Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting	**24 September 2025** **Item No 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 August 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 August 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 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 with strong collaboration with external partners continuing to be a key element of these activities.

	We are delighted to report that following submission of the Board approved business case we have received confirmation of Scottish Government funding to March 2026 to continue the Palliative and End of Life Care workstream allowing us to build on the legacy of the three-year partnership with MacMillan. The Service hosted a successful visit from the Minister for Drugs and Alcohol at end August 2025 to coincide with International Overdose Awareness Day highlighting the important role of SAS in reducing harm from drugs.
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 August 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.

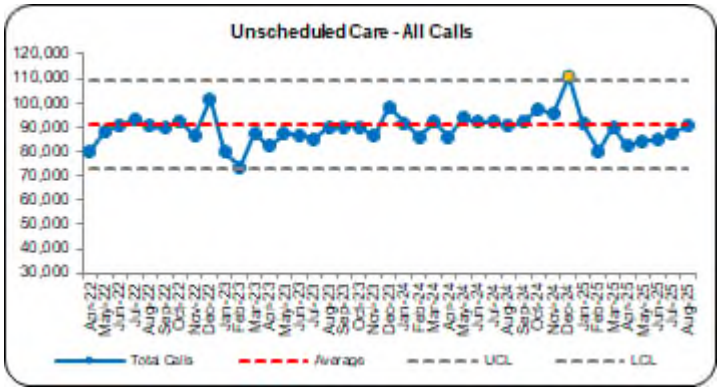
Performance Charts

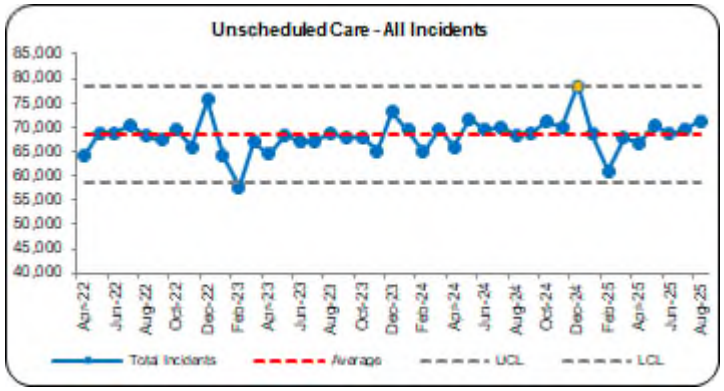
The Board Performance Report consists of data pertaining to several Service measures plotted in control charts (with control limits) and run charts (without control limits). Both types of charts provide a statistical tool for understanding variance within a data set. Correctly interpreted charts help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

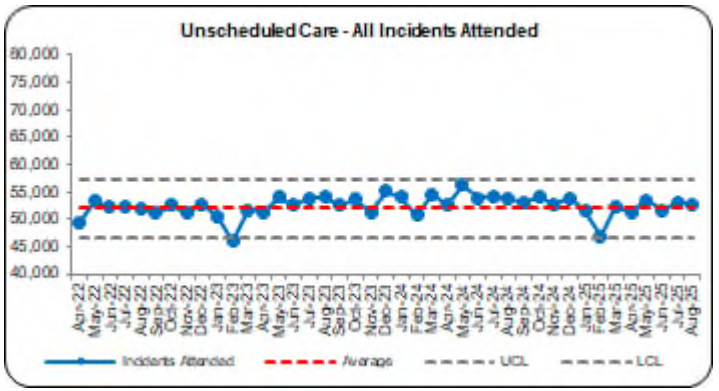
Control Charts
Rule 1: A run of eight or more points in a row above or below the mean (light blue)
Rule 2: Six or more consecutive points increasing or decreasing (green)
Rule 3: A single point outside the control limits (orange)

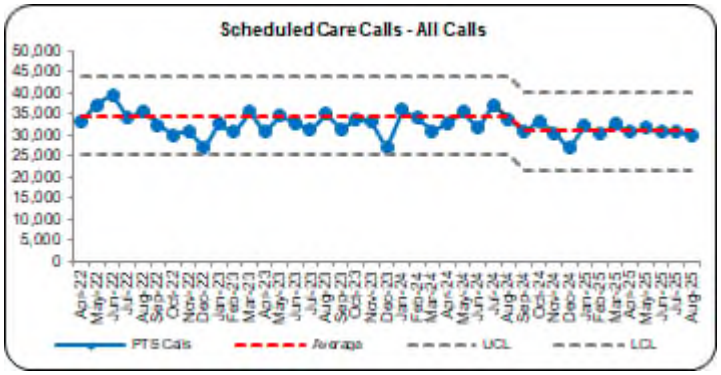
Run Charts
Rule 1: A run of six or more points in a row above or below the median (light blue)
Rule 2: Five or more consecutive points increasing or decreasing (green)
Rule 3: Undeniably large or small data point (orange)

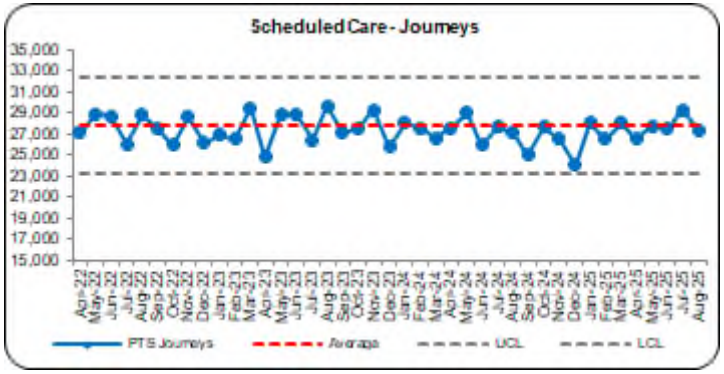
D: Demand Measures











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 August 2025, demand experienced across the month was an 0.1% decrease on the same period last year, with 90,397 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 August 2025, there was an increase of 4.2% when compared against August 2024 with 71,236 incidents.

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 2025/26 Our demand forecasts are regularly updated based on intelligence of changes in the multitude of variables and Scottish Government planning assumptions.

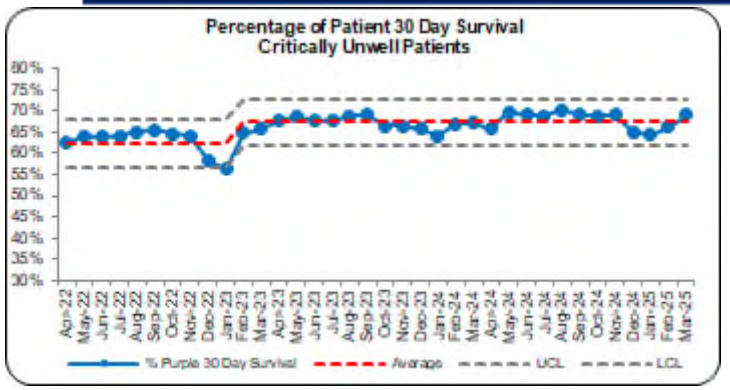
Our annual delivery plan for this year is focused on those priority areas highlighted by Scottish Government that we can influence, which will reduce pressures on the wider Health & Social Care system, support the stabilisation of services, accelerate recovery, and provide the most benefit to patients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

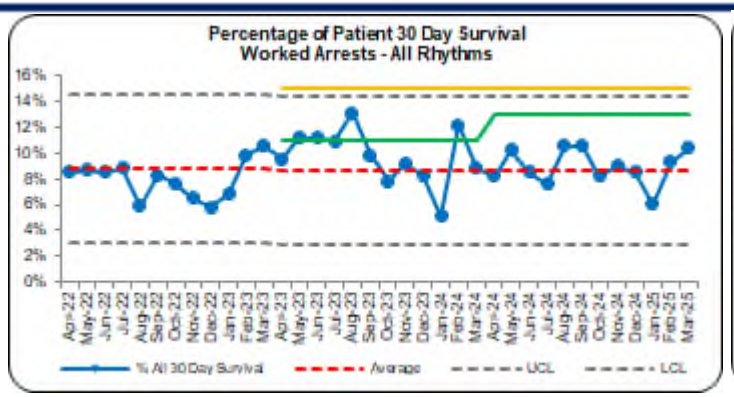
We have established several work streams to increase our workforce, to progress towards reduction in the working week assuming 36 hours by April 2026 to align with the 23/24 pay award agreement with Scottish Government, improve demand management, and increase capacity which include working collaboratively 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.

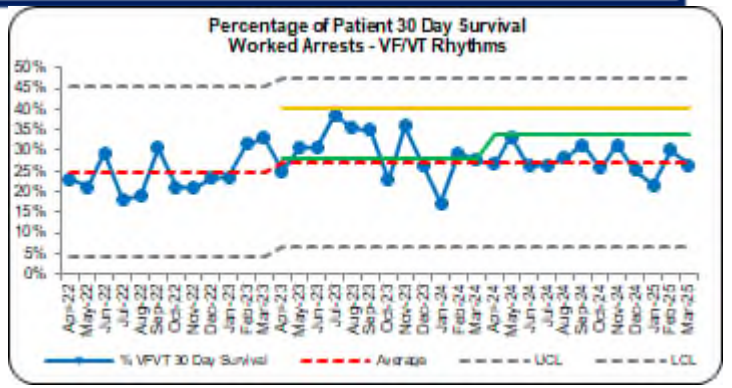
Significant work continues with hospitals to improve flow and reduce ambulance handover times. Details are included in the section of the paper specific to Hospital Turnaround.

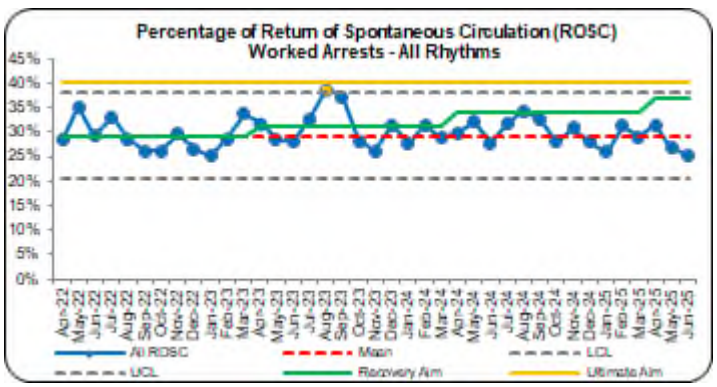
Our work to support staff health and wellbeing is detailed in a separate Staff Experience and Performance Report on the Board meeting agenda.

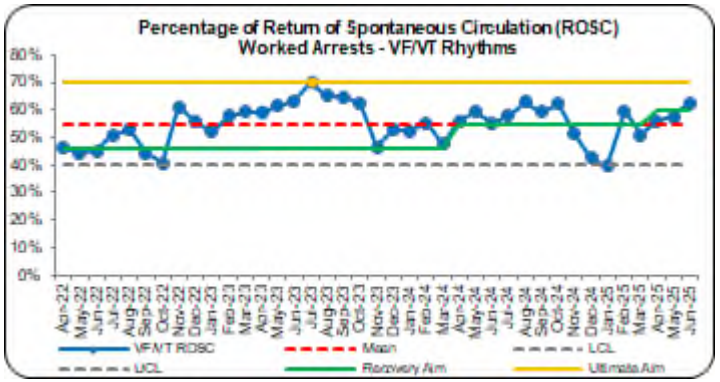
Purple Response Category: Critically Unwell Patients

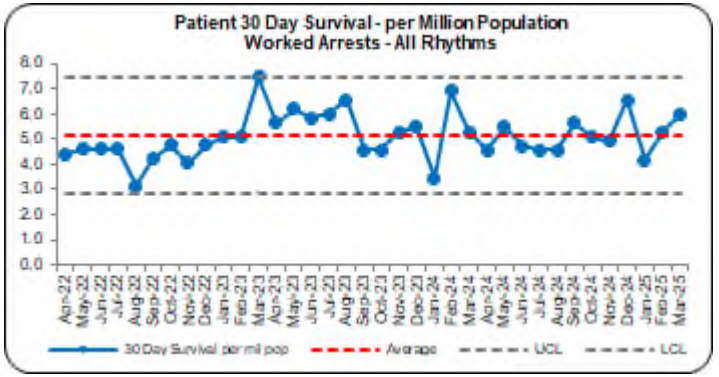


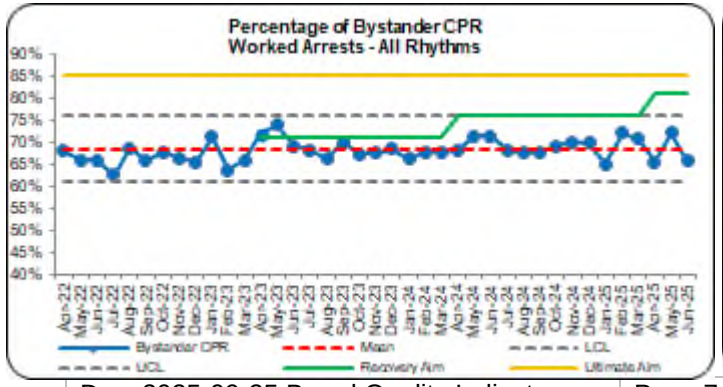


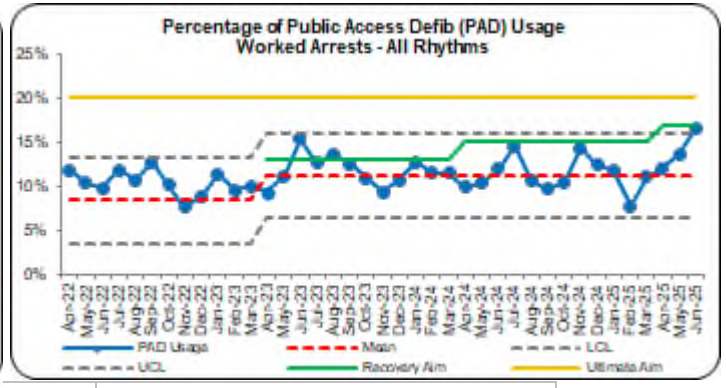


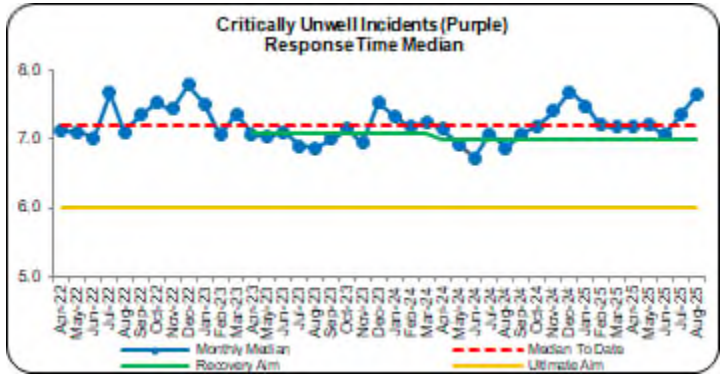


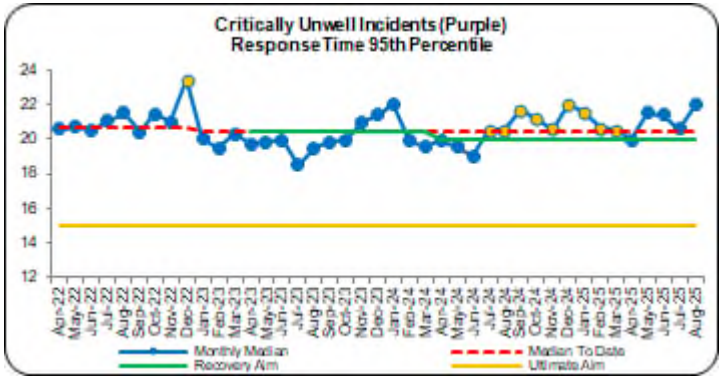


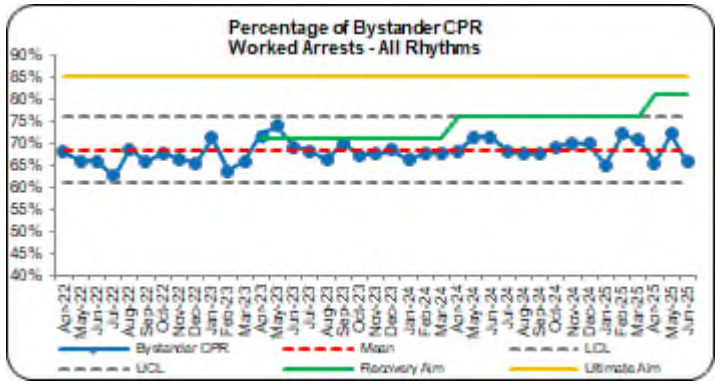












What is the data telling us?

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 outcome measures (Mortality) with 30-day survival measures within control limits. These figures relate up to March 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 June 2025. The Service is implementing a new patient reporting system and is currently working to extract data and develop reports using this updated dataset. Following completion, the data points will be revised to incorporate information from the new system.

The response time measures for August 2025 (process measures) were above median levels and remain increased since the summer of 2024 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 key elements of improving survival are incorporated into our Cardiac Arrest Rescue Zone (CareZone) workstream being an initiative to strengthen and mobilise community response to Out of Hospital Cardiac Arrest (OHCA) across Scotland with work well developed with Dumfries and Galloway Council as a pathfinder site with the plan to extend to other Council areas in the coming year.

Purple Median Times

Median response times to purple category in August 2025 was 7 minutes 38 seconds. We reached 95% of these patients in 21 minutes 58 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.

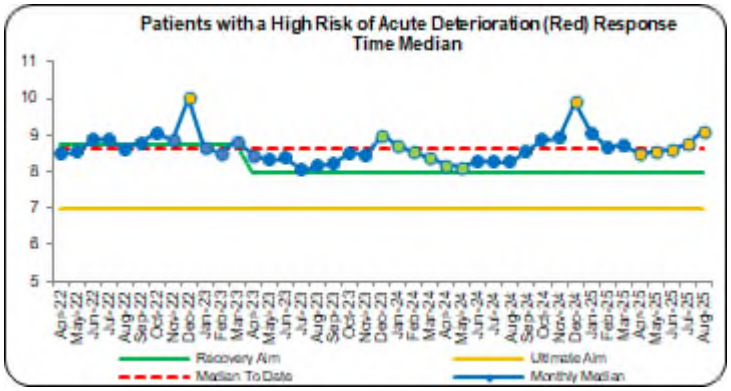
The Integrated Clinical Hub (ICH) and Pathways initiatives continue to support the principles of right care right place and the data for June 2025 shows that 50% of patients were managed without ambulance conveyance to hospital.

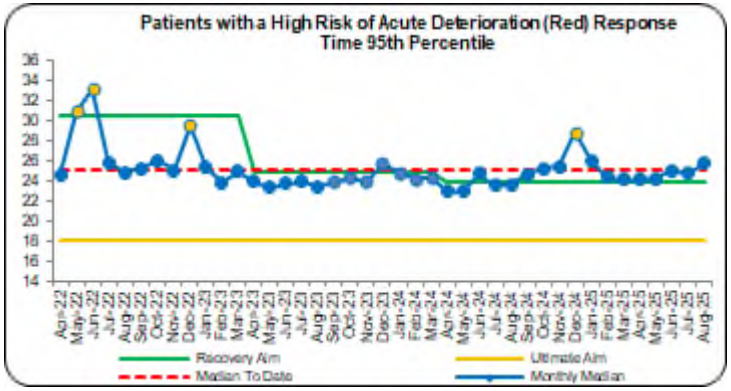
Community first responders and cardiac responders continue to play a valuable role in responding to immediately life-threatening calls across Scotland. As part of our programme of continuous improvement activity, we are exploring other opportunities and system changes to further enhance the impact of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

We are continuing to see extended hospital turnaround times in many hospital sites. This remains an area of significant concern. Extended hospital turnaround times are affecting ambulance availability, ambulance response times, staff rest periods, and shift over runs.

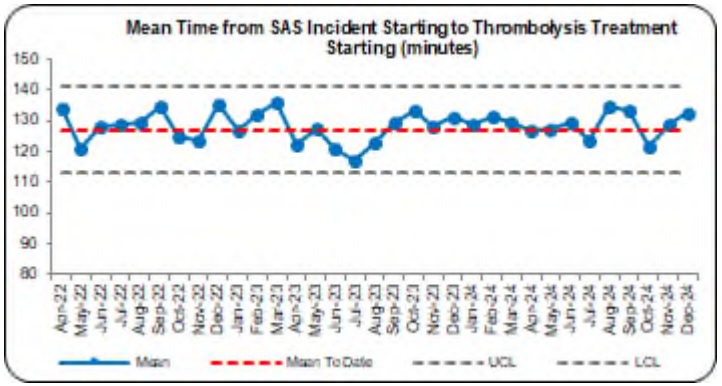
Health Boards continue to work with our regional management teams to produce site action plans in line with the Safe Handover at Hospital principles to support a reduction in delays and early escalatory actions.

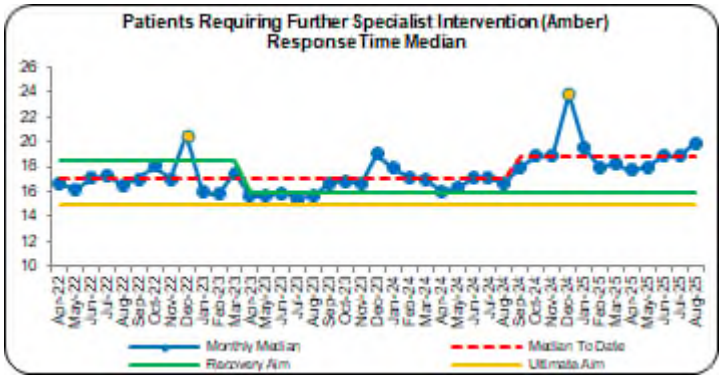
Red Response Categories: Patients at risk of Acute Deterioration

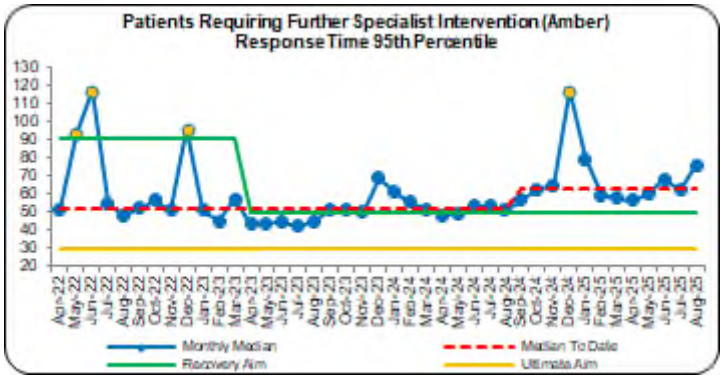




Amber Response Categories: Patients requiring Further Specialist Intervention







What is the data telling us?

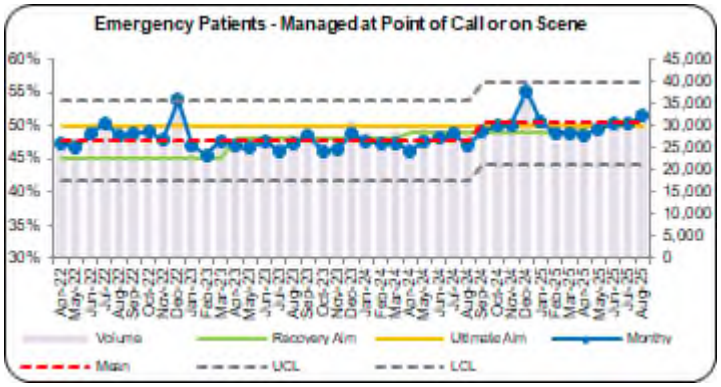
The median and 95th percentile response times for both red and amber categories of call saw an increase in December 2024 after a period of relative stability throughout 2023 and 2024. Response times increased because of increased pressure on the Service and the wider Health and Social Care sector and returned close to median levels in February 2025. In August 2025 we attended 50% of red category incidents within 9 minutes 7 seconds and amber within 19 minutes 52 seconds.

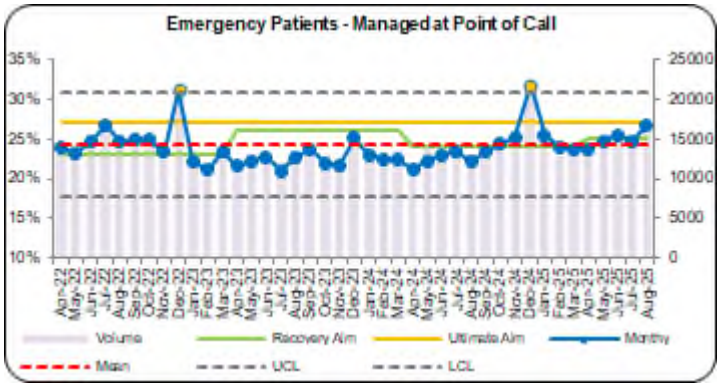
As part of our role in the Scottish Trauma Network (STN) we met with the STN Clinical Lead and Programme Manager and discussed aspects of the programme including our upcoming peer review of pre-hospital trauma services by the Northwest Ambulance Service (NWAS). We also discussed a planned internal review of the use and application of the Major Trauma Triage Tool with the aim that this will lead to further improvements in the delivery of care and patient outcomes.

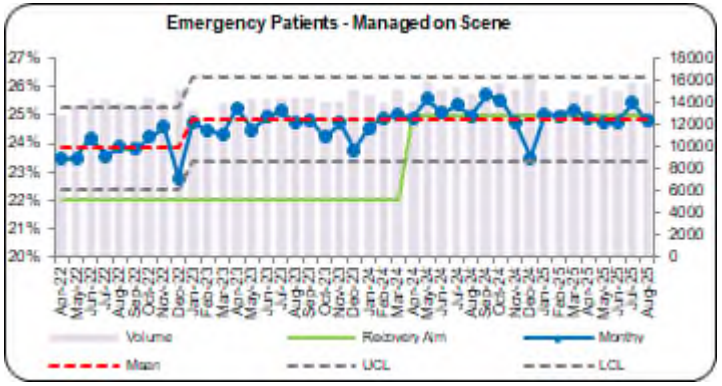
Improvement work in relation to thrombolysis pathways continues with NHS Scotland Boards as does SAS support to planning the roll-out of the National Thrombectomy programme. The Scottish Care Stroke Audit which includes SAS data was published in August 2025. Following the evaluation of the Scottish Government funded pilot to utilise enhanced video assessment by paramedics for patients presenting with stroke, we are developing our plan to mainstream this within our Integrated Clinical Hub from autumn this year.

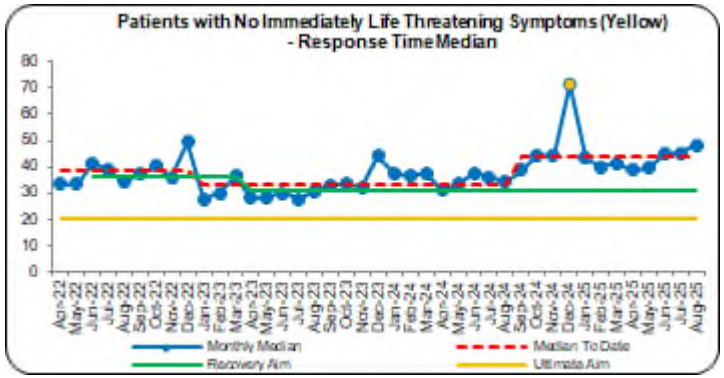
Our 999 to Thrombolysis time chart remains stable within control limits.

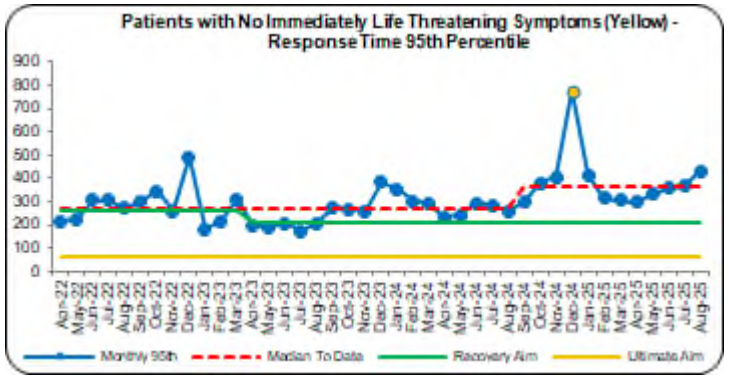
Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance











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 Emergency Department 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 August 2025 we managed 51.5% of all calls which comprised 16,955 (26.7%) managed at point of call and a further 15,718 (24.8%) by clinicians on-scene following ambulance attendance.

Key messages include:

- The charts clearly illustrate the combined benefits of SAS intervention in clinically appropriate calls within the Integrated Clinical Hub with the aim of providing high quality remote person-centred care, with the impact being a reduction in the number of ambulance dispatches and subsequent conveyance to Emergency Department.
- Our frontline clinicians also have access to a broad range of clinical and anticipatory care pathways that can be utilised for patients following face to face clinical assessment. In addition to this the SAS Pathways Hub also provides pathways for those not requiring urgent or emergency care into preventative services such as falls, alcohol and drug service as well as third sector providers.
- Following the completion of our three-year partnership with MacMillan, the SAS Palliative and End of Life business case has now been approved by SG with funding confirmed till March 2026. This workstream has resulted in improved patient experience at this crucial point in their care journey, with better symptom control, better engagement with local professionals and carers and more patients supported at their preferred place of care, usually home. Recruitment of the team to support this work is nearing completion.

The publication of the Population Health Framework in June 2025 provides an opportunity for us to refresh our approach and across each of our clinical workstreams we are exploring how we can strengthen our contribution to primary, secondary and tertiary care. Work is already under way to understand and address health inequalities within our Pathways, OHCA, Drug Harm Reduction and Mental Health workstreams.

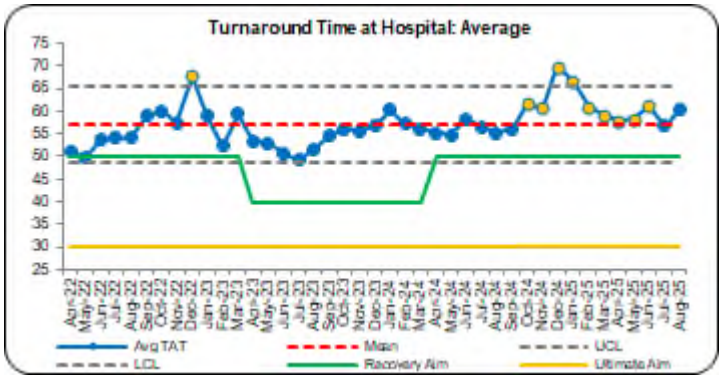
Drug Harm Reduction

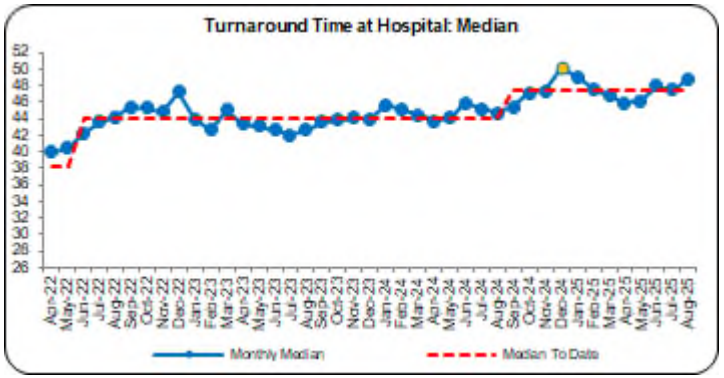
Our drug harm reduction programme continues to develop as we work with Scottish Government and a range of partners to explore opportunities to strengthen our response to vulnerable people affected by drug use. The Service hosted a visit by the Drug Harm Reduction Minister, Maree Todd MSP on 28 August 2025 to coincide with International Overdose Awareness Day. This visit took place at Springburn Station where the Minister met

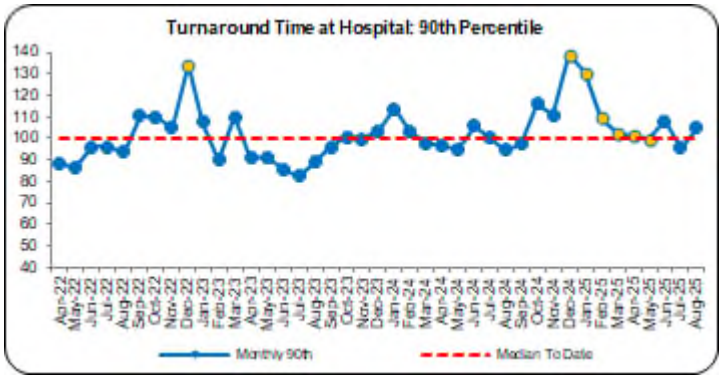
frontline ambulance clinicians describing our emergency response, information and training on the use of naloxone and the SAS TRUST campaign. We highlighted our role in the referral of people who have experienced non-fatal overdoses into local support agencies which is an essential part of our approach and valued by partner agencies to enable effective outreach. Feedback from the Minister was extremely positive for the whole Service in terms of its role in reducing harm from drugs.

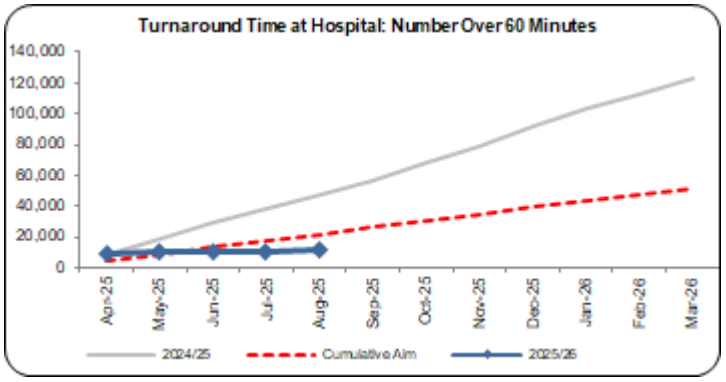
We are working closely with Public Health Scotland in the identification of new and emerging drug use and sharing this via Radar reports. With the increasing prevalence of more harmful synthetic opioids, we have established strong communication links with local Alcohol and Drug partnerships in sharing relevant insight and information. The annual Drug Related Deaths report was published on 2 September 2025 noting that in 2024 there were 1017 drug misuse deaths registered in Scotland being a decrease of 13% (155 deaths) compared with 2023.

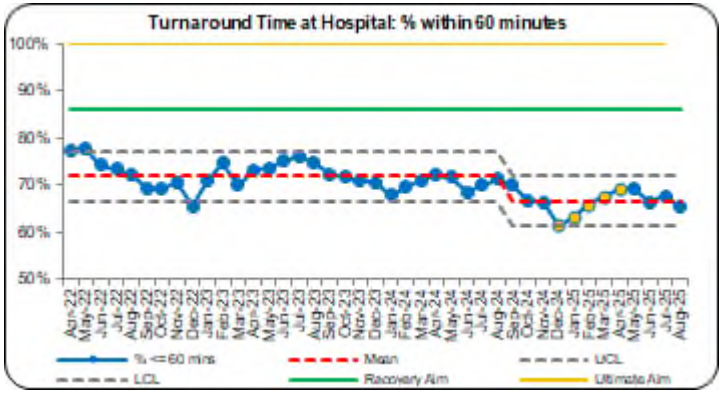
TT: Turnaround Time at Hospital











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 August 2025 was 1 hour and 0 minute. Our crews are, on average, spending 5 minutes longer at hospital for every patient conveyed when compared to August 2024.

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 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 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 engagement continues at Strategic and Tactical levels with all sites across the East Region with HALOs joining site safety and capacity and flow meetings.

- Discussion with sites continues to be focussed on patient safety and risk associated with SAS resource being unavailable while waiting to handover patients at hospital.
- HALOs and wider leadership teams continue to support staff at key sites, particularly during periods of extended hospital turnaround.
- 'Fit to sit' is being promoted to ensure the safe handover of care and release of ambulance clinicians.
- 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.
- Working with sites to improve flow through the site including maximising discharging. Our HALO in Fife has been undertaking joint work with the Board to develop an online training package on improving discharge and transport arrangements.
- Regional managers are engaged in Urgent and Unscheduled Care collaboration work across Territorial Board areas.
- Work is ongoing at each site to review escalation and cohorting plans in place for periods of peak pressure
- The regional Capacity Management plan is being reviewed and tested as part of our wider winter preparedness.

West:

- Pathway development and improvements focussed on admission avoidance continue to be a focus within the Region which is supported by the SAS Pathways team. The development of the Queen Elizabeth University Hospital (QEUH) Discharge Hub should realise positive flow improvements and support wider regional dialogue to ascertain suitable models in other regional areas. Following negotiation with NHS Greater Glasgow & Clyde (GG&C) we have agreed for the Queen Elizabeth discharge hub to go live on the 1st of October 2025 with the main parts of the infrastructure required in place. Following further discussion with NHS GG&C it has now been confirmed that 3.5 new WTE AP posts will be secured to resource the FNC+ model in Glasgow. An internal meeting with ACC and ICH is being pulled together to work in collaboration with NHS GG&C's Interface Director with a view to transforming how HCP calls are managed in the Glasgow area. Further work is ongoing to look at the feasibility of a West Regional Flow Navigation Centre (FNC) and we are engaged with the Regional Planning Forum in terms of the delivery of this objective.
- NHS Lanarkshire continue to experience challenges, particularly regarding Emergency Department Turnaround at Wishaw, but engagement remains positive with NHS Lanarkshire around the development of FNC+ and the new Monklands Hospital site development. The Regional Director has engaged 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 new Acute Director is being appointed in NHS Lanarkshire and we anticipate further engagement to discuss improvements in Hospital Turnaround Times (HTAT) as we approach winter. The sub regional team have submitted a robust plan to the Health Board to look to access funding from the Health Board's winter allocation to support service delivery with a focus on the Wishaw site.

- Stability within NHS Ayrshire & Arran (A&A) recently has been welcome but we continue to engage with the senior team in NHS A&A. An improvement event is planned for June 2025 to establish joint pieces of efficiency work, including discharge, and re-evaluate the escalation plans we have in place. The Deputy Regional Director will be focussing on HTAT improvement in Ayrshire. A meeting took place on the week of the 10th of September to focus on deliverables ahead of winter. Two additional HALOs have been confirmed to be funded by NHS A&A and we are currently commencing the recruitment phase for these new posts for an initial period of 6 months.
- Capacity issues in Campbeltown Hospital are proving to be challenging, impacting on journeys to Mid Argyll and Glasgow, however it has provided an opportunity to test an AP led community model with A&B HSCP with positive signs in supporting more patients in the community. Work ongoing to strengthen delivery in remote and rural areas and a focus on on call working will help to assist service delivery particularly in Argyle and Clyde.
- A Regional Winter Plan is in development with a number of planning and operational workshops already undertaken. This plan will encapsulate the Region's approach to the winter ahead with focus on staff support, reducing hospital delays and reducing the level of abstractions inclusive of Absence levels.
- A Regional forum has been initiated to look at potential improvements in delivery of CFR schemes, focussing on the areas most affected by HTAT delays to ensure maximum benefit of resource availability.

North:

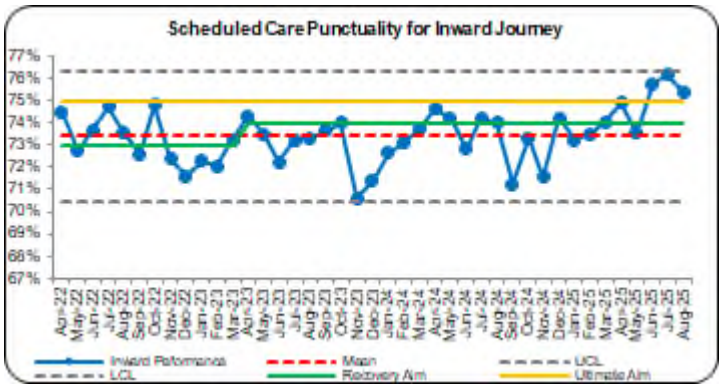
NHS Grampian are in the process of submitting an updated Whole System Unscheduled Care Improvement Plan to the Scottish Government. Included within this is reference to reducing turnaround times for ambulances at key hospital sites in Grampian most notably Aberdeen Royal Infirmary and Dr Gray's Hospital in Elgin. The Scottish Ambulance Service is continuing to engage with NHS Grampian at an operational, tactical and strategic level to achieve sustainable improvement. The Scottish Ambulance Service has outlined that the updated NHS Grampian unscheduled care plan needs to include key metrics to reduce turnaround times at an individual hospital level. This has been noted by NHS Grampian.

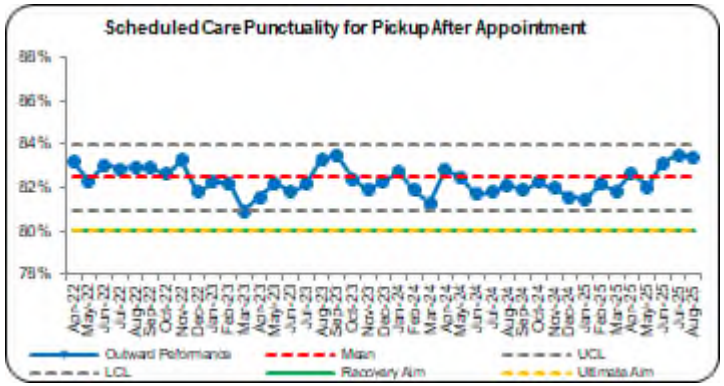
- Chief Executive meetings with NHS Grampian (Aberdeen Royal Infirmary) (ARI) supported by Regional Director/Deputy at a Strategic level.
- Weekly 'Tactical' level meetings with NHS Grampian senior leadership.
- Daily 'Operational' level meetings with NHS Grampian leadership team.
- Daily SAS / NHS Highland 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)
- Following a Centre for Sustainable Delivery visit to Aberdeen Royal Infirmary to analyse the current systems in place, the report recommended 7 key actions, two of which refer specifically to ambulance turn around delays:

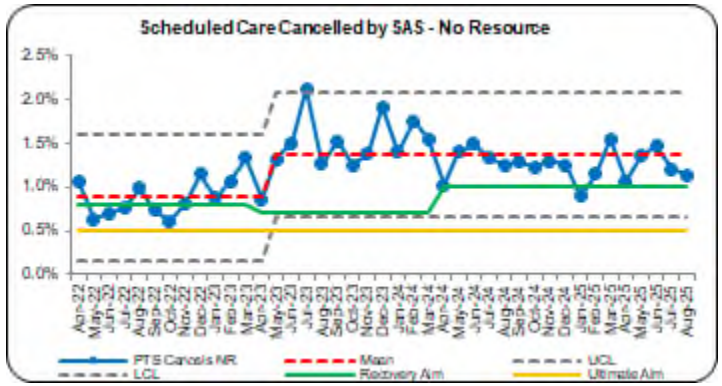
    - *The USC Board should aim to reduce occupancy in acute services to improve flow and therefore reduce turnaround times for the ambulance service.*
    - Collaborative 'Joint Escalation Framework' between NHS Grampian and SAS ensuring appropriate internal escalations. Also focussing on:
        1. Rapid 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.
- HALO cover also provided at Dr. Gray's hospital in Elgin.
- Raigmore cover covered by local team leaders and ASM's.
- 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.
- NHS Grampian cohorting 'Test of Change' ongoing since 17th June 2025 at Emergency Department 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. A negative impact has also been that SAS do not have the space to initiate further cohorting at shift changeover time to negate against the risk of long shift over runs and compensatory rest. The ask on NHS Grampian to provide the additional space required or to scale up cohorting led by NHS Grampian at those times to 6.
- 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.

SC: Scheduled Care







What is the data telling us?

The number of Scheduled Care calls remains stable at 30,152 in August 2025.

Journey demand in July and August 2025 has remained at a consistent level, taking account of seasonal variation, with 29,365 and 27,372 completed journeys respectively in those months.

Punctuality after appointment was 83.4% in August 2025 and punctuality for inward appointment was 75.4%. The percentage of Patient Transport Service cancellations by the Service in the 'No Resources' category was 1.1% in August 2025, which remains out with the revised recovery aim of 1% for 2025/26.

What are we doing and by when?

- APTS

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 supervisors have become more confident with carrying out performance management and not ready times are reflective if this. This has also resulted in improved communications between the 3 sites with all supervisors nationally communicating regularly.
- Next week we have a scheduled meeting arranged to discuss the final steps for implementation of the escalation plan. This will include training for the supervisors and communications that will be shared prior to going live with all staff. We aim to have this implemented by the end of October.

Recruitment

We have successfully recruited twelve Scheduled Care Coordinators assigned to both East and West ACCs. Seven will commence their roles on the 27th of October 2025, two of whom have already undergone training and will start within the East ACC on this date. The remaining five for the west will start on the 3rd of November 2025.

Winter Planning

Training and mentoring will take place during the months of September and October, enhancing staff skills to transition into planning and day control competencies, as well as to build knowledge in other sub divisional areas. This will provide resilience as we approach our winter months and will better position us for when the newly appointed coordinators start with us at the end of October, start of November.

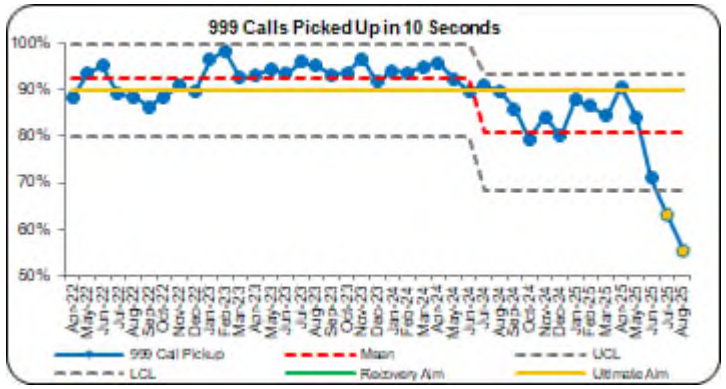
Scheduled Care Improvement Programme

A meeting was held to review access to the Cleric Online system and assess its current operational capabilities. A follow-up workshop is scheduled for 10th September with the East Region HALO Team to explore potential avenues for further development. Further discussions have taken place regarding taxi use in the Service and work is ongoing to look at how this process can be improved.

Monthly review meetings have been initiated with BSMs and EPDD to monitor recruitment progress. Additionally, EPDD is assessing the viability of introducing supplementary ACA courses in January and April 2026.

The updated New Project Proposal has been submitted to the PMO SLT for preliminary review, ahead of its presentation at the upcoming Engine Room Meeting for formal approval.

Other Operational Measures



What is the data telling us?

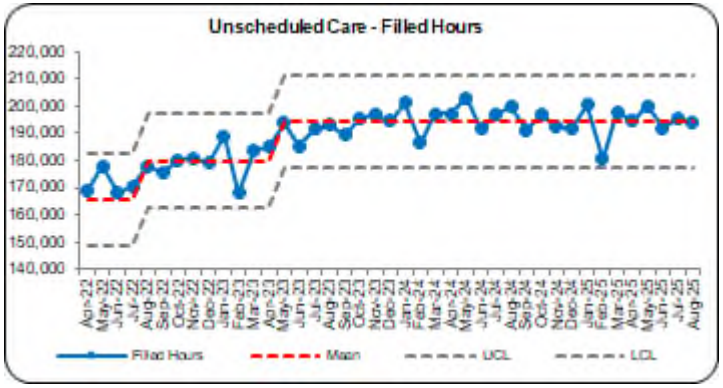
The Service saw an increase in our 999 call demand in August. This is the third consecutive month there has been an increase, and we have remained above our mean since May 2025. We received 60,253 calls which was a 6.4% increase compared to August 2024. This gradual increase in 999 call demand could be due to a number of factors including, seasonal changes and an increase in life threatening incidents. The NHS24, 111 Service also recorded high volumes which puts sustained pressure on pre-hospital services. These factors combined results in an increase in demand for SAS.

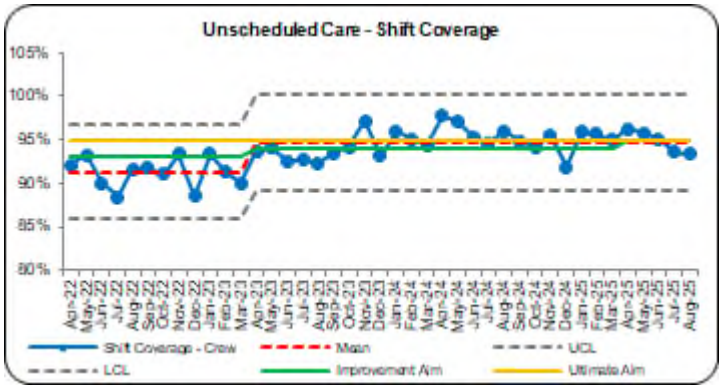
Our non-public 999 emergency call demand (Police, Fire, Coastguard, NHS24 ILT) has been increasing steadily since May. We received 13,574 calls, an 8% increase from July (12,496. Our HCP call demand has also had a steady increase since May. We received 16,570 calls which was a 4% increase from July (15,849 calls).

Ous TAS remain challenging, and we have not met our aim (90%) since April 2025. August was our worst performing month in several years with TAS falling to 55.7%, which was an 7.6% decrease from July.

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 this financial year this has been consistently met or exceeded in every month except for December 2024. In August 2025 the shift coverage was 93.3% with 194,130 crew hours filled.

Best practice for UK ambulance services is no more than 55% utilisation. Our utilisation rate in August 2025 was 64.1% 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 NQPs are joining the Service throughout the autumn months and we are in the process to try to have successfully accommodate and offer positions to all those that have passed all elements of the recruitment process.

East Region:

Operational cover during July and August sat just under 93%. During the same period sickness absence saw a slight increase to 8% in July returning to 7.9% in August.

Recruitment across the East Region has continued to focus on Newly Qualified Paramedic and ACA recruitment. To date 86 NQPs have been offered and accepted posts in the East. ACA recruitment is ongoing to maximise opportunity to recruit to our vacancies.

North Region:

In the North region, there is a continued focus to maximise recruitment and manage absence and abstractions appropriately to support our staff.

Absence for sickness reason has remained under the recovery aim of 8% since June 2024 and was 7.4% in August 2025.

Qualified and Newly Qualified Paramedic recruitment continues. Due to the geographical diversity within the Region, there are a small number of locations which are difficult to attract applications and in almost all cases, there is a lack of local interest with accommodation already in place. Therefore, the Region continues to consider ways in which we may need to deviate from the skill mix and current model to ensure that we can mitigate against single crewing risk.

The North is maintaining the region's workforce plan, with the assumptions for attrition, reduction of the working week, and current vacancies to inform recruitment and training needs.

National:

Scottish Specialist Transport and Retrieval Service (ScotSTAR):

- Air Ambulance Efficiency Project Update: There are now three new clinical triage pathways currently in trial and they are already demonstrating very positive outcomes for inter-hospital transfers. Additional pathways are also in development, and we have started a review of our Helicopter Emergency Medical Service (HEMS) work. A new Service Level Agreement between ScotSTAR and Health Boards has been developed, with plans to begin rolling these out over the coming months. A new risk assessment is being developed specifically for mental health transfers. Additionally, the introduction of a new costing model for cross-board transfers last year has significantly improved the recovery of expenditure for these chargeable transfers. Overall, project progress continues to be strong, with measurable benefits being realised across several key areas.

- The Paediatric Retrieval Service review continues, and a final draft has been circulated to relevant parties for comment.

- As part of the Best Start programme the potential workforce models for the Neonatal Transport Service have been identified, and the stakeholder engagement process has been concluded. Work is on-going to provide the financial details for each model.

- Phase 2 of the Air Ambulance Re-procurement programme remains on course to deliver the new contract by the end of July 2026. The Project Team and Workstream Leads are working closely with Gama Aviation to progress the various elements of the implementation plans.

Ambulance Control Centres (ACC):

- Maintain stability across the leadership team and build capacity to improve and maintain 999 call Telephone Answering Standards (TAS). The new General Manager of ACC has recently started in post and completed induction. A new Head of Service was also recruited into a permanent role within the Senior Leadership Team.
- The drive to recruit and train call handlers in time for the winter period has begun and a Call Handler Business Case supporting Call Handler numbers over the coming 2 years is in late stages of maturity.
- Digital Patient Transfer between NHS24 and SAS is working well and there is a sustained and high use of the gateway. The project is due to formally end in the next few weeks.
- The work to scale up the Online booking process to other Boards has hit some significant obstacles during roll out which puts the continued viability of the project into doubt. Work is on-going to consider options and decisions on the future of Online Booking are expected in the next few weeks.

National Risk and Resilience Department (NRRD):

- Throughout 2024-2025 the Service developed a new Risk Management System – InPhase which went live on the 11 March 2025. The project has now officially closed with project documentation complete. Throughout 2025-2026 the system will continue to be developed, and feedback will be sought from frontline staff, managers and specialists in order to improve its functionality. A formal re-write of the Risk Management Policy is taking place following the implementation of InPhase. This will include reference to the system and the associated benefits of this and also reference the NHS Scotland review of the Risk Management Matrix which was published in January 2025. This is due to be completed by July and reviewed by the Integrated Governance Committee and then approved through the appropriate governance processes.

- The Multi-Agency Strategic Incident Management (MASIM) Course ran its first series of modules over 2 periods earlier in the year. There were several places on the course filled by Strategic Service Leaders. The course has received good feedback and is well on the way to becoming accredited. It is anticipated that accreditation will come later this year after completion of the final modules and will be backdated to this course. This means that the MASIM course will become the course of choice for all 3 emergency services in Scotland to 'qualify' for as a Strategic Commander. This will bring with it a real benefit in operational capability and cost reductions.

- The last elements of Phase 2 of the Civil Contingencies Response Programme (CCRP) are being progressed. A preferred site for the delivery of training in the North of Scotland has been identified and funding confirmed from the Phase 2 business case. Subject to satisfying the requirements of the property forum the training site will be established in Dundee alongside North SORT (Dundee). Recruitment for vacant posts should see the staffing associated with Phase 2 of the programme completed by December 2025. Scottish Government have asked for a review of the costs submitted associated with the Phase 3 business case. These are due for submission by October 2025 following a review by NRRD and Procurement.