Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

Public Board meeting **25 November 2026**
Item 09

THIS PAPER IS FOR APPROVAL

EXCELLENCE IN CARE REPORTING SURVEY TO SCOTTISH GOVERNMENT

Lead Director **Author**	Emma Stirling – Director of Care Quality and Professional Development David Fitzpatrick – Senior Practitioner for Health and Care Staffing/Excellence in Care
Action required	To **approve** the paper and take assurance that the report fulfils its aims to capture work to support the current EiC programme objectives and priorities as laid out in the EiC Strategy (2022).
Key points	• This report has been prepared using the revised Healthcare Improvement Scotland Excellence in Care reporting template, with a greater focus on impact. • The Senior Practitioner Health and Care Staffing/Excellence in Care post has been filled on a substantive basis. • Progress continues on the development of Ambulance Care Quality Measures, with rapid scoping review data extraction underway. • Updates are provided on Return to Practice, Stroke Care Measurement, Dementia Care and Patient Experience. • Examples of impact and assurance are presented for Advanced Practice, Return to Practice, Stroke Measurement and the Mental Health Paramedic Response Unit. •
Timing	Bi-annual report submitted to Scottish Government.
Associated Corporate Risk Identification	N/A
Link to Corporate Ambitions	This paper relates to: • We will work collaboratively with citizens and our partners to create healthier and safer communities • We will innovate to continuously improve our care and enhance the resilience and sustainability of our services • We will improve population health and tackle the impact of inequalities

	• We will provide the people of Scotland with compassionate, safe and effective care when and where they need it • We will be a great place to work, focusing on staff experience, health and wellbeing
Link to NHS Scotland's Quality Ambitions	• Safe • Effective • Person Centred
Benefit to Patients	The EiC programme is a bout enabling and providing evidence to support the best and highest standards of care to those who use our health and social care services.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	The EiC Framework (2022) is grounded in a model of 'personhood' recognising patients as a whole person and developing equal relationships. This philosophical approach considers the patient needs, wants, perspective's and individual experiences. Equality and Diversity is therefore a central component of this ethical approach.

Excellence in Care Programme

Interim Board Report (Mid-Year Update)

Reporting Period: April to September 2026

Submission Deadline: 30 November 2026

NHS Board: Scottish Ambulance Service

Executive Nurse Director: Emma Stirling

EiC Lead(s): David Fitzpatrick

1. Progress Against Objectives for April 2026 to September 2026 and identified actions from the October 2025 – March 2026 report feedback.

Objective / Action	Progress Achieved	Impact / Outcome
EiC Lead Post	Permanent post successfully filled	Provides leadership continuity and capacity to further develop the Excellence in Care programme, strengthening assurance, implementation and oversight of the EiC Framework within the ambulance service context.
Making Excellence In Care A Reality: Infrastructure (in response to key questions from previous feedback and some additional examples of developments)	Developing Care Quality Measures in the ambulance setting. Progress continues on this substantial programme of work. Care quality measures are currently being extracted from approximately 200 papers identified through the rapid scoping review. Due to the heterogeneity of the included papers, this is a complex and time-intensive process, with measure extraction expected to be completed by late November. Preparatory work for Phase 2 is underway, with the international project team having initiated plans for a Delphi study to prioritise and refine identified measures. Evidence underpinning each measure is also being collated from	Although still in development, this programme of work will deliver an evidence-informed suite of care quality measures for the ambulance setting. By providing a structured and consistent approach to evaluating care quality, the measures will support ongoing improvement activity and strengthen the organisation's ability to demonstrate excellence in care and patient outcomes.

	the literature. Ethical and R&D approvals for the Delphi study are being prepared, while engagement continues across SAS directorates to raise awareness and support adoption of care quality measures.	
To develop a contemporary and flexible Return to Work Support for ambulance clinicians returning from a period of absence	A study exploring ambulance clinicians' experiences of educational support during return to practice (n=391) is nearing completion, with preliminary analysis underway. The findings are expected to inform future educational support and workforce development initiatives for clinicians returning to practice.	Return to Work: Preliminary statistical modelling indicates that learning engagement, educational support, and the quality and accessibility of learning opportunities are the strongest predictors of a successful return to practice. The study has also identified a number of opportunities to strengthen support arrangements and enhance the experience of clinicians returning to the workforce. A manuscript is currently being prepared for submission to a peer-reviewed scientific journal, facilitating independent scrutiny of the findings and contributing to the wider evidence base. The findings will support future service development and educational planning and will be shared once available.
Stroke Care	Stroke & Thrombectomy Programme: During the reporting period, significant progress has been made in strengthening the quality, measurement and governance of pre-hospital stroke care across the Service. Key achievements include development of Scotland's first National Pre-Hospital Stroke Measurement Framework, progression of a national stroke clinical and operational reporting and feedback dashboard,	Collectively, this work has improved our ability to measure care, identify variation, support clinical decision-making, provide assurance and target future improvement activity. The programme has also strengthened audit and governance arrangements through refinement of pre-alert process and measurement, development of 'missed-stroke' and over-triage review processes and the establishment of minimum documentation standards in line with work to refine on-scene activity for stroke presentations. Extensive collaboration has taken

	redesign of the stroke ePR screen informed by frontline clinician usability testing and development of an evidence-based Immediate Pre-Hospital Stroke Care Bundle.	place with Ambulance Clinicians, operational leadership teams, NHS Boards, Scottish Government and academic partners to ensure improvement activity is evidence-based, clinically relevant and aligned to wider stroke improvement priorities.
Development of a Dementia Delivery Plan suitable for the ambulance setting	The Scottish Ambulance Service has made good progress in implementing its first Dementia Delivery Plan (2026-27), supporting both the National Dementia Strategy and SAS 2030 Strategy. The programme focuses on five key areas: governance, workforce education, awareness and engagement, partnership working, and data and insight	Early implementation has included dementia awareness training for staff, increased promotion of learning opportunities, public and staff engagement activities, and strengthened collaboration with national and UK partners. Learning from this first year will inform development of a longer-term, evidence-led dementia programme that is responsive to the needs of people living with dementia, carers, staff and partner organisations.
Activities to deliver EiC Programme and Strategy, Quality of Care (QoC) Reviews & Care Assurance Processes, EPR, expanding EiC beyond N&M, key achievements, key objectives for the next reporting period	The Quality-of-Care Review programme, includes patient experience intelligence and continues to support organisational assurance, with an increasing focus on learning and outcomes. Work is also underway to strengthen action tracking, organisational learning and assurance processes, while feedback forums have identified opportunities to improve the use of complaints, compliments and patient feedback data.	Partnership work with NHS 24 has progressed to a joint review of the patient journey, focusing initially on communication and patient experience. Key challenges remain the increasing volume and complexity of feedback and the difficulty of obtaining representative patient feedback in an ambulance setting. Future priorities include progressing identified improvement actions, strengthening organisational learning, and improving the triangulation of patient experience, quality and safety intelligence.

2. Key Achievements and Impact

Please provide up to three examples where EiC activity has supported improvement, assurance, quality of care or service delivery.

The following section highlights three key areas of improvement that SAS has prioritised as part of its Excellence in Care programme. While these examples demonstrate areas of significant progress, they represent only a proportion of the work underway across the organisation. Further examples of Excellence in Care activity, together with their impact on patients, staff and services, will be presented within the Annual Report.

What was identified? What action was taken? What changed? How do you know?

Achievement	Action Taken	Impact / Outcome
Advanced Practice The following example demonstrates how data and evaluation findings have been used to support workforce development, practitioner assurance and quality improvement within Advanced Practice. ***Key EiC Domains:*** Learning, Maintaining Quality, Safety, Staff Wellbeing, Assurance Evidence and Standards) ***What was identified? –*** A need was identified to provide a structured and consistent approach to assuring the competence, development and professional support of Advanced Practitioners working in Urgent and Primary Care. The appraisal process was also reviewed to better understand its relationship with clinical supervision and identify opportunities for improvement. ***What action was taken? –*** A structured clinical appraisal programme was implemented, with 124 appraisals completed between June 2024 and March 2026. Quantitative and qualitative feedback was collected and analysed to evaluate the effectiveness of the appraisal process, support continuous improvement, and inform alignment with wider NHS Scotland Advanced Practice review requirements. ***What changed? –*** The appraisal programme has provided a consistent mechanism for reflection, development planning and professional assurance. Findings suggest it has enhanced confidence, role clarity, professional support and structured CPD planning, while also identifying opportunities to improve consistency, reduce administrative burden and strengthen feedback on clinical decision-making. ***How do you know? –*** Evaluation findings were overwhelmingly positive, with almost all respondents reporting that appraisal supported reflective practice, identification of learning needs, professional development and future career planning. Feedback also highlighted the importance of high-quality clinical supervision in maximising the value of the appraisal process and supporting practitioner competence, wellbeing and ongoing development.		

Return to Practice

Key EiC domains: Learning, Staff Wellbeing, Evidence and Assurance, with important links to Safety, Maintaining Quality and Standards.

The Scottish Ambulance Service developed an evidence-informed Return to Practice (RTP) module to support clinicians returning to work following a period of absence. To inform and evaluate this approach, a cross-sectional questionnaire study was undertaken to explore clinicians' return-to-work experiences, identify factors associated with successful return to practice, and assess preferences for future educational support and RTP provision.

What was identified? – A questionnaire study involving 396 ambulance clinicians explored experiences of returning to practice following a period of absence. Findings highlighted the importance of educational and operational support during RTW, while also identifying challenges relating to confidence, stress and anxiety, work-life balance, mentorship, and the need for more individualised learning support.

What action was taken? – A detailed evaluation of RTW experiences was undertaken, including a subgroup analysis of clinicians who had received educational support from CTLs and CTOs. Statistical modelling was used to identify factors associated with successful RTW outcomes, while staff preferences were gathered to inform the development of a structured RTW pathway and educational support package.

What changed? – The study has provided an evidence base to inform the design of a more structured and consistent RTW process, including enhanced educational support, face-to-face learning opportunities, mentorship arrangements, and targeted clinical refresher training. Participants demonstrated strong support for a formalised RTW pathway, particularly following extended periods of absence.

How do you know? – Preliminary findings suggest that Learning Engagement, Educational Support, Learning Quality and Accessibility, and Operational Support are associated with more successful RTW outcomes. Participants also reported positive experiences of face-to-face learning, peer support and educational support, with most respondents indicating that a structured RTW programme delivered after approximately 2-3 months of absence would be beneficial. Findings are currently subject to final statistical review and validation.

Stroke Measurement Framework

Key EiC domains: Evidence, Assurance, Maintaining Quality, Safety and Standards, with additional contributions to Learning through performance feedback and continuous improvement.

The Scottish Ambulance Service developed the Stroke Measurement Framework to provide a structured and standardised approach to measuring, monitoring and improving pre-hospital stroke care. Through the use of clinically agreed metrics,

reporting standards and an interactive dashboard, the framework supports performance monitoring, quality improvement and evidence-informed decision-making across stroke pathways.

What was identified? - Variation in stroke care processes and outcomes can be difficult to identify without consistent measures, definitions and reporting arrangements. A need was identified for a standardised approach to measuring pre-hospital stroke care, enabling enhanced visibility of performance, trends and opportunities for improvement.

What action was taken? - The Stroke Measurement Framework was developed and implemented, establishing agreed metrics and reporting standards for pre-hospital stroke care. An interactive dashboard was introduced to provide timely access to performance data, support geographical and temporal analysis, and facilitate ongoing review and learning.

What changed? - The framework has provided a consistent method for monitoring stroke care performance across Scotland. It has improved visibility of key stroke measures, enabled the identification of variation and trends, and created a platform to support quality improvement activity, pathway refinement and future analytical development.

How do you know? - The operational dashboard provides routine access to clinically agreed performance indicators, enabling ongoing surveillance of stroke care delivery. Analysis of the data supports the identification of geographical and temporal variation, informs targeted improvement activity, and provides a robust evidence base for clinical governance, service evaluation and decision-making.

3. Data, Intelligence and CAIR ("So What?")

Please provide up to 3 short examples of how EiC measures, CAIR data, Quality of Care Reviews, Care Assurance activity and / or patient feedback is being used locally? Please consider:

- What are the key themes emerging?
- What is the data telling you?
- What actions have been taken?
- What impact is being seen?
- How is this supporting local decision-making and assurance?

Example 1

Advanced Practice

Key EiC Domains EiC: Learning, Maintaining Quality, Safety, Staff Wellbeing, Assurance Evidence and Standards)

A structured clinical appraisal programme for Advanced Practitioners in Urgent and Primary Care was implemented and evaluated, with 124 appraisals completed between June 2024 and March 2026. The programme was designed to support professional assurance, reflective practice, development planning and the ongoing assessment of competence. Quantitative and qualitative feedback was collected and analysed to evaluate the effectiveness of the appraisal process, its relationship with clinical supervision, and opportunities for future enhancement. Work is also underway to align local appraisal requirements with wider NHS Scotland Advanced Practice reviews.

Impact being seen
Feedback has been overwhelmingly positive, with almost all respondents reporting that appraisal supports reflective practice, professional development, the identification of learning needs and future career planning. The programme has also been associated with increased confidence, greater role clarity, enhanced professional support and more structured continuing professional development (CPD) planning. Collectively, these findings suggest the appraisal process is providing an effective mechanism for supporting practitioner competence, wellbeing and professional growth.

Key themes emerging
Several key themes have emerged from the evaluation. These include the value of appraisal in promoting reflection and development, the importance of high-quality clinical supervision in supporting effective appraisal, and the positive contribution of appraisal to practitioner wellbeing and confidence. Opportunities have also been identified to improve consistency, reduce administrative burden and strengthen feedback relating to clinical decision-making.

What is the data telling us?
The data indicates that the appraisal programme is well received and making a positive contribution to professional development, quality assurance and workforce wellbeing. Findings demonstrate strong engagement with the process and suggest that appraisal is helping practitioners identify learning needs, plan CPD activities and maintain professional competence. The evaluation has also highlighted specific areas for refinement, providing a clear evidence base for future improvement.

Supporting local decision-making and assurance
The appraisal programme provides a formal mechanism for assuring practitioner competence, supporting learning and development, and identifying both individual and organisational development needs. Evaluation findings are informing improvements to the appraisal process and helping to shape future Advanced Practice governance arrangements. Collectively, this supports the EiC domains of Learning, Maintaining Quality, Safety, Staff Wellbeing, Assurance, Evidence and Standards by providing evidence of ongoing professional support, competence assurance and continuous improvement within Advanced Practice.

Example 2

Mental Health Paramedic Response Unit (MHPRU)

Key EiC Domains: Learning, Maintaining Quality, Safety, Staff Wellbeing, Assurance, Evidence and Standards.

Actions taken - A national evaluation of the MHPRU service was undertaken using quantitative operational data and qualitative feedback to assess patient, service and system impacts. The evaluation examined demand patterns, time on scene, conveyance and non-conveyance rates, reattendance, patient experience, and service delivery across the three MHPRU sites in Scotland. Recommendations have been developed to support future standardisation, workforce development, outcome measurement and service expansion.

Impact being seen - The evaluation demonstrates that MHPRUs provide specialist, patient-centred mental health care in the community, with 73% of patients managed without conveyance to hospital compared with 43% for standard A&E resources. The model supports enhanced assessment, de-escalation, referral to appropriate services and reduced reliance on emergency departments, while improving workforce confidence, clinical decision-making and access to specialist mental health expertise.

Key themes emerging - Key themes include the value of specialist mental health assessment in supporting community-based care, improved access to appropriate pathways, strengthened interagency collaboration, and the importance of aligning resource deployment with periods of highest demand. Opportunities have also been identified around standardisation of operating models, outcome measurement, data integration and service expansion.

What is the data telling us? - The data suggests that MHPRUs are safely managing a greater proportion of patients within the community and reducing unnecessary hospital conveyance. Patients attended by MHPRUs are less likely to be conveyed to hospital and, where conveyance occurs, are more likely to require appropriate specialist admission. The findings also highlight clear temporal demand patterns, supporting a more dynamic approach to workforce and resource deployment. **https://scottish-my.sharepoint.com/personal/david_fitzpatrick4_sas_nhs_scot/_layouts/15/Doc.aspx?sourcedoc={BE75FFB8-BACD-4152-BE97-5EB49F4F3A99}&file=Mental Health Paramedic Response Unit (MHPRU) evaluation June 2026 approved for circulation (1).docx&action=default&mobileredirect=true**

Supporting local decision-making and assurance - The evaluation provides evidence of the effectiveness and value of the MHPRU model, supporting decisions on service design, workforce planning, operational deployment and future investment. The findings offer assurance that the model is contributing to improved patient care, supporting national mental health priorities and reducing pressure across urgent and unscheduled care systems, while also identifying areas for ongoing improvement and development.

Example 3

Development of a Stroke Measurement Framework

Key EiC domains: Evidence, Assurance, Maintaining Quality, Safety and Standards, with additional contributions to Learning through performance feedback and continuous improvement.

Actions taken - The Stroke Measurement Framework provides a structured approach to measuring and improving pre-hospital stroke care within the Scottish Ambulance Service (SAS). Through the use of clinically agreed metrics and reporting standards, the framework aims to generate meaningful insights that support improvements in the delivery of stroke care.

Key objectives of the framework include:

- Establishing consistent definitions and criteria for stroke reporting, including the identification of hyper-acute stroke and the measurement of key time-based indicators.
- Supporting timely access to pre-hospital stroke data to facilitate review, learning and continuous improvement.
- Providing geographical and temporal analysis to identify variation, monitor trends and inform targeted improvement activity.
- Creating a platform for discussion, further analytical development and the identification of future data requirements.

Impact – Early impact has included the establishment of a standardised national approach to stroke measurement and improved visibility of stroke care performance across Scotland.

Key themes emerging - from the framework include variation in performance across geographical areas and time periods, opportunities to improve timeliness within stroke pathways, and the value of consistent measurement in understanding and reducing unwarranted variation. The framework also highlights the importance of accurate and timely data capture to support clinical review, learning and service improvement.

What is the data telling us? - The data is providing increased visibility of pre-hospital stroke care performance across Scotland. Through the analysis of clinically agreed metrics, the framework is enabling the identification of trends, variation in key time-based measures, and areas where further investigation or improvement activity may be required. As the dataset continues to mature, it will support a more detailed understanding of factors influencing performance and outcomes, helping to target improvement efforts where they are likely to have the greatest impact.

Supporting local decision-making and assurance - The dashboard provides managers, clinicians and service leaders with timely access to relevant performance intelligence, supporting both operational and strategic decision-making. The framework enables services to monitor performance against agreed measures, identify emerging issues, evaluate the impact of improvement activities

and provide assurance regarding the quality and consistency of pre-hospital stroke care. Collectively, the framework provides a consistent, evidence-based approach to monitoring stroke care, supporting clinical governance, quality improvement and organisational assurance across Scotland.

4. Governance, Finance and Risks

- Governance and Assurance

Briefly describe any significant changes to governance arrangements, assurance processes or programme oversight (if no change, please note nil).

Excellence in Care reporting is aligned with Health and Care Staffing governance arrangements and is reported through Clinical Governance and Staff Governance structures, ensuring oversight of quality, safety, workforce and assurance activities.

The Care Quality Measure Development Programme is reported through the Patient Safety and Clinical Risk Group, providing oversight of programme delivery, risks and emerging findings.

A Senior Practitioner for Health and Care Staffing/Excellence in Care is now established as a substantive post, strengthening programme leadership, continuity and organisational capacity.

- Local Programme Risks

Briefly highlight any significant risks to delivery, confirming whether this is recorded on your local risk register and noting controls and actions (if no risks to report, please note N/A).

Risks associated with the development of Care Quality Measures are recorded within the programme risk register. While the project is currently behind its original timeline, this reflects changes in the capacity available to lead the work and a substantially larger evidence base than anticipated, with approximately 200 papers identified compared to 30 in the previous published review. Although this has extended delivery timescales, it is strengthening the rigour and comprehensiveness of the work and is considered an acceptable variance.

5. Priorities / objectives for October 2026 to March 2027

Priority	Intended Outcome
Complete the Rapid Scoping review	Identification and subsequent synthesis of care quality measures within the Scottish perspective.
Delphi Study Protocol Development and commencement of study	Development of a consensus of care quality measures for the Scottish Ambulance setting.
Implement Findings from the Return to Practice Study	Develop a structured, evidence-informed Return to Practice pathway that supports clinician confidence, competence, wellbeing and patient safety following a period of absence.
Embed the National Stroke Measurement Framework.	Strengthen monitoring, governance and quality improvement of pre-hospital stroke care through consistent measurement, reporting and use of performance intelligence.
Progress the Dementia Delivery Plan (2026-27)	Increase staff awareness, education and partnership working while improving the ambulance service response to people living with dementia and their carers.
Strengthen Quality of Care Review Learning and Assurance Processes	Improve organisational learning, action tracking and triangulation of patient experience, quality and safety intelligence to inform continuous improvement.
Expand Excellence in Care Across Professional Groups	Increase engagement of AHPs, Advanced Practitioners and wider multidisciplinary teams, supporting a whole-system approach to Excellence in Care.