Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

Scottish Ambulance Service
Unscheduled Care Operational Statistics

Unscheduled Care Incidents between 05 October 2026 to 01 November 2026

An Official Statistics publication for Scotland

Type	Official Statistics Publication
Published	04 November 2026 (Latest release)
Author	Scottish Ambulance Service

About this release

This release by the Scottish Ambulance Service (SAS) provides a weekly update of key statistics on unscheduled care operational measures across Scotland. The information includes trends in the number of unscheduled care incidents, responses, conveyances to hospital, response times and hospital turnaround times.

The statistics in this weekly update cover SAS activity only, and include new data for the previous 4 weeks. Data for the most recent 3 weeks should be treated as provisional.

In line with all other UK Ambulance Services, from 1st April 2022 the definition of Scottish Ambulance Service response times has changed. The response to patients is now measured from the point at which the acuity of the patient is determined. Under the previous definition, the response was measured from the same point in every 999 call regardless of patient acuity and when the chief complaint is established (T4). Often at this point, the dispatcher has insufficient information to determine the condition of the patient, whether an ambulance needs to be dispatched or some time may have passed since the patient was identified as not breathing or not awake.

Response times will continue to be reported under the previous definition until such time that the new measure is developed and verified. On completion of this process figures from the 4 April 2022 will be retrospectively amended to reflect the new definition. Figures from 4 April 2022 will be marked as provisional until this amendment is made.

Main points

- Last week SAS dealt with **17,291** unscheduled care incidents, of these **15,775** were emergency incidents.
- Of the total unscheduled care incidents, **11,371** received an on scene attendance by SAS crews. Of these attended unscheduled care incidents, **10,272** were emergency incidents.
- Last week the median and 90th percentile response times were:
    - **Purple incidents -** Median: 7 minutes 30 seconds; 90th Percentile: 16 minutes 14 seconds
    - **Red incidents -** Median: 10 minutes 19 seconds; 90th Percentile: 23 minutes 21 seconds
    - **Amber incidents -** Median: 28 minutes 48 seconds; 90th Percentile: 1 hour 53 minutes 11 seconds
    - **Yellow incidents –** Median: 1 hour 44 minutes 18 seconds; 90th Percentile: 10 hours 41 minutes 52 seconds
- Hospital turnaround times last week were:
    - **Median:** 57 minutes 01 second
    - **90th percentile:** 2 hours 42 minutes 55 seconds

Background

The Scottish Ambulance Service implemented the Clinical Response Model (CRM) for Emergency 999 calls in November 2016. The CRM aims to save more lives by more accurately identifying patients with immediately life-threatening conditions, such as cardiac arrest; and to safely and more effectively send the right type of resource first time to all patients based on their clinical need.

The model institutes a colour-coded system, which categorises 999 calls in terms of clinical need. Cases are coded purple, red, amber, yellow and green.

In less urgent cases, call handlers may spend more time with patients to better understand their health needs and ensure they send the most appropriate resource for their condition and clinical need.

The process is also designed to identify instances when an ambulance is not needed and instead the patient can be referred to an alternative pathway such as GPs, NHS24 or outpatient services. All calls are triaged into the following categories:

Purple: Our most critically ill patients. This is where a patient is identified as having a 10% or more chance of having a cardiac arrest. The actual cardiac arrest rate across this category is approximately 53%.

Red: Our next most serious category where a patient is identified as having a likelihood of cardiac arrest between 1% and 9.9%, or having a need for resuscitation

interventions such as airway management above 2%. Currently the cardiac arrest rate in this category is approximately 1.5%.

Amber: where a patient is likely to need diagnosis and transport to hospital or specialist care. The cardiac arrest rates for all of these codes is less than 0.5%.

Yellow: a patient who has a need for care but has a very low likelihood of requiring life-saving interventions. For example, patients who have tripped or fallen but not sustained any serious injury.

Please note: the response times show total time and do not factor in possible upgrading or downgrading that may occur depending on the patient condition. For example, a call may start out as a yellow call, subsequently be upgraded to a purple call some time later, but only the total time from the first call received is shown. The starting point is always set for the colour category first determined, not the final colour category assigned. Where delays occur, clinical advisors maintain contact with the patient, checking their condition on an ongoing basis, and upgrading when appropriate.

General enquiries
If you have an enquiry relating to this publication, please complete published statistics enquiry form.

Media enquiries
If you have a media enquiry relating to this publication, please contact the press office.

Last Updated 03 November 2026