



**Scottish
Ambulance
Service**

Working in Partnership with Universities



NOT PROTECTIVELY MARKED

PUBLIC BOARD MEETING

**28 January 2026
Item 12**

THIS PAPER IS FOR DISCUSSION

SCOTSTAR ANNUAL UPDATE

Lead Director Author	Stephen Massetti, Director of National Operations. Laura McOscar, General Manager - ScotSTAR. Andrew Cadamy, Associate Medical Director – ScotSTAR.
Action required	The Board is requested to discuss and note the attached ScotSTAR annual update.
Key points	This report provides a high-level summary of work completed over 2025, current work in progress and future areas of focus, to rationalise, improve, and excel in how we deliver on our mission.
Timing	This report provides an update on ScotSTAR activity over 2025.
Link to NHS Scotland's quality ambitions	We will provide the people of Scotland with compassionate, safe and effective care where and when they need it.
Benefit to Patients	The ScotSTAR vision is to facilitate critical and specialist care, for any patient in Scotland, anywhere in Scotland - 'Critical Care, Anywhere'.
Equality and Diversity	—



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SCOTTISH AMBULANCE SERVICE BOARD

SCOTSTAR ANNUAL UPDATE FOR SCOTTISH AMBULANCE SERVICE BOARD MEETING

SECTION 1: EXECUTIVE SUMMARY

This report provides an overview of ScotSTAR's performance, developments, and priorities over the past year, with a focus on delivering critical and specialist care across Scotland.

1.1. Activity and Performance:

Overall mission and transfer volumes decreased in 2025, reflecting both efficiency improvements and a return to more typical demand levels following recent years of heightened activity. Notably, Air Ambulance missions fell by 6.5%, with the greatest reduction in Coast Guard deployments, while EMRS advice calls increased, indicating greater use of remote clinical support. Paediatric and Neonatal services remained broadly stable, with minor year-on-year changes.

1.2. Financial Position:

ScotSTAR ended 2025 with an overspend of £596,000, mainly due to pay pressures, reliance on locum consultants in the Paediatric service, and non-achievement of the £475k year-to-date savings target (note, this is not unexpected and has been reported on throughout the year). We did however realise considerable savings as part of the Air Ambulance Efficiency project.

1.3. Risk and Assurance:

For the first time, a dedicated risk section is included, providing transparency on ScotSTAR's risk profile. Five "very high" risks are being actively managed, with clear mitigation plans in place, and a full review of risk governance is planned for 2026.

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1.4. Key Developments:

Major milestones this year include the extension of the current air ambulance aviation contract; progress in implementation of the new contract; the successful delivery of the Air Ambulance Efficiency Project (exceeding its savings target); achievement of SAS Board sign off of the paediatric Service Review and Business Case; and the introduction of new fleet upgrades. Workforce development has advanced through new competency frameworks and ongoing investment in advanced practice roles.

1.5. Challenges:

Operational pressures persist, particularly around airport access, workforce resilience, and the increasing complexity of paediatric and neonatal care. Several challenges have been successfully managed during the year, but ongoing issues remain central to our priorities for 2026.

1.6. Focus for 2026:

Over the coming year, we will focus on implementing the new air ambulance contract, embedding efficiency gains, strengthening clinical resilience, progressing key service redesign initiatives and advancing digital transformation. These priorities are designed to ensure ScotSTAR continues to deliver safe, effective, and equitable care for patients across Scotland.

SECTION 2: INTRODUCTION

This report provides a summary of ScotSTAR's performance and developments over 2025. It highlights achievements, ongoing challenges, and future priorities, all in support of our vision: Critical Care, Anywhere.

SECTION 3: SCOTSTAR OVERVIEW

ScotSTAR is Scotland's national specialist transport and retrieval service. It provides integrated, consultant-led teams to ensure critically ill or injured patients of all ages receive timely, expert care across Scotland. Our approach maximises equity of access to healthcare, minimises inequalities, distributes resources fairly, and enhances the health and wellbeing of our communities

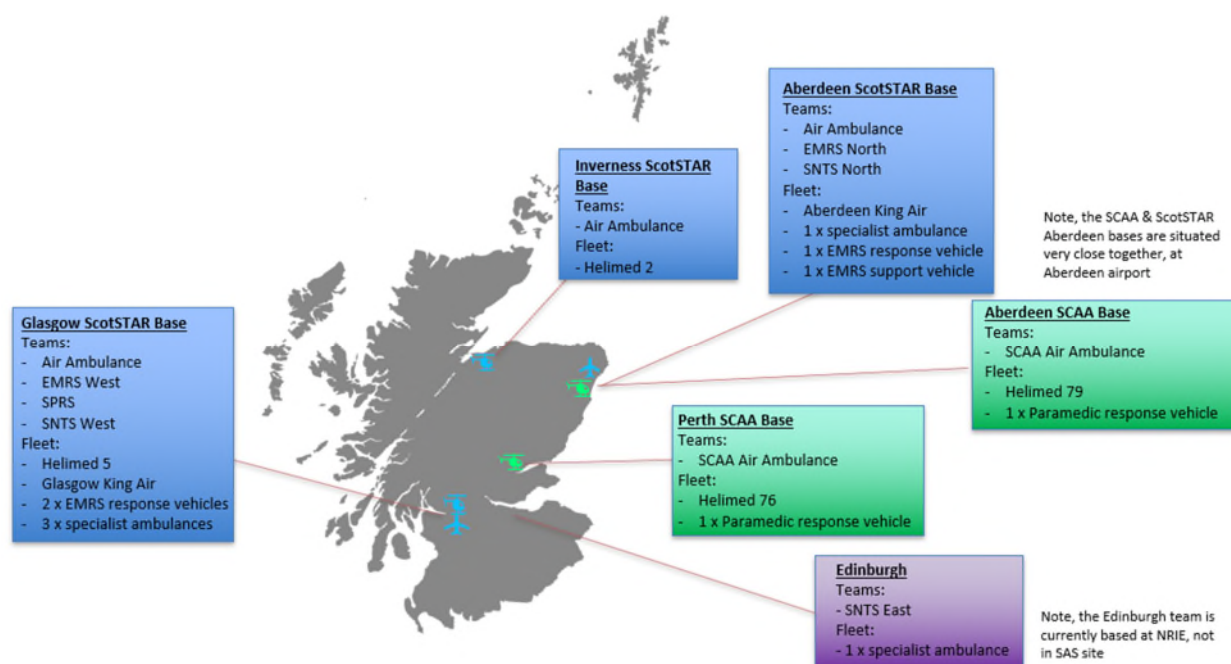
ScotSTAR comprises four services located throughout Scotland, as shown in Table 1 and Figure 1.

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Table 1. ScotSTAR Service Summaries

Air Ambulance (AA)	Emergency Medical Retrieval Service (EMRS)	ScotSTAR Paediatric Retrieval Service (SPRS)	ScotSTAR Neonatal Transport Service (SNTS)
<ul style="list-style-type: none"> Provides emergency and urgent care 24/7, especially for remote and rural communities. Teams of paramedics based in Inverness, Aberdeen, Perth and Glasgow. Operates helicopters (Glasgow, Inverness), fixed wing aircraft (Aberdeen, Glasgow), and is supplemented by SCAA helicopters (Aberdeen, Perth). Supports the medical-led retrieval teams. 	<ul style="list-style-type: none"> Delivers pre-hospital critical care at the scene, secondary retrieval of critically ill adults from remote/rural hospitals, and facilitate some interfacility critical care transfer work for urban hospitals. Also provides remote advice, clinical top-cover to ACC / SSD and scalable critical care response as part of SAS major incident response, providing site medical teams, medical incident officers and advisers, supporting both advanced triage on scene intervention, and rational casualty distribution. Two regional teams based in Glasgow and Aberdeen, co-located with AA teams. 	<ul style="list-style-type: none"> Specialist retrieval and transfer of critically ill children to appropriate care settings. Offers expert clinical care during transport and remote advice to clinicians across Scotland beforehand. Single highly skilled team based at Glasgow Airport. 	<ul style="list-style-type: none"> Dedicated neonatal transport for babies needing all levels of neonatal care. Supports the Perinatal Network, by moving infants to where their care needs can be best met, repatriating them to maintain network capacity, and also advises on transport of patients expecting high risk infants pre-birth ("intra-uterine transfer"). Three teams based in Glasgow, Edinburgh, and Aberdeen.

Figure 1. ScotSTAR Footprint



Clinical staff include paramedics, specialist transport nurses, advanced practice roles, and training/resident, speciality, and consultant grade doctors. They are supported by a team of drivers. Senior operational management comprises Heads of Service (supported in some instances by ASM or equivalents), and General Manager, working closely with senior clinical management comprising an Associate

Medical Director and Clinical Leads who are senior specialist medical consultants. The whole service is underpinned by a dedicated Business Support team.

SECTION 4: KEY PERFORMANCE INFORMATION

4.1 Activity Levels

Table 2. ScotSTAR Annual Activity Levels for Last 3 Years

Team	Details	Jan – Dec 23	Jan – Dec 24	Jan – Dec 25	% Diff 25 to 24
Air Ambulance	Rotary Missions	2484 (1764 SAS, 720 SCAA)	2455 (1741 SAS, 714 SCAA)	2297 (1646 SAS, 651 SCAA)	-6.4% (-5.5% SAS, -8.8% SCAA)
	Fixed Wing Missions	1537	1609	1534	-4.7%
	Coast Guard Missions	371 (187 HEMS)	390 (211 HEMS)	333 (197 HEMS)	-14.6% (-6.6% HEMS)
	Total Missions	4392	4454	4164	-6.5%
EMRS	Primary Missions	1314	1185	1068	-9.9%
	Secondary Transfers	360	351	317	-9.7%
	Advice Calls	784	884	953	+7.8%
	Total Activity	2458	2420	2338	-3.4%
SPRS	Transfers	256	218	213	-2.3%
	Advice Calls	513	531	491	-7.5%
	Total Activity	769	749	704	-6%
SNTS	Transfers	952	1007	954	-5.3%

Overall, ScotSTAR has seen a reduction in total activity in 2025 compared to 2024:

- Air Ambulance missions decreased by 6.5%, with the greatest reduction seen in Coast Guard Missions, reflecting improved tasking and significant cost avoidance, as a result of changes brought in as part of the Air Ambulance Efficiency project (see appendix for more detail).
- The EMRS team experienced a drop in primary and secondary missions (down 9.9% and 9.7% respectively), likely returning to baseline after two busy years, while advice calls increased by 7.8%, driven by enhanced clinical pathways and greater use of specialist advice.
- SPRS transfers remained broadly consistent year-on-year. Advice call volumes dropped by 7.5%, though remain a vital part of the service, accounting for 70% of all demand (and note, these numbers exclude advice calls that result in a transfer so actual number of advice calls will be considerably higher).
- SNTS saw a drop in activity levels year-on-year, to a similar level seen in 2023.

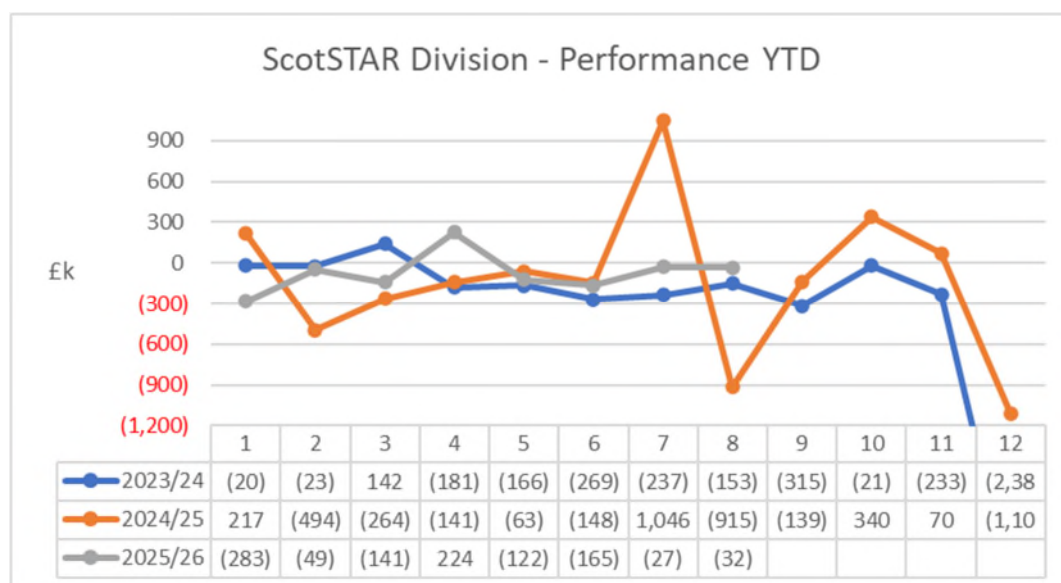
Our hypothesis at this stage is that these changes reflect ongoing efficiency improvements, adaptation to new clinical processes, and a return to more typical activity levels following recent years of heightened demand.

Note: Additional KPIs will be included in future reports as our KPI review progresses.

4.2 Financial Overview

ScotSTAR currently shows an overspend of £596,000 which is broken down into a £165,000 pay overspend and a non-pay underspend of £45,000 with a savings target YTD of (£475,000) (note, this was not unexpected and has been reported on throughout the year).

Figure 2. ScotSTAR Financial Performance YTD



Pay overspends relate to ScotSTAR paramedics and nursing staff who are predominately at the top of the pay scale, while budgets typically reflect the middle of the pay scale. The actual budget reflects a National Operations upper average.

Additional pay overspends relate to the utilisation of locum consultants to staff the SPRS (see section 7.3). A business case has been developed recommending a revised operating model. Over 2026 we will seek to progress this.

Non-pay underspends are linked to Air Ambulance fixed costs which reflect more efficient use of resource. In addition, Maritime and Coastguard Agency costs have reduced this year due to lower utilisation and a reduction in the hourly rate flying charge.

SECTION 5: RISK UPDATE

ScotSTAR has a formal risk management process, overseen by the ScotSTAR Risk Management Group and aligned with wider SAS governance. This is the first time a dedicated risk section has featured in the annual Board report, reflecting our commitment to transparency and continuous improvement.

4.3 Current Risk Profile

- 32 open risks are actively monitored, with regular review and escalation as required.
- Risks are categorised as follows:
 - 5 Very High (see section 6.2 below for further information)
 - 4 High
 - 19 Medium
 - 4 Low

4.4 Very High Risks and Mitigations

As shown in Table 3, for each very high risk, actions are planned or underway to mitigate impact and ensure service continuity and patient safety.

Table 3. Overview of ScotSTAR “Very High” Risks

Risk	Description	Planned Mitigation
4294	Risk of increased Air Ambulance overspends due to rising demand, NHS Board changes, and increased costs.	Air Ambulance Efficiency Project delivered to control costs and improve tasking.
4641	Risk of inability to cover paediatric rota with a consultant, reliance on locum cover impacting patient safety and quality.	Paediatric Business Case developed to secure sustainable staffing and service resilience.
5164	Potential delays/reduced prehospital critical care in eastern Scotland due to withdrawal of Medic 1 and possible loss of Tayside Trauma Team.	EMRS East Business Case in progress to address service gaps and maintain response capability.
5333	SAR helicopters may land far from hospitals due to new regulations affecting Hospital Helicopter Landing Sites (HHLS), causing delays and potential harm.	NHS-wide focus on HHLS compliance to ensure safe and timely access for retrieval teams.
5471	Risk that clinical triage processes may not be adequately reviewed post-project, leading to inconsistent decision-making.	Ongoing oversight and transition planning to embed robust triage governance into business as usual.

Over the course of 2026, we plan to conduct a full review of all ScotSTAR risks and their governance to ensure effective risk management is in place.

SECTION 6: KEY DEVELOPMENTS IN 2025

2025 has been a year of significant progress for ScotSTAR, with several major developments across our services, fleet, and operational processes, which collectively strengthen ScotSTAR’s ability to deliver critical and specialist care across Scotland, improve operational efficiency, and support staff and patient wellbeing.

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6.1 Air Ambulance Contract

The current contract for the provision of air ambulance services was due to end on 31st May 2024. However, as a result of Covid-19-related delays, agreement has been reached to extend the current contract through until the end of July 2026.

The new contract, which was awarded to Gama Aviation (the incumbent) following a comprehensive procurement exercise, will commence at the end of July 2026. Implementation is well underway and will see the introduction of two new fixed wing and two new rotary aircraft across the fleet, delivering improvements in infection control, bariatric capability, adverse weather operations, and patient loading systems.

The four primary aircraft will be supported by new, identically fitted out, back-up aircraft equipped to the same specification and capability ensuring no loss of functionality during periods of aircraft maintenance.

6.2 Air Ambulance Efficiency Project

The Air Ambulance Efficiency Project concluded in October 2025. It sought to implement process improvements, to ensure a more efficient service is delivered that will enhance patient and staff experience. As a result of the changes introduced, we have exceeded the financial savings target (£578k achieved vs. £250k target). Key changes introduced include improved tasking (leading to reduced flying hours) and enhanced cost recovery (for a more detailed list of changes, see the Appendix). These improvements are expected to deliver recurring benefits. Outstanding actions, such as Air Ambulance Tasking Governance Group establishment and final triage pathway implementation, will be delivered by the operational team and reported via Best Value.

6.3 Paediatric Business Case

We have a significant and persistent gap in core funded consultant provision for the SPRS. The service remains heavily reliant on temporary solutions to maintain safe levels of consultant presence. This reliance is unsustainable and poses a material risk to both patient safety and staff wellbeing. A revised operating model for the SPRS which seeks to improve resilience and mitigate the associated risk (see risk 4641 in section 6.2), was developed during 2025 and approved by the SAS Board. Work continues to finalise the associated funding pathway and build stakeholder support, so we can move forward with this.

6.4 Fleet

Over the last year, new aircraft and vehicles have been introduced, including the H145 helicopter for SCAA (with night vision capability), a bespoke EMRS response vehicle (first of a new fleet for both EMRS teams) and updated ambulances for SPRS and SNTS. These upgrades enhance clinical environments, capability,

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operational resilience, and service flexibility, including its ability to respond to major incidents.

SECTION 7: LEARNING & DEVELOPMENT

The development of ScotSTAR's workforce remains central to our ability to deliver safe, effective, and resilient care across Scotland. Throughout 2025, considerable progress has been made in strengthening the skills and capabilities of our teams:

- Work has taken place to develop new competency frameworks for Advanced Neonatal Nurse Practitioners, Advanced Nurse Practitioners, and Retrieval Practitioners, each designed to support high standards of clinical practice and provide structured opportunities for professional growth. The Advanced Neonatal Nurse Practitioner framework, now formally approved and in active use, sets a benchmark for the development of frameworks for other teams.
- Work continues within the Paediatric and Neonatal services to develop advanced practice pathways, fostering greater flexibility and resilience within the workforce.
- Regular clinical education and training activities, ranging from governance meetings and simulation exercises to case reviews, ensure that our teams remain equipped to meet the demands of high-acuity environments, can adapt to evolving clinical needs, continuously reflect on and improve practice, and are accountable for the clinical care delivered.

Investment in workforce development is not only essential for maintaining service standards but also for supporting staff wellbeing and sustaining the organisation's capacity for continuous improvement. As we look ahead, further development of advanced practice roles and frameworks will remain a strategic focus, underpinning ScotSTAR's commitment to excellence in patient care.

SECTION 8: CHALLENGES

Over the past year, ScotSTAR has faced and successfully resolved several operational challenges:

- The ageing fixed-wing fleet required significant remedial maintenance on the wing sub-structures, resulting in extended downtime. Both aircraft have now been fully returned to service.
- An extended period of significant staffing pressures within the Emergency Medical Retrieval Service (EMRS) North Team was managed within the team and through cross-cover arrangements with the West team. Following the recruitment of two new team members, we are now approaching a return to a full complement

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- Following extensive damage caused by Storm Eowyn, the Business Support Team worked with IT to implement new meeting room audiovisual technology, improving efficiency and staff experience.

Despite these successes, a number of ongoing challenges continue to shape our priorities for the year ahead:

- Reduced opening hours and restricted ground services at regional airports present increasing logistical and financial pressures for air ambulance operations.
- Workforce resilience remains a concern across several teams, with unpredictable demand and geographical variation impacting staffing and operational efficiency:
 - SPRS demand continues to be unpredictable, with surges in activity putting stress on staffing levels and resources, which are already under considerable strain (see section 7.3). Maintaining workforce resilience remains a significant concern, resulting in high clinical risk. Ongoing investment is needed to support recruitment, retention, and the development of the ANP tier (i.e. the Paediatric Business Case).
 - The SNTS continues to face a number of challenges, including increasing demand for neonatal transport services, implementation of the Best Start programme (which will reduce the number of neonatal intensive care units nationwide, and is anticipated to increase SNTS demand significantly), increased pressure on the neonatal network in Scotland, the complexity of coordinating transfers over Scotland's varied geography, and ongoing workforce pressures. Maintaining a robust, highly trained team while meeting service expectations requires investment, staff development, fleet modernisation, and operational innovation.
 - The Business Support team also continues to face staffing pressures, requiring a longer-term solution to ensure continued support for operational teams and staff wellbeing.

While many of these challenges are being actively managed and mitigated, they remain central considerations as we look ahead to 2026. Addressing these issues will be critical to sustaining service excellence, supporting our workforce, and ensuring equitable access to specialist care across Scotland.

SECTION 9: FOCUS AREAS FOR 2026

Building on the progress and lessons of the past year, ScotSTAR is entering 2026 with a clear set of priorities designed to strengthen our services and address the challenges identified in this report:

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- The implementation of the new air ambulance contract will be a major milestone, bringing enhanced fleet capability, improved infection control measures, and more efficient patient handling. Ensuring a smooth transition and realising the full benefits of this contract will be a key operational focus.
- Continued delivery of outstanding actions from the Air Ambulance Efficiency Project remains essential, with efforts directed towards embedding cost savings, refining tasking processes, and maintaining robust governance.
- Across all teams, there is a renewed emphasis on clinical resilience and operational capability, supported by the ongoing development of advanced practice roles and standardised clinical pathways, particularly within paediatric and neonatal services.
- Collaboration will be further deepened with Scotland's Charity Air Ambulance (SCAA), as a revised Service Level Agreement is introduced and new opportunities for joint working are explored.
- Service redesign initiatives will progress, including the strategic business case for SPRS, alignment of SNTS with the national Best Start neonatal programme and wider review of the SNTS model, and further development of the EMRS East business case. All require significant investment and continued support from the SAS Board.
- Digital transformation is also a priority, with plans to upgrade clinical record keeping, integrate ScotSTAR's medical records with hospital electronic patient records, and introduce decision support tools. These improvements are expected to enhance data utilisation, release staff time, and support high-quality care delivery.
- Finally, ScotSTAR will continue to strengthen governance and foster collaboration with national networks, clinical units, and emergency care partners. These efforts will ensure our services remain responsive to evolving national priorities and system-wide demand, enabling us to deliver critical and specialist care for patients across Scotland, wherever and whenever it is needed.

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APPENDIX 1 – Air Ambulance Efficiency Project Changes and Benefits

Item	Change Introduced	Impact/Benefit
Triage & Tasking	Established a framework, including an Advanced Questioning Model (AQM; an IT-based triage and decision support tool) to guide the Specialist Service Desk (SSD) coordinators through triage, prioritisation and clinical decision-making.	Standardised processes, better resource use, reduced transfer and mission times, improved patient outcomes, cost avoidance, reduced training time, faster onboarding, fewer errors, improved reporting & performance management
Telemedicine	Implemented GoodSAM for remote clinical triage	Enhanced support for referring teams, improved clinical decision-making, better resource use, improved patient outcomes, cost avoidance.
Cross-border Transfers	Defined process, costing model, RACI, and guidelines for cross-border transfers	Increased income generation, improved accountability & accuracy of cost recovery, reduced errors, enhanced transparency & governance, improvement in appropriate use of assets & teams.
Mental Health Transfers	Introduced revised mental health guidelines and safety to fly assessment to determine suitability for air transfer, patient transfer plan and prioritisation	Improved legal compliance; safer & more appropriate transfers; improved clarity for decision-making, improved ability to recover costs associated with nurse escorts
Health Board Service Level Agreements (SLAs)	Developed SLAs for Territorial Health Boards to define clear roles, responsibilities & performance standards. Included a clear matrix outlining which transfers are funded and which are chargeable.	Strengthened partnerships; improved governance (including recovery of revenues associated with chargeable items), financial clarity & accuracy; better resource planning & communication; improved service quality; enhanced transparency & trust.
Helicopter Emergency Medical Services (HEMS) Estimated Time of Arrival (ETA) Tool	Introduced tool to calculate ETA for land/air ambulance	More accurate & consistent ETAs, improved tasking decisions; potential reduction in unnecessary HEMS deployments; overall contribution to running a more efficient & effective service.
Daily Briefings	Resumed daily operational briefings	Improved team communication & workload visibility; early issue identification; better coordination & morale; overall contribution to running a more efficient & effective service.

Item	Change Introduced	Impact/Benefit
Quality Assurance (QA)	Introduced structured QA process for inter hospital transfers, which can be built upon to incorporate HEMS	More regular review of clinical appropriateness; improved consistency of decision-making; improved continuous improvement; better adherence to process & governance; overall contribution to running a more efficient & effective service.
Travel Time Tool	New tool developed for SSD to support the selection of land versus air transport routes, including travel time comparisons across different transport modes, air assets, and locations.	Faster, evidence-based decision-making, improved upskilling time & enhanced consistency in route & transport mode selection; more efficient & effective use of resources.