding the impact on delayed patient handover times.
- HALOs and wider leadership teams continue to support staff at key sites, particularly during periods of extended hospital turnaround. There is a focus on wider flow through sites with support being provided to ensure discharges are identified early and managed as efficiently as possible.
- NHS Borders continue to support part funding of a HALO at Borders General and are reviewing opportunities for continued funding into financial year 2026/27.
- A range of improvement activity is being taken forward focused on ensuring pathways are developed, implemented and their use is maximised. This work includes reviewing current access arrangements for pathways ensuring as far as possible that all available pathways can be accessed through a single point of contact.
- SAS is now represented on the East Sub-national planning group focused on urgent care and flow.
- Additional short-term funding has been identified within the NHS Fife area to operate a Mental Health resource over December through to February to support effective management of patients experiencing mental health challenges out with the ED. This work is being supported locally by our Clinical and Scheduled Care Team Leaders.
- The Regional Capacity Management plan in place over winter has a debrief planned in March to learn any lessons from the winter period and shape preparedness for this coming year.
- The region continues to work closely with Flow Navigation Centres across the Region- a test of change continues in Lothians with Paramedics based within the Flow Navigation Centre supporting decision support and optimising pathway navigation as part of the wider team. Initially this was rolled out to a small number of station locations but now covers all Edinburgh, East and Mid-Lothian station.
- NHS Lothian have confirmed recurring funding of a HALO position which has been in place on a non-recurring basis.
- Focus on development and engagement with pathways has continued in all sub-regions.

West:

- The QEUH Discharge Hub continues to see an increase in discharge activity with less cancellations and increased on the day requests. There have been overall positive flow improvements. Following further discussion with NHS GG&C the FNC+ model have moved to a call to convey model which is supported by an additional Advanced Practitioner and a Paramedic on a 7 day roster.
- NHS Lanarkshire continue to experience challenges, particularly regarding ED Turnaround at Wishaw, but engagement remains positive with NHSL around the development of FNC+ and the new Monklands Hospital site development. In partnership with the pathways team the regional leadership team have developed a Pathways network' who will lead peer to peer conversations to promote the use of FNC+ and reducing barriers. Regional Director continues to engage with the Health Board with a view to making further improvements at the Wishaw site and a formal meeting with the Director of Acute Services has been facilitated. A fortnightly performance meeting between SAS and NHSL is in place supported by the Clinical Pathways team.

- NHS Ayrshire & Arran sites have seen recently pressures. Engagement with the senior team in NHS A&A continues. The Deputy Regional Director will be focussing on HTAT improvement in Ayrshire.
- Additional HALOS in place in Ayrshire and Lanarkshire, and Glasgow Royal sites working across seven days. HALO cover has been extended over Easter in NHS A&A and a case is being developed to extend the HALOs in situ in Glasgow. HALOs and wider leadership teams continue to support staff at key sites, particularly during periods of extended hospital turnaround.
- NHS Lanarkshire Discharge & Transfer in place
- Site meetings are focussed on patient safety and risk associated with SAS resource being unavailable due to increase handover delays.
- A range of improvement activity is being taken forward focused on ensuring pathways are developed, with the FNCs accessed through a single point of contact. This includes the development of a Technician response car and a Paramedic in primary care model in Greater Glasgow.
- The regional winter plan has been reviewed and as part of our wider winter preparedness and a winter debrief has taken place to learn of the impact of these measures that worked well over Winter.
- The West Regional Director is now in place as co-chair of the Improving Access function of the Scot West sub national planning structure and supports the Flow working group as part of the same structure.

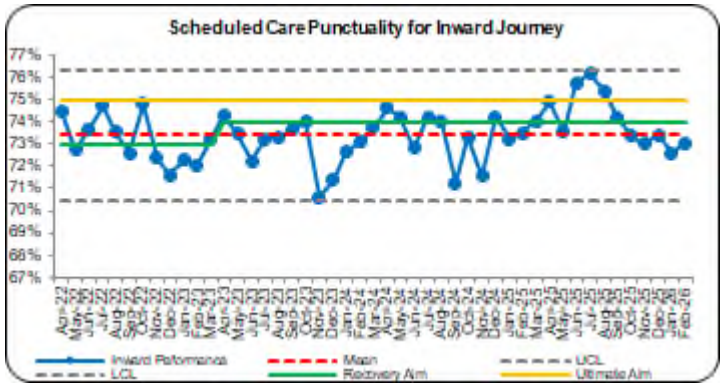
North:

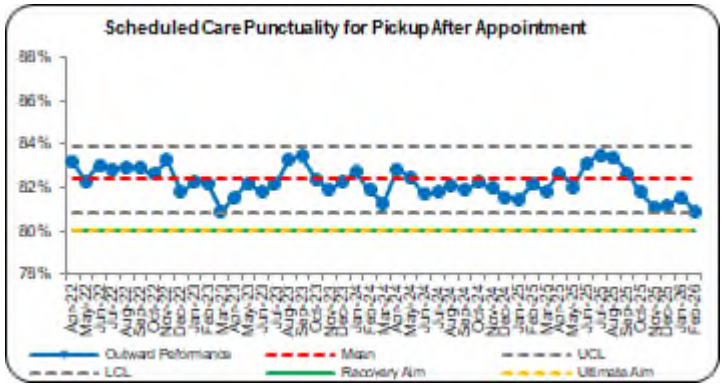
- Weekly strategic meetings with NHS Grampian (Aberdeen Royal Infirmary) supported by SAS CEO / Regional Director / Deputy Regional Director
- Weekly 'Tactical' level meetings with NHS Grampian senior leadership.
- Daily 'Operational' level meetings with NHS Grampian leadership team.
- Daily SAS / NHS Highland engagement and joint working.
- Engaged in Urgent and Unscheduled Care collaboration work across Territorial Board areas.
- Implementation of NHS Highland Operations Pressure Escalation Level Framework (OPEL)
- Engagement with NHS Grampian to measure progress against Unscheduled Care Performance Improvement Plan.
- Following a Centre for Sustainable Delivery visit to ARI to analyse the current systems in place, the report recommended 7 key actions, two of which refer specifically to ambulance turn around delays:
    1. *The whole system board that oversees U & USC requires reorganisation to ensure strategy and operational reality are more closely aligned. (It does, though, go on to state within this aim that, "Reduction in turnaround times and elimination of stacking of ambulances has to be an explicit primary goal for leaders from across the system who are members of the board. This will only be achieved by reducing occupancy in acute services."*
    2. *The USC Board should aim to reduce occupancy in acute services to improve flow and therefore reduce turnaround times for the ambulance service.*
- Collaborative 'Joint Escalation Framework' between NHS Grampian and SAS ensuring appropriate internal escalations. Also focussing on:

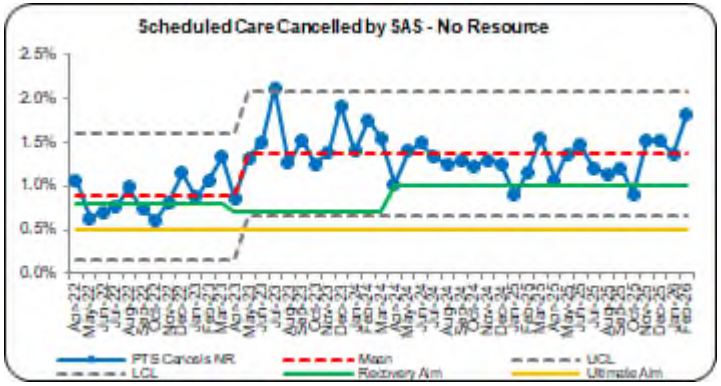
1. Rapid release of ambulance resource for ILT calls in the community
2. Escalation process for the deteriorating patient in stack
3. Process for pre-alerting Emergency Department for incoming high acuity patient

- Enhancement of HALO team based at ARI with extended hours of operation / coverage. (Part NHSG Funded)
- HALO cover also provided at Dr. Gray's hospital in Elgin.
- Introduction of HALO cover at Raigmore.
- Use of 'Safe to Sit' Policy where available.
- Use of Rapid Access Clinic (RAC) connected to Acute Medical Admissions Unit.
- Hospital Arrival Screens in place at ARI, Dr. Gray's and Raigmore hospitals.
- Maximising utilisation of Flow Navigation Centre at Aberdeen Royal Infirmary and all other available alternative pathways of care. FNC currently subject of enhancement and expansion as part of NHSG Improvement Plan.
- NHS Grampian cohorting 'Test of Change' ongoing since 17th June 2025 at ED at ARI. This is currently operating with 3 corridor spaces for NHS Grampian led cohorting, along with 8 overspill beds and 4 chairs for discharges. Initial feedback was positive but also highlighted that it is a necessity that appropriate medical staffing levels are maintained within department.
- Additional 'welfare' shifts providing support for crews approaching end of shift, to allow a handover of patient and finish of shift to mitigate against risk of compensatory rest following shift and ambulance unavailability.
- NHSG have implemented a plan to affect no ambulance waits over 6 hrs reducing to 5 hrs, and further to 4 hrs week to week etc until improvement is maintained to ensure that maximum wait for any ambulance crew should be under the 60 mins. This is a NHSG aim to develop, build on and maintain appropriate behaviours and action to enhance flow and pull of patients through the system and away from current 'pooling' at hospital front doors. Unfortunately, breeches are regular at the 6 hr mark and is currently being held at 6hrs.
- NHSG also currently forming their Transport hub to coordinate patient movements with the ultimate aim of enhancing opportunity to discharge. SAS are supporting with a dedicated SAS Patient Transport Resource and Transport coordinator embedded within hub.
- NHSG also planning to enhance Flow Navigation Centre capabilities by increasing staffing and moving to 'Call Before You Convey' model as opposed to just being a gateway to alternative pathways.

SC: Scheduled Care







What is the data telling us?

The number of Scheduled Care calls remains stable with 30,247 in February 2026.

Journey demand in February remained at a consistent level considering usual seasonality and remains within the control limits (normal variation). We undertook 28,163 and 27,434 completed journeys respectively in January and February 2026.

Punctuality after appointment was 80.9% in February 2026 and punctuality for inward appointment was 73.0%. The percentage of Patient Transport Service cancellations by the Service in the 'No Resources' category was 1.8% in February 2026, which is within the above the recovery aim of 1% for 2025/26.

What are we doing and by when?

Performance Management

Scheduled Care has recently implemented the first stage of National Performance management, working on a rota basis a supervisor will have responsibility for managing not ready codes such as reflection, wrap up and assisting colleague. This is in place as a support action and the performance supervisor can identify issues quicker and check if the call taker requires some assistance or has any welfare concerns. Comfort breaks are not part of the monitoring, however if there is a concerningly long break the site supervisor will be alerted, again in case there is a welfare concern. The next stage of the performance management will be the introduction of an escalation plan which is currently being developed.

The December data demonstrates continued consolidation of the performance management, with overall national Not Ready time at **15.8%,** broadly stable and within expected tolerance during winter pressures and seasonal leave.

At site level:

- East: Not Ready sits at 14.26%, the lowest nationally. This reflects improvement in wrap-up management.
- North: The highest site-level figure at 18.61%, driven primarily by increased amounts of assisting colleague time and some longer durations of wrap-up. However, the pattern remains consistent with North's call profile and does not suggest deviation from expected behaviour.
- West: Performance is stable at 16.72%, with a moderate rise in December linked to higher seasonal call flow and several prolonged support interactions. Coding accuracy has improved, reducing unexplained or default Not Ready usage.

Across all three ACCs, welfare triggers via extended comfort breaks were minimal and quickly checked, with supervisors monitoring both performance and wellbeing. Training-related Not Ready time remains proportionate to ongoing mentoring and development needs associated with the October intake

Recruitment

Recruitment activity remains on track and continues to build on the progress reported in November. All twelve Scheduled Care Coordinators recruited during the October intake are now in post, with their initial training successfully completed across both East and West ACCs. This marks the full implementation of the first phase of expansion described in the previous update.

Work is now underway to prepare for the January recruitment round, which will seek to appoint a further ten Coordinators. This cohort will be allocated across the regions as follows: East (four), North (two) and West (four). Training for this intake is scheduled to begin in March, with the expectation that all new starters will go live at the beginning of the new financial year. This phased approach ensures continuity from the October intake while supporting each ACC to build capacity in a managed and sustainable way.

Looking ahead, the programme remains aligned to our broader workforce plan, with continued focus on ensuring each cohort receives consistent training, appropriate support, and a smooth transition into live operations.

Scheduled Care Improvement Programme

The programme continues to progress across all workstreams, with ACA recruitment on track following the completion of the January course and another planned for April 2026. An outline recruitment and associated training plan is in progress for 2026/27.

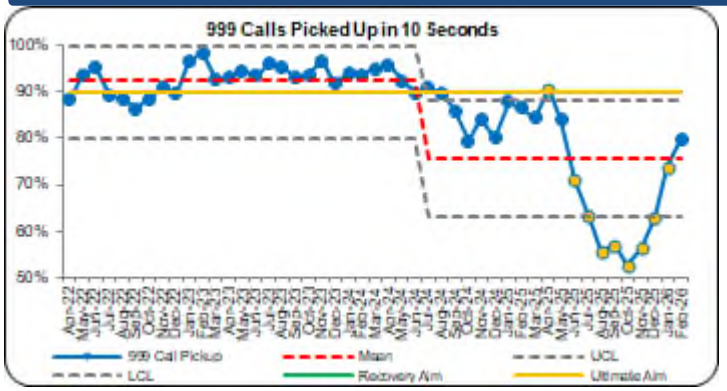
The development of a national timed admissions process is progressing, with recommendations developed for consideration at the Scheduled Care Programme Board. Engagement with St John Scotland remains at an early scoping stage and work has commenced to explore the potential for a SAS led car-volunteer provision.

Funding has been secured to upgrade the Cleric PTS system database and the Cleric application. Due to ongoing West ACC works and other commitments, these upgrades will take place during a future reporting period in mid to end April 2026. The potential opportunities offered by MyCare / Digital Front Door capabilities for the Scheduled Care service are now being tracked however timescales are unknown at this stage.

Transport hubs across Ayrshire & Arran, Lanarkshire and Grampian Transport hubs are live with dedicated discharge vehicles in place. The Queen Elizabeth Transport Hub performance remains stable with reduced private ambulance use, and work is underway to secure future funding. The Lanarkshire Hub faces some staffing gaps due to ACA shortages, but improvement is expected with the upcoming recruitment.

Work is underway to establish a fleet requirements group, and SAS is now represented on the National Renal Group to develop a unified renal transport pathway.

Other Operational Measures



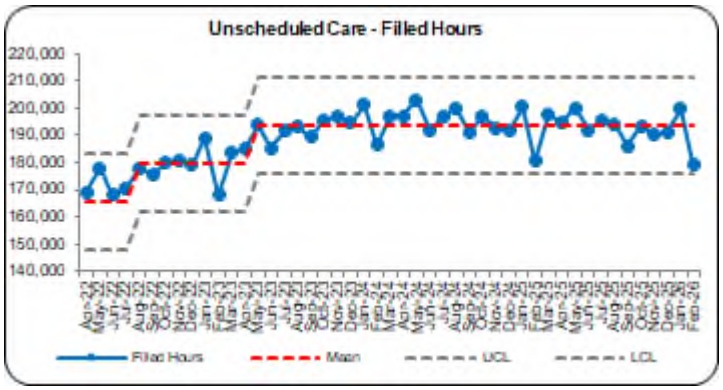
What is the data telling us?

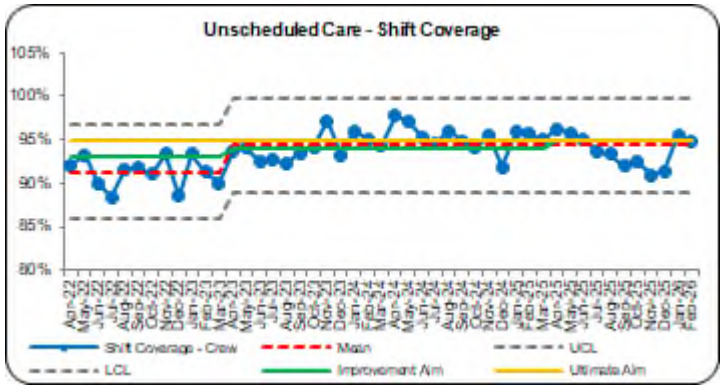
The Service saw steady 999 call demand in February 2026. We received 53,818 calls which was a 5.9% increase compared to February 2025.

Our TAS remains challenging, and we have not met our aim (90%) since April 2025. The % of calls answered in 10 seconds dropped below the lower control limit between August and November 2025, recovering to within the limits in December and was 79.9% in February 2026 against our aim of 90%.

We have ongoing recruitment with a fresh cohort starting this week. We also have a national recruitment drive looking for an additional circa 40 Call Handlers.

Shift Coverage





What is the data telling us?

The Service recovery aim for 2025/26 is greater than 95% of accident and emergency shift coverage across the year. Throughout the first quarter of the financial year this has been consistently met or exceeded in every month. Between July and December 2025 this shift coverage has proved more challenging but recovered in the first 2 months of 2026. In February 2026 the shift coverage was 94.8% with 179,016 crew hours filled.

Best practice for UK ambulance services is no more than 55% utilisation. Our utilisation rate in February 2026 was 63.5% reflecting the continued system pressures and is being managed through the work to reduce ambulance handover times

What are we doing and by when?

Regions continue to maximise all recruitment opportunities and use of bank staff. Weekly reviews of all absences continue to take place to ensure early support and intervention for all cases and minimise abstractions.

West Region:

Operational cover has consistently been above 95% throughout the last quarter and forecasting for the next quarter is again very favourable that this position is sustainable. There have been ongoing challenges due to the sickness/absence presentations but maintaining a focus on abstractions has produced some positive results. Recruitment has been successful in all clinical areas with a slight over establishment in Glasgow and Lanarkshire which is a positive position in line with the recruitment requirements for the Reduction in Working Week programme. A new cohort of 23 NQPs are joining the Service throughout the next few months, and we are in the process of on boarding the staff.

- Daily and weekly coverage-level forums are in place.
- HR supported local sickness management action plans.
- Continued revision of the Region's workforce plan and workforce forecasting arrangements.
- Review of Resource Planning arrangements and performance and action plan in place.
- Ongoing recruitment and training with key dates identified and recruitment sessions planned to maximise course places.
- Leadership Team holding wellbeing conversations with operational staff to sign post staff to staying well support.
- Maximising the use of Bank and Annualised hours staff
- Working to reduce abstractions by cancelling LIP and statutory and mandatory training

East Region:

Operational shift coverage has seen some improvements with January and February sitting around 95%. This has been partly supported by improvements in sickness absence levels at 9.1% and 8.9% in January and February respectively.

The regional team continues to focus on minimising controllable abstractions balancing the requirement to ensure staff are appropriately trained and supported with ensuring safe levels of staffing.

Recruitment has continued to be focused on maximising recruitment of NQPs with offers being made to 86 applicants. 61 of these appointments already having taken up post. 11 commenced in February 2026 with the remaining starting through March. The phased intake of these NQPs has created opportunities to maximise availability through additional hours which had a positive impact shift coverage. Opportunities to increase part time NQP hours is being mapped out.

Alternative duties abstractions continue to be monitored and there has been a marked reduction from the previous figure of 14, down to 12 staff unavailable for their frontline role due to a variety of reasons. The majority of these abstractions are due to pregnancy and all staff on alternative duties are realigned to focus on priority areas of support including the Integrated Clinical Hub. 4 staff have been supported to tranisition into alternative roles within the Service as part of a redeployment process.

North Region:

The North Region A&E Shift Coverage has shown an improved picture January / February 2026 as a result of progressive recruitment of Newly Qualified Paramedics (NQPs). The NQPs will not all commence their 8 weeks of training at the same time and has been phased over a period of 3 months.

Excluding the NQPs we have appointed, we have around **26** A&E Vacancies. A targeted recruitment campaign is underway for NQPs, qualified Technicians and Qualified Paramedics. We will require a Technician Course for late July / early August 2026, and this is now planned.

Many vacancies have been very challenging to address. There are reasons for this

- The current recruitment pipeline for Paramedics through universities (most notably RGU in Aberdeen which has a later graduation date than the rest of Scotland) means that once a year there is a pipeline of newly qualified Paramedics coming out (NQPs) of university. There is then a lag of months before more NQPs are available to be recruited. This presents challenges for shift cover where there are paramedic vacancies. There is a very small pipeline of already qualified paramedics who move into the North Region. The Scottish Ambulance Service currently has limited internal pathways for ambulance technicians to 'train on the job' whilst undertaking their Paramedic training. This can be done with annualised hours and bank working but the hours that NQPs can undertake with the Service is restricted by their full-time attendance at university.
- The North Region with its remote and rural geography including Islands has historically been very challenging to recruit to. Single vehicle ambulance locations in remote and rural areas with low call volume and on call working are not attractive propositions to the majority of NQPs who want to widen their experience in busier areas. There are 21 on call locations in the North Region (includes 2nd ambulance in Lerwick). We also see a higher turnover of staff in remote and rural areas (about 6%). The North Region has been unable to recruit to all Paramedic vacancies and have had to recruit to a higher number of ambulance technicians to offset this. There is no Ambulance Technician Course scheduled in for 2026/27, but this may be required for the North Region if UK wide and international recruitment is not successful.
- Abstractions. Sickness Absence is stable with February reported at 7.1%. Alternative duties have increased and are being closely tracked. With the changing workforce gender profile, we are seeing an increase in maternity abstractions. Some of these abstractions will be seen at an earlier stage through absence or alternative duties when some but not all A&E staff are unable to fulfil the full range of frontline A&E duties prior to going off on maternity leave.
- Reduced up take of overtime in some areas due to the challenge of delayed ambulance hospital turnaround times.

National:

Scottish Specialist Transport and Retrieval Service (ScotSTAR):

- Phase 2, implementation, of the Air Ambulance Re-procurement project:
  - Gama Aviation have advised that Phase 2, implementation, of the Air Ambulance Re-procurement project will not deliver all King Air 360 fixed-wing aircraft by the contract commencement date at the end of July 2026. This is due to the late delivery of aircraft from Textron Aviation, based in the USA. To date, Textron have not advised Gama of the exact reasons for the delay.
  - The first King Air 360 aircraft arrived in the UK on 11 March. The aircraft will undergo medical interior fit-out at Gama's Bournemouth facility and is scheduled to be mission-ready by the end of June.
  - The second aircraft is now due for delivery by the end of June, resulting in entry into service in early September, approximately six weeks after the planned contract commencement date. Gama is developing a revised project timeline and will present this to SAS as soon as possible.
  - From a rotary perspective, the work is ahead of schedule. Gama have taken delivery of the two primary H145 helicopters, both of which are currently undergoing medical interior fit-out in Staverton. Gama have advised that both aircraft will be available for entry into service under the current contract around May 2026 and will present a proposal to SAS for consideration
  - A delegation of operational and health and safety representatives from SAS visited Gama's Bournemouth facility in early March to trial the final prototype of the new fixed-wing aircraft patient loading system. Following this visit, Gama are progressing to full production of the system.
- EMRS:
  - The first of four new bespoke EMRS response vehicles has now been trialled with our west team. The remaining vehicles are now being converted with some suggested adjustments following the trial. Once all vehicles are operational, this will improve reliability, operational capability and team resilience.
  - A final draft of the EMRS business case is currently being reviewed prior to being submitted to the SAS Board.
- SPRS:
  - Work continues to finalise the SPRS service redesign plan (associated with the business case recently approved by the Executive Team) and engage with territorial Health Boards on implementation. In parallel, work continues with Finance to identify potential funding sources.
  - SPRS activity increased over the winter period in line with seasonal respiratory illness patterns. SPRS, SNTS and the Air Ambulance continue to support the National Scottish Paediatric Cardiac Service during its temporary pause, requiring transfer of patients to centres in England. Newly developed cross-border costing models are supporting accurate cost recovery from NHS Greater Glasgow and Clyde.
- SNTS:

- Under the Best Start programme, potential future delivery models for SNTS have been identified and are undergoing data validation and financial review. Financial details have been submitted to the National Task and Finish Group for assessment of indicative costs.

Ambulance Control Centres (ACC):

- The refurbishment of the West ACC Dispatch/SSD/EMD/alcove area commenced during January 2026. There was an immense amount of work put in by staff to declutter and tidy the area being vacated and then rehome everything into the much smaller space in the atrium area as a temporary measure. The refurbishment project is on track and due to complete by the last week in March.
- Turas eLearning modules completed for all staff in Unscheduled Care currently sits at 58% overall. Where staffing levels allow eLearning can be completed on shift and will help us reach the target of at least 75%.
- A condensed one-day version of the ACC Command has been delivered. The course, while still very much in its infancy, covered a broad range of topics including command hierarchy and incident management structures, as well as all legislative and agreed principles across for consistent communications and response for complex incidents
- The ACCs will be working with KPMG throughout March, who are undertaking an audit of the forecasting, planning and scheduling processes including the fit of the current rosters to patient demand.

National Risk and Resilience Department (NRRD):

- The pilot for the MIS App went live on 6/11/25 and both the initial feedback from users, coupled with a significant increase in deployment, indicate this has had an extremely positive impact. The 3-month pilot, involving 46 CFR groups, will be closely monitored with agreed parameters for the subsequent evaluation.
- The combined impact of the introduction of the dual responder model (Community Cardiac Responder & Community First Responder) and the MIS App, has undoubtedly helped improve certain aspects of deployment. In Nov 25, CFRs attended 733 calls, an impressive 47% increase compared with the previous month. In addition, our Community Cardiac Responders (trained SAS volunteers dispatched via GoodSAM) attended an additional 125 incidents during Nov 2025.
- CFRs spent an average of 43.67mins on scene during Nov. During the 3-month period (Sept – Nov 25), our valued volunteers have attended an incredible 2091 calls, and in doing so, provide not only early care, reassurance and compassion to our patients but relay vital information back to remote clinicians which can help further quality clinical decision making
- The Resource Escalatory Action Plan has undergone its annual review and has incorporated learning from the Mammoths Tusk 6 preparedness exercise along with lessons identified in the post winter 24/25 debrief. It has been identified that the Service experiences capacity management challenges throughout the year, therefore the perspective of plans has been strengthened to be more cause agnostic.
- Work has formally commenced to integrate Urban Search and Rescue (USAR) capabilities into the SORT training portfolio. Curriculum design is being undertaken jointly with Scottish Fire & Rescue Service, with delivery remaining in-house. A first course draft is expected by the end of Q4, supporting both interoperability and enhanced specialist capability in line with Scottish Government SLA.

- Recruitment is ongoing for a second CCRP Phase 2, North Training Team; training venue approval is currently being revised through more collaborative routes. The Phase 3 Business Case has undergone extensive review since its initial development. There has been no change to the current threat landscape, and no new options have been identified to mitigate the risk effectively. Capital funding has been secured from SG EPRR to update the current National Command, Control and Coordination (NCCC) room. This will provide a resilient platform with full integration to partners across Government, Blue Lights Partners, Resilience and NHS for the Strategic Command and Coordination of complex and major incidents.