Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

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Public Board Meeting	**28 May 2025** **Item No 06**

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 April 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 April 2025 against our strategic plans for Clinical, Operational, Scheduled Care and Staff Experience Measures where this data is available. Patient Experience, Staff Health and Wellbeing and Financial Performance are reported in separate Board papers. The Service continues to experience pressures, with higher patient acuity through increases in demand of our most critically unwell patients, increasing workforce abstractions and challenges in handing over patients timeously at Emergency Departments because of wider health and care system pressures. <u>Clinical Performance</u> Clinical performance as related to the measures in this paper remains within control limits and reflect seasonality. Across the workstreams for Out of Hospital Cardiac Arrest, Major Trauma and Stroke and Thrombectomy there is ongoing

	engagement with our frontline clinicians to optimise care within the pre-hospital setting. In April 2025 a total of 48.6% of patients were managed without conveyance to hospital. Across the Integrated Clinical Hub and Pathways we are continuing to strengthen our ability to manage more patients within their home/homely setting through collaboration with a wide range of health and social care partners.
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 2024/25 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 January 2025 paper. All charts have been updated to April 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 the 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.

Response Time Definition Change - In line with all other UK Ambulance Services, from 1st April 2024 the definition of the Service's 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.

The updated solution has been delivered, and testing is being undertaken for new measure, and response times will continue to be reported under the previous definition until the updated data has been validated. The aim is that this new way of reporting will be available as soon as possible; initially it will be marked as provisional until it has been thoroughly tested.

It is intended that data from April 2024 will be retrospectively amended to reflect the new definition as such figures from April 2024 are to be treated as provisional until this amendment is made.

Additionally, a review of the people measures is in progress and additional measures will be added when agreed, defined, and built. The development of measures in relation to staff health and wellbeing are included within the separate Health and Wellbeing paper.

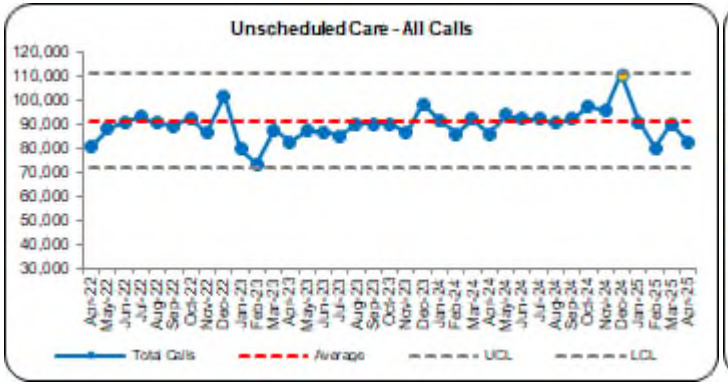
Performance Charts

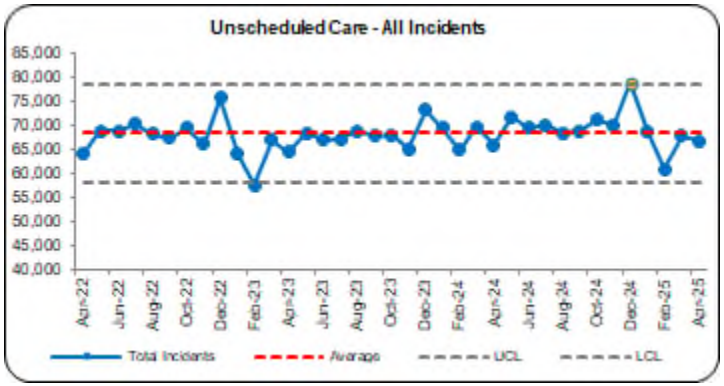
The Board Performance Report consists of data pertaining to several Service measures plotted in control charts (with control limits) and run charts (without control limits). Both types of charts provide a statistical tool for understanding variance within a data set. Correctly interpreted these charts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

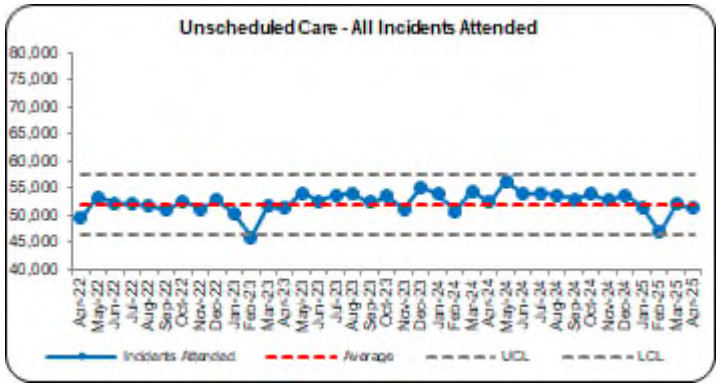
Control Charts
Rule 1: A run of eight or more points in a row above or below the mean (light blue)
Rule 2: Six or more consecutive points increasing or decreasing (green)
Rule 3: A single point outside the control limits (orange)

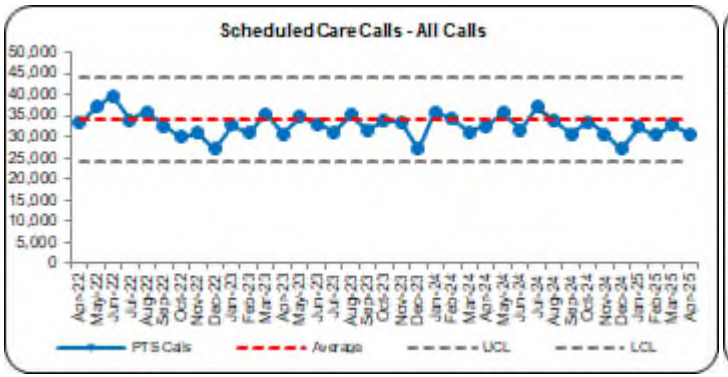
Run Charts
Rule 1: A run of six or more points in a row above or below the median (light blue)
Rule 2: Five or more consecutive points increasing or decreasing (green)
Rule 3: Undeniably large or small data point (orange)

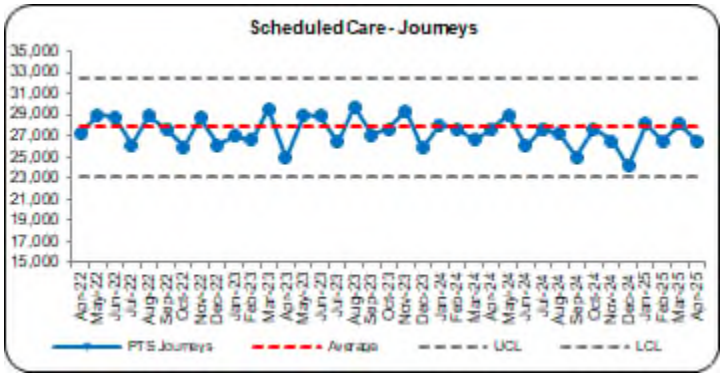
D: Demand Measures











What is the data telling us?

Following unprecedented unscheduled call demand (out with upper control limit) in December it has returned to within the control limits. In April 2025, demand experienced across the month was a 4.6% decrease on the same period last year, with 82,088 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 April 2025, there was an increase of 1.2% when compared against April 2024 with 66,786 incidents.

Why?

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

What are we doing to further improve and by when?

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 2024/25. Our demand forecasts are regularly updated based on intelligence of changes in the multitude of variables and Scottish Government planning assumptions.

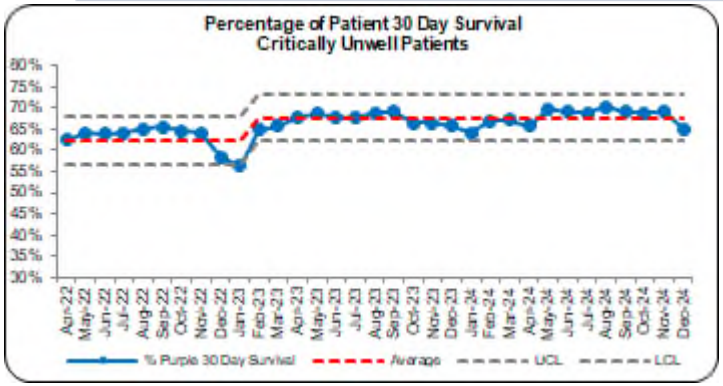
Our annual delivery plan for this year is focused on those priority areas highlighted by Scottish Government that we can influence, which will reduce pressures on the wider Health & Social Care system, support the stabilisation of services, accelerate recovery, and provide the most benefit to patients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

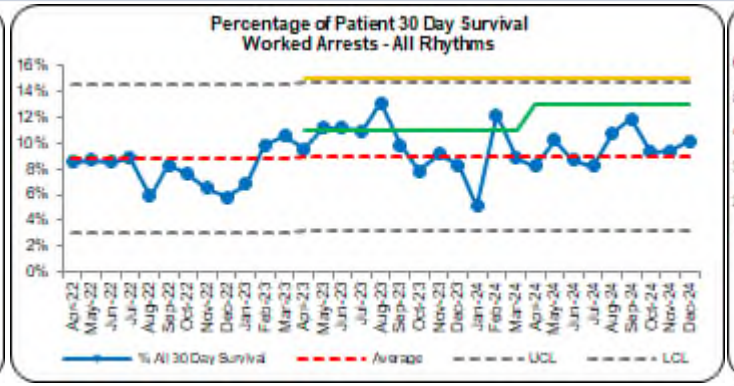
We have established several work streams to increase our workforce, implement the reduction to the working week to 37hrs in year one of the 23/24 pay award agreement with Scottish Government, improve demand management, and increase capacity which include working collaboratively with our partners across 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.

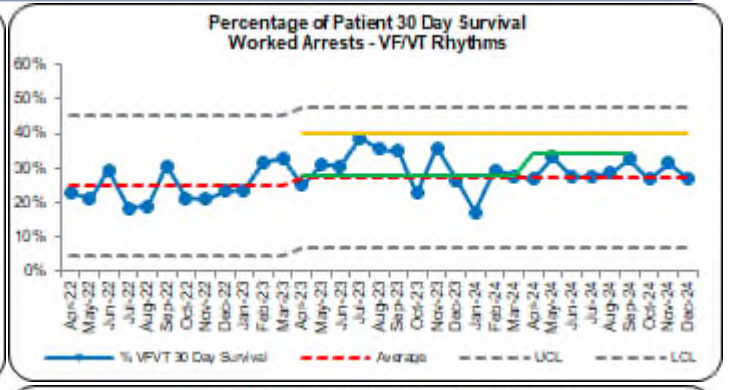
Significant work continues with hospitals to improve flow and reduce ambulance handover times. Details are included in the section of the paper specific to Hospital Turnaround.

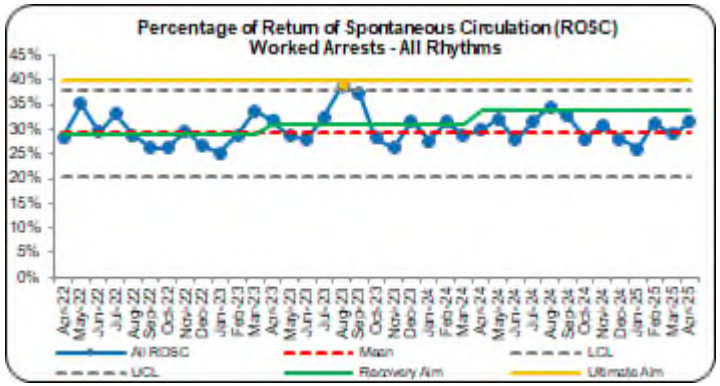
Our work to support staff health and wellbeing is detailed within the separate staff experience and performance report on the Board meeting agenda.

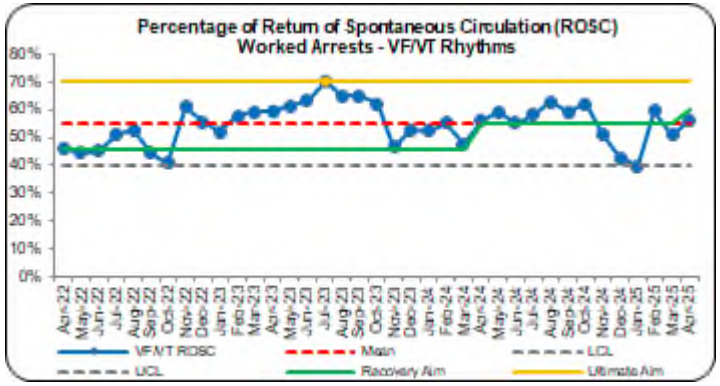
Purple Response Category: Critically Unwell Patients

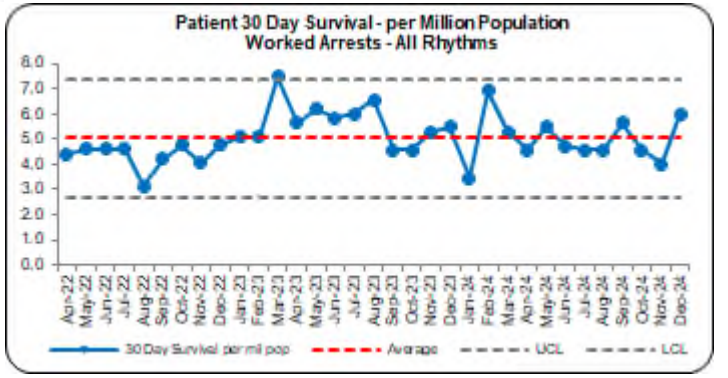


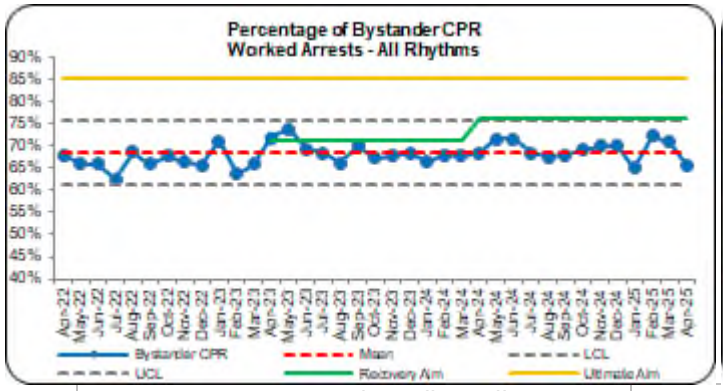


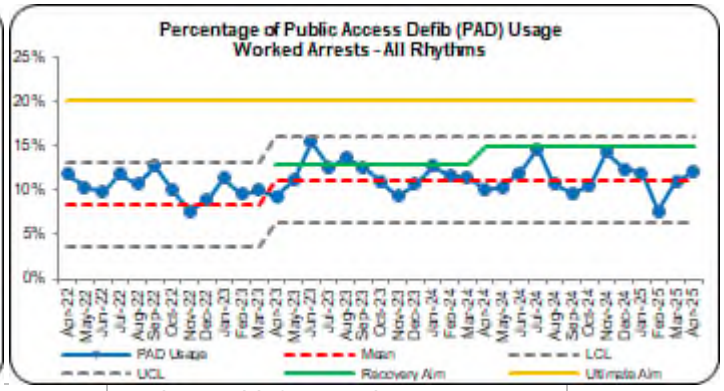


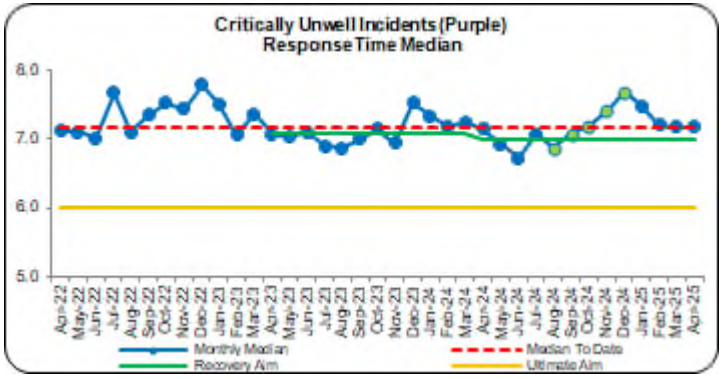


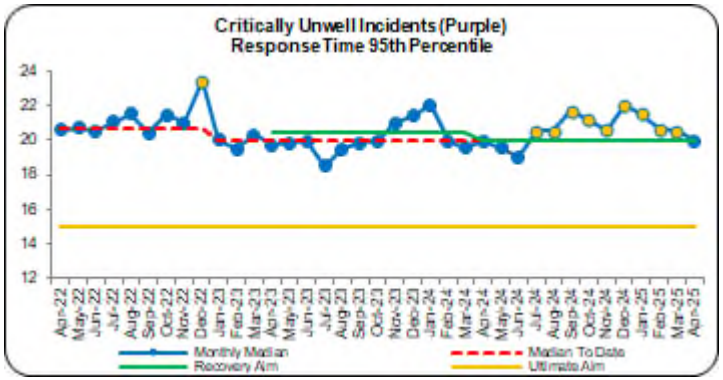












What is the data telling us?

The data presented in the charts is referenced to different measurement points depending on the complexities of data linkage. This means that mortality data is historical compared with response time and Return of Spontaneous Circulation (ROSC) data.

Overall, the position is stable on outcome measures (Mortality) with 30-day survival measures within control limits. These figures relate to December 2024 time stamps due to requirements for data linkage.

The response time measures for April 2025 (process measures) returned to median levels however remained increased since the summer of 2024 reflecting the increase in the pressures experienced over extended winter pressures which impacted ambulance availability.

Our ROSC rates for April, VF/VT (Utstein) at 56.1% and 'All Rhythms' at 31.5%, reflecting seasonal patterns. The Service is in the process of rolling out updated software in our ambulances, it is currently in use in Fife, Tayside and Lothian. The Business Intelligence Team are working on bringing the data from the updated software into the Data Warehouse, until this has been completed the ROSC data will be provisional as it will exclude these 3 areas.

As the charts illustrate, Bystander CPR is reported at 65.6% and is within the control limits. Public Access Defibrillator (PAD) usage at 12.0%, is above the mean for April 2025 following a dip in February.

Our survival data for our most unwell patients as outlined in the above charts remains stable for both those in cardiac arrest and the purple category as a whole. These relate to December 2024 figures, however as the ROSC charts show, ROSC for VF/VT has saw a seasonal drop in December

and January moving back above the mean in February. In line with seasonal patterns it is anticipated to result in a similar pattern for the current quarter which we will report in future papers.

Our survival data for our most unwell patients as outlined in the above charts remains stable for both those in cardiac arrest and the purple category as a whole. These relate to October 2024 figures, however as the ROSC charts show, ROSC for VF/VT has saw a seasonal drop in December and January moving back above the mean in February. In line with seasonal patterns it is anticipated to result in a similar pattern for the current quarter which we will report in future papers.

Transitioning to reporting to survivors per million of population remains under consideration and will be captured within wider conversations around clinical data presentation.

As previously reported Cardiac Arrest Rescue Zones (CARe) are an initiative to strengthen and mobilise community response to OHCA across Scotland. The development of the CARe Zones plan has been the key focus of the OHCA team in producing a high-quality engagement tool that will support successful delivery of this work. We continue to test this approach with one council area being a pathfinder site with good progress to date in terms of engagement and commitment to building this approach. This test of a localized optimisation of the system has the support of SG and will inform the next phase of the OHCA strategy due in 2026. An update on progress will be included in subsequent reports.

Plans for the Cardiac Arrest Symposium in June 2025 are at an advanced stage and anticipated to be another successful event for all.

Purple Median Times

Median response times to purple category in April 2025 was 7 minutes 10 seconds. We reached 95% of these patients in 19 minutes 59 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:

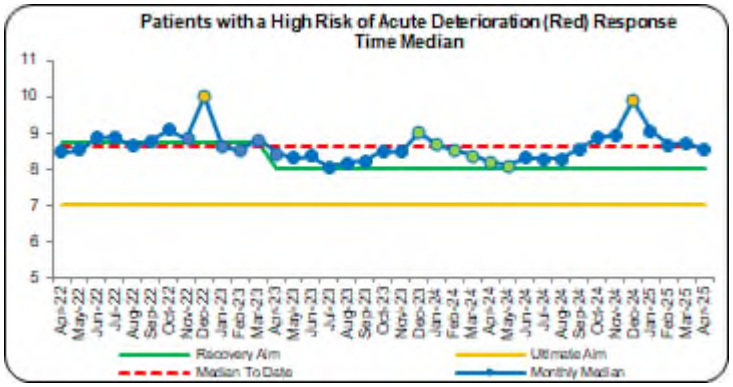
The Integrated Clinical Hub (ICH) and Pathways initiatives continue to support the principles of right care right place and the data for April 2025 shows that 48.6% of patients were managed outwith the Emergency Department.

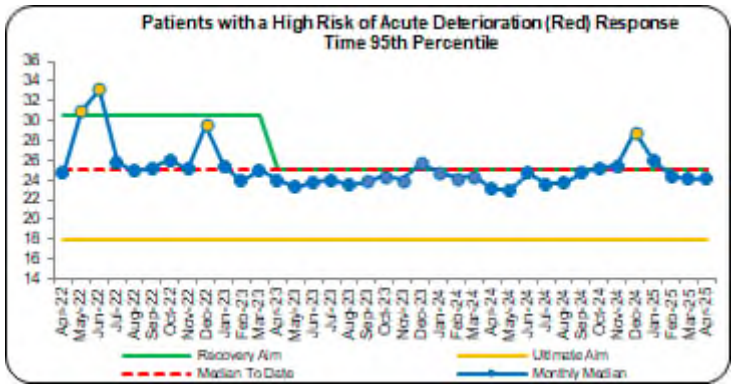
Community first responders and cardiac responders continue to play a valuable role in responding to immediately life-threatening calls across Scotland. As part of our programme of continuous improvement activity, we are exploring other opportunities and system changes to further enhance the impact of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

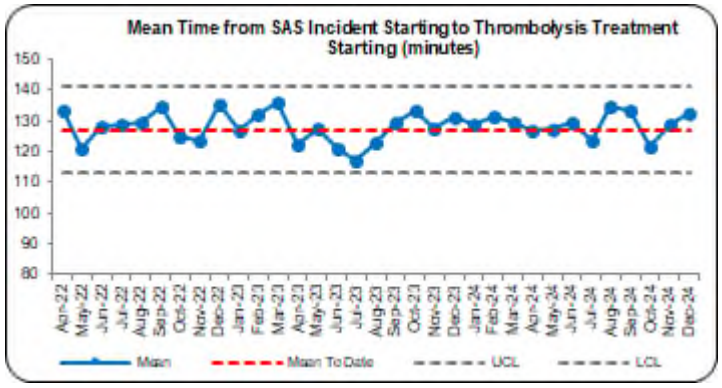
Health Boards continue to work with our regional management teams to produce site action plans in line with the Safe Handover at Hospital principles to support a reduction in delays and early escalatory actions.

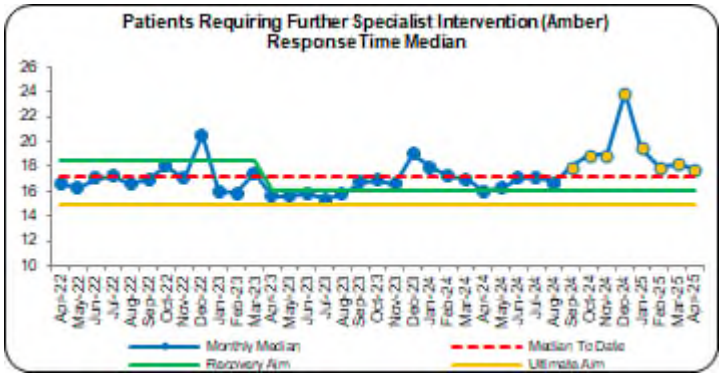
Red Response Categories: Patients at risk of Acute Deterioration

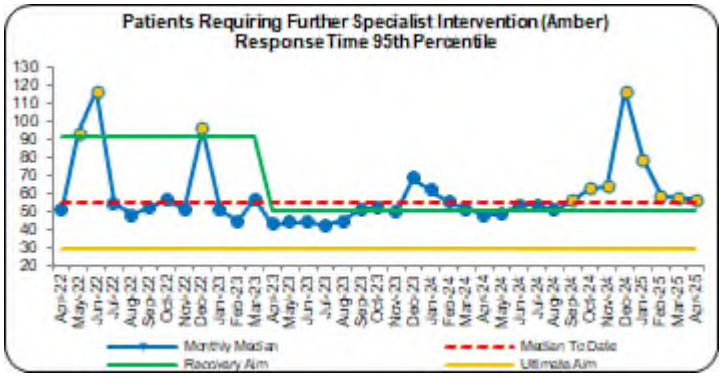




Amber Response Categories: Patients requiring Further Specialist Intervention







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 as a result of increased pressure on the Service and the wider Health and Social Care sector and returned to median levels in February. In April 2025 month we attended 50% of red category incidents within 8 minutes 31 seconds and amber within 17 minutes 45 seconds.

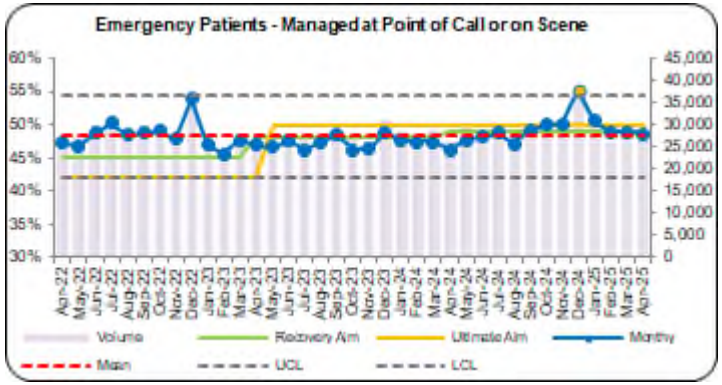
Our Major Trauma workstream contributes to the successful delivery of the Scottish Trauma Network. The planned review of our Critical Care Desk is now underway and will be updated on in future Board reports. As part of the STN strategy, all the Major Trauma KPIs and minimum requirements are to be reviewed. This project will be completed in collaboration with the STN as part of a wider piece of work commissioned by the Scottish Government to produce a new Service Specification for the Network.

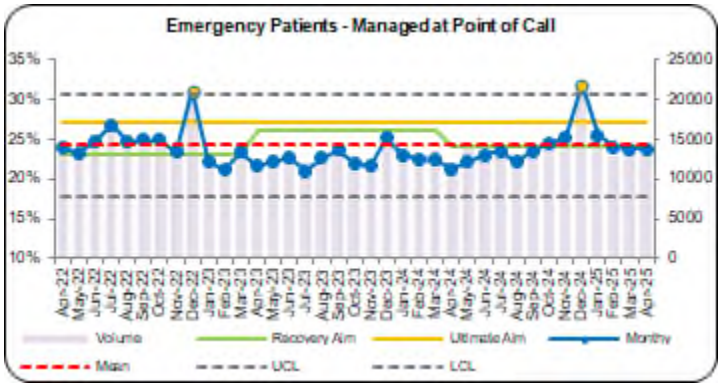
The partnership with the National Thrombectomy Planning Board and Territorial Health Boards, expansion of the National Thrombectomy Service continues to progress. SAS continues to work closely with all partners to ensure the successful delivery of this programme and we are members of the recently established short life working group which has been commissioned to review the pre-hospital stroke pathway.

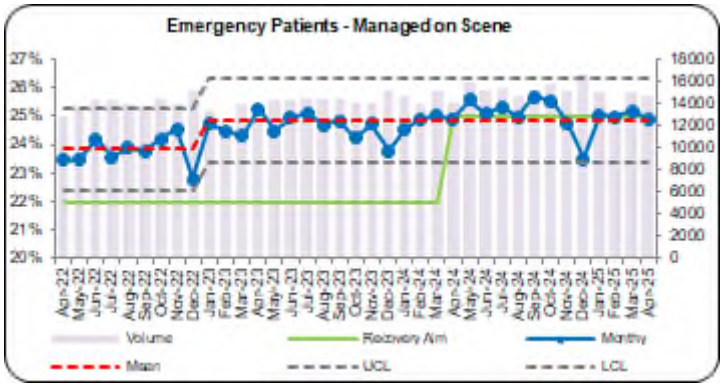
Early feedback of the proof of concept research project testing the feasibility and acceptability of the use of video triage within the Ambulance Control Centre for the assessment of acute stroke has been positive and is being formally evaluated.

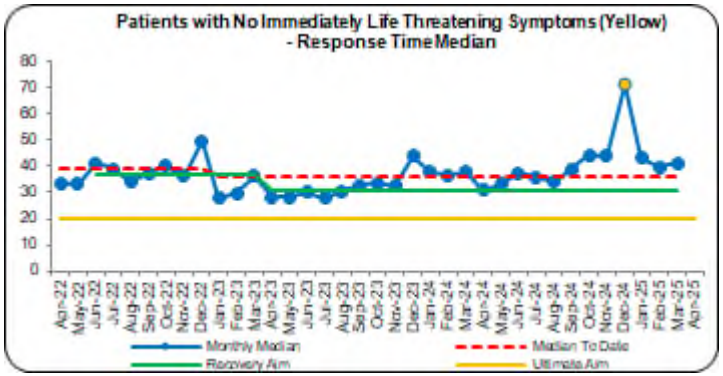
Our 999 to Thrombolysis time chart remains stable within control limits.

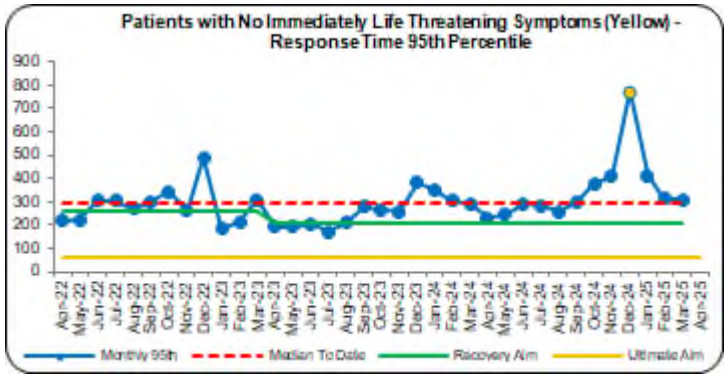
Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance











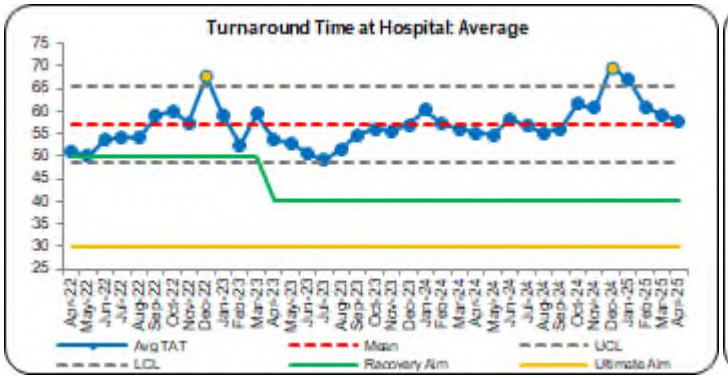
What is the data telling us?

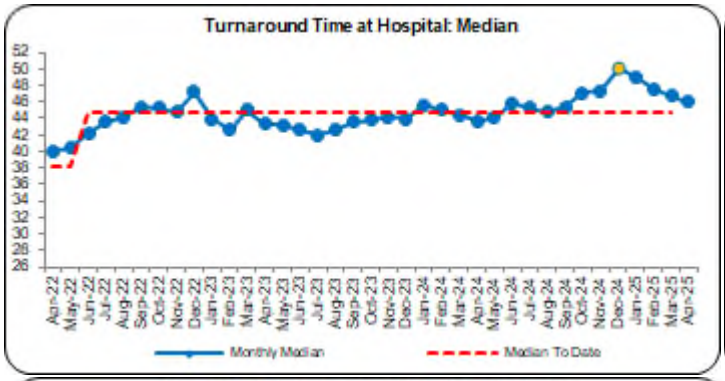
The proportion of emergency patients managed without conveyance to the Emergency Department has remained around the mean over the early part of this financial year. In April 2025 28,518 (48.6%) patients were managed without conveyance to hospital comprising 13,913 (23.7%) managed at point of call and a further 14,605 (24.9%) by our clinicians on-scene following ambulance attendance.

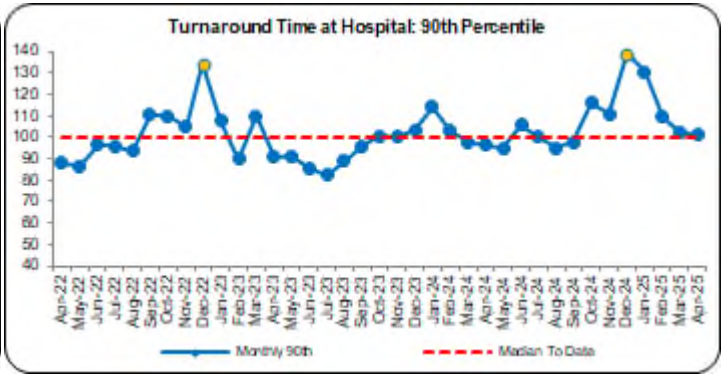
This work involves close collaboration with a range of health board partners and other stakeholders and our objectives aligned to our Annual Delivery Plan for 2025-26 include:

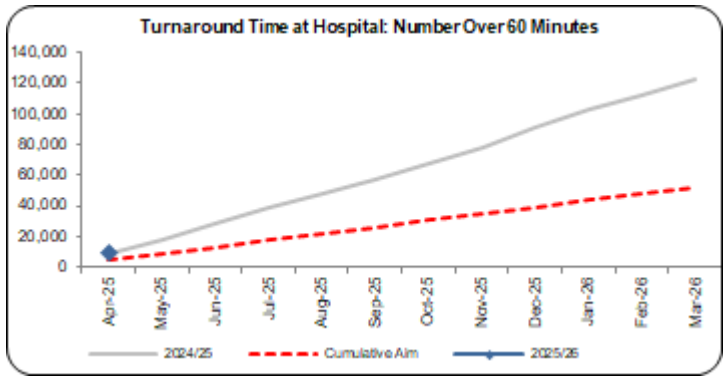
- NHS24 with the aim of improving patient experience and optimising flow - this remains a priority workstream
- Delivering Care Closer to Home – increase the numbers of patients managed in their own home/homely setting through the availability of senior decision support via Flow Navigation Centres, community pathways, primary care in and out of hours.
- Understand patient experience and outcomes including the use of patient feedback
- Improve the health and wellbeing of our frontline clinicians
- Optimise the care provided as part of our Proactive and Preventative portfolio including improving population health.

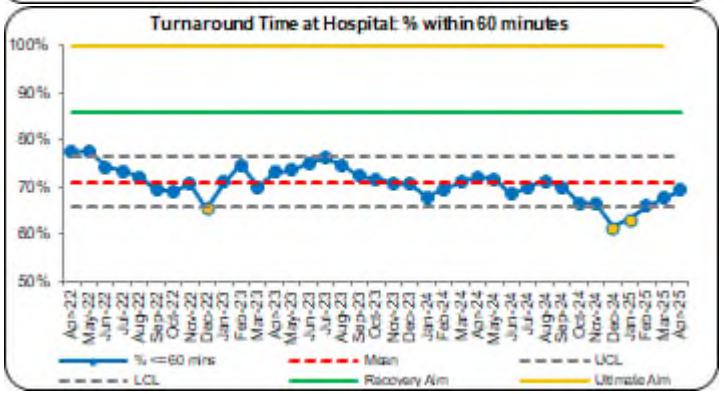
TT: Turnaround Time at Hospital











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 being carried by the Service for 999 calls awaiting a response.

The average turnaround time for April 2025 was 57 minutes 48 seconds. Our crews are, on average, spending 2 minutes 41 seconds longer at hospital for every patient conveyed when compared to April 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:

- The main area of challenge in terms of turnaround times in the East continues to be in Fife at Kirkcaldy Victoria Hospital although engagement with the site leadership team remains positive as it does at the 2 other sites which can be challenging- Edinburgh Royal Infirmary and Forth Valley Royal Hospital in Larbert.
- There is ongoing work to promote the use of available pathways across the region with a number of new pathways in development in the Forth Valley area covering palliative care. A mental health pathway has gone live although, district nursing is subject to ongoing conversation to agree inclusion criteria then approval through clinical governance routes. As pathways are implemented, they are accessed through Consultant Connect.
- Engagement continues at Tactical and strategic levels with leaders from across Health and Social Care.
- 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.
- While improvement activity is ongoing at each site with escalation and cohorting plans in place for periods of peak pressure, significant focus in the East is on developing safe and effective, patient centred alternatives to Emergency Departments.
- The regional management team are working with each of the sites to carry out a review of escalation and cohorting arrangements.

- Work is ongoing to review secondary transfers within Lothians and to review opportunities to stream patients across the system by condition.
- HALOs and wider leadership teams continue to support staff at key sites, particularly during periods of extended hospital turnaround.

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 QEUH Discharge Hub should realise positive flow improvements and support wider regional dialogue to ascertain suitable models in other regional areas.
- NHS Lanarkshire continue to experience challenges, particularly regarding ED Turnaround at Wishaw, but engagement remains positive, and we continue to engage with NHSL around the development of FNC+ and the new Monklands Hospital site development.
- Stability within NHS Ayrshire & Arran 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.
- 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.

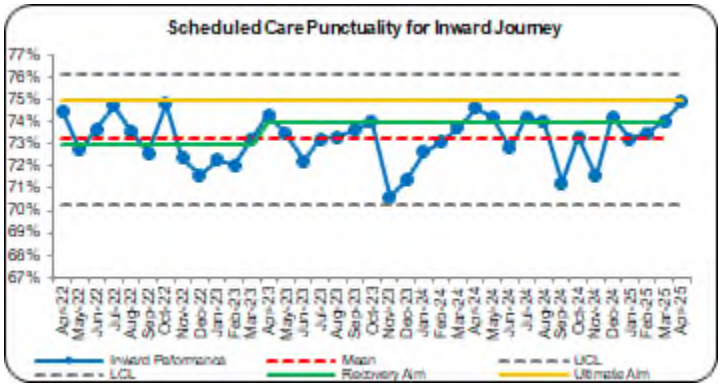
North:

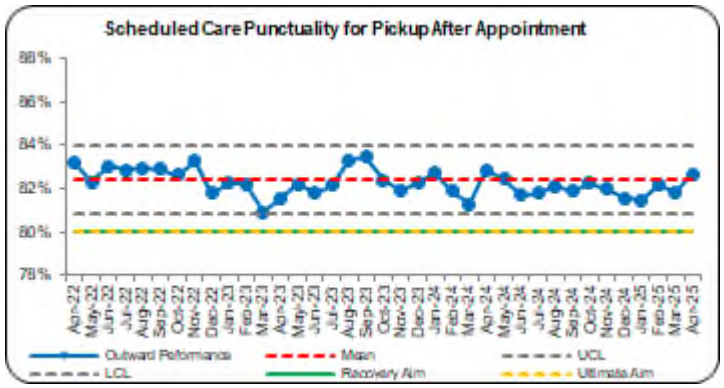
- Weekly Chief Executive meetings with NHS Grampian (Aberdeen Royal Infirmary) supported by Regional Director/Deputy at a Strategic level.
- Weekly 'Tactical' level meetings with NHS Grampian senior leadership.
- Daily 'Operational' level meetings with NHS Grampian leadership team.
- Daily SAS / NHS Highland engagement and joint working.
- Engagement with NHS Grampian to measure progress against Unscheduled Care Performance Improvement Plan.
- Collaborative 'Joint Escalation Framework' (also to be reviewed May 2025) between NHS Grampian and SAS ensuring appropriate internal escalations. Also focussing on:
    1. Rapid release of ambulance resource for ILT calls in the community and any geographical areas left without ambulance cover.
    2. Escalation process for the deteriorating patient in stack

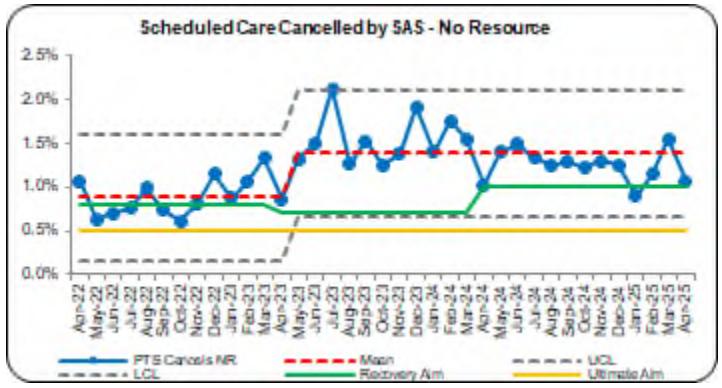
3. Process for pre-alerting ED for incoming high acuity patient
    - Following a Centre for Sustainable Delivery visit to ARI to analyse the current systems in place, the report recommended 7 key actions, two of which refer specifically to ambulance turn around delays:
        1. *The whole system board that oversees U & USC requires reorganisation to ensure strategy and operational reality are more closely aligned. (It does, though, go on to state within this aim that, "Reduction in turnaround times and elimination of stacking of ambulances has to be an explicit primary goal for leaders from across the system who are members of the board. This will only be achieved by reducing occupancy in acute services."*
        2. *The USC Board should aim to reduce occupancy in acute services to improve flow and therefore reduce turnaround times for the ambulance service.*

- Full SAS engagement with NHS Grampian from a whole system approach to progress the CfSD report recommendations. Expectation is that an improvement in ambulance turnaround times would result from recommendation action workstreams
- SAS Board / NHS G Board meeting took place on 16th March 2025
- Following the Board-to-Board meeting, the following Joint Improvement Actions have been agreed and are being worked with close scrutiny on tracking progress:
    - Joint understanding of risk and joint commitment to collaboration and improvement
    - Develop a shared dashboard
    - Jointly review the NHSG Improvement trajectory to reduce ambulance hospital handover times
    - Reduce clinical risk and harm
- The North Region continue to have in place additional resource at ARI to support frontline crews.
- Hospital Ambulance Liaison Officer and Clinical Team Leader cover at key hospital sites. e.g. ARI / Dr Grays
- Use of 'Safe to Sit' Policy where available.
- Use of Rapid Access Clinic (RAC) connected to Acute Medical Admissions Unit.
- Maximising utilisation of Flow Navigation Centre at Aberdeen Royal Infirmary and all other available alternative pathways of care.
- Continued use of cohorting at Aberdeen Royal Infirmary to enable timely crew shift change-over and mitigate against compensatory rest and non-availability of resource next shift.
- 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.
- -Engaged in Urgent and Unscheduled Care collaboration work across Territorial Board areas.
- Implementation of NHS Highland Operations Pressure Escalation Level Framework (OPEL)

SC: Scheduled Care







What is the data telling us?

The number of Scheduled Care calls remains stable at 30,693 in April 2025.

Journey demand in March and April 2025 has remained at a consistent level, taking account of seasonal variation, with 28,105 and 26,552 completed journeys respectively in those months.

Punctuality after appointment was 82.7% in April 2025 and punctuality for inward appointment was 74.9%. The percentage of Patient Transport Service cancellations by the Service in the 'No Resources' category was 1.1% in April 2025, which remains out with the revised recovery aim of 1% for 2025/26.

What are we doing and by when?

Cleric Archive

On 28th April, the system archived took place, this takes place regularly with the support from Cleric and IT. The effective archive date is 1 February 2025. This will leave us just under 3 months data in the live system. Following this archive a background archive will take place within a few weeks, to remove data that we no longer need. Cleric will take a test copy at the point of archive and run scripts on it to delete old data, if this works without issue, they will then run this on the live system.

Examples of data that will be removed include old user accounts, staff records, vehicle records, inactive clinics, and hospitals

Gazetteer

We continue to plan the gazetteer work with a date to be confirmed. There should be no system impact during this import, and a new system process will be placed on the system at the same time. The new system process will regulate future imports into the system automatically as they are released by Ordinance Survey. We have already tested this feature in our test system.

This will really remove the need for maintenance and input every six weeks, saving resource and time and with the benefit of always having the most up to date address database.

New User Interface

Cleric are applying a new APTS user interface to our test system. The new User Interface (UI) is essentially a redesign of how APTS looks and behaves as a web application using less browser tabs and is more responsive. There are some new features and some significant differences in the new UI, for example a complete redesign of the registration screen. Mostly this is visual, with fields and functionality remaining the same.

We will be entering a testing/feedback period of this with Cleric, that will see two trusts test it and give feedback. It gives us an advantage as we will be fully aware of this functionality prior to us taking an upgrade.

Upgrade

We are also due for a full APTS system upgrade. This will be scheduled for July and will see us take an upgrade and the new UI. Cleric have advised they will temporality run two interconnected live systems, so that we can train and move users over from old UI to New UI in a controlled manner. This is similar to how we moved users from the desktop to web application.

APTS to C3 Interface

This is the development to digitally send jobs from APTS to C3, MIS now have to complete their part of the development that sees a reference number sent back from C3 to APTS when a journey has been transferred over via ITK.

Capacity Management

As this module has now been approved, we are meeting with Cleric, to go through the full development. This is anticipated to be available with the upgrade.

Scheduled Care Improvement Programme

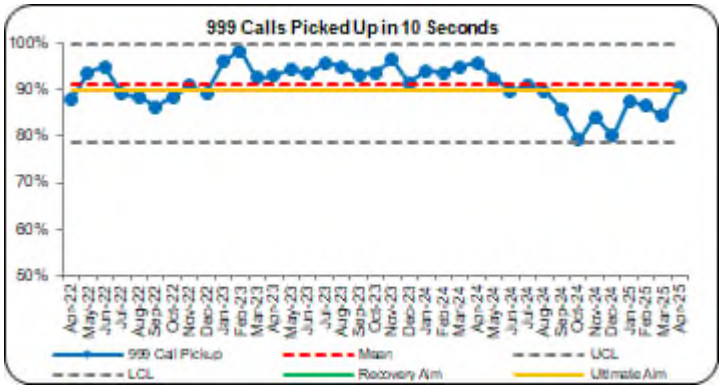
Recruitment is ongoing in line with the previously approved. 164 Ambulance Care Assistant posts required to support Scheduled Care by April 2026. This includes current vacancies, assumed attrition and progress towards reduction in the working week assuming 36 hours by April 2026. The re-rostering in-line with modelling will be managed under the reduction in the working week programme.

Agreement in place to re-categorise the Scheduled Care Improvement Project to a Programme of work due to the number of workstreams identified as part of a rescoping exercise. Work on going with key stakeholders to prioritise these workstreams to allow the Programme to be resourced accordingly.

Savings target of £600k confirmed and included in the draft financial plan for 2025/26.

Draft proposal developed focusing on trialling a Transport Hub at The Queen Elizabeth University Hospital to reduce delayed discharges and improve hospital flow. Further discussions planned with key internal stakeholders and the health board to define further.

Other Operational Measures



What is the data telling us?

The Unscheduled Care call demand has stabilised since January 2025 following demand out with the upper control limit in December 2024. In April 2025 there were 82,088 unscheduled care calls were offered with 55,584 being from public 999 lines. This was a reduction of 3,932 calls (4.6%) for unscheduled care call demand when compared to the previous April. TAS for public 999 calls saw a recovering position in April to 90.7% which is in our aim of 90%. Call escalation has returned to a Business-as-Usual mode with operational teams utilising the Call Escalation plan as required in response to non-forecasted demand spikes.

SAS recorded 428 delays of 2 minutes or more with BT, this continues to be higher than expected but should reduce as the effects of recruitment over the coming months.

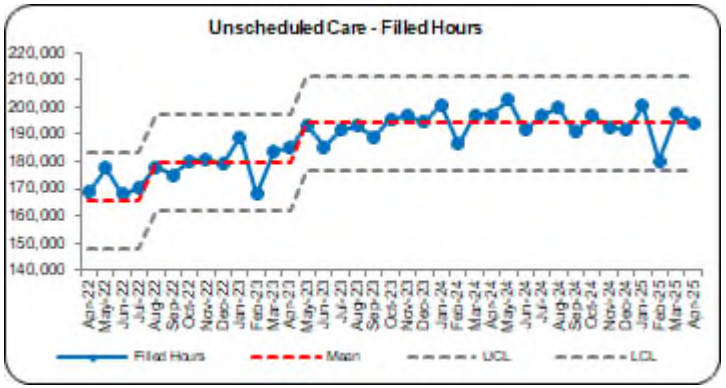
During April SAS had 104 calls rerouted through IRP to be taken by other services a decrease of 141 from the previous month, and we handled 70 calls for other ambulance services.

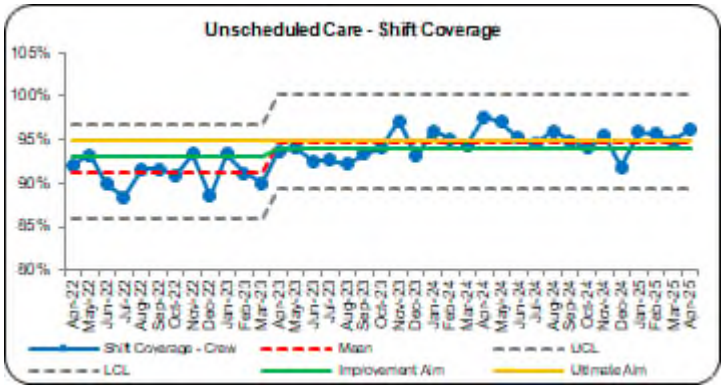
On the 24th April there was an in person meeting of the National Heads of Emergency Operations Centres (EOC), a UK wide group of senior managers from ambulance controls which was attended by SAS. At that meeting it was confirmed that NHS England (NHSE) would not extend the Intelligent Routing Platform (IRP) past the agreed date of the 30th June 2025. The was confirmed a week later in a letter shared by AACE from NHSE.

The ACCs are working on a number of mitigations to ensure that calls do not wait a substantial amount of time. It is likely that previous buddy arrangements will be restored and this means calls will then wait up to 5 minutes before being passed to another service to be answered. With our current 2 minute delays at around 400 per month it is likely that up to 25% if these may breach five minutes or more to be answered. The following mitigations are being worked on:

- Between now and the end of June we are converting 20 HCP call handlers to 999 call handlers, 12 of which should be trained and live before the 30th June. Since DPH go live the utilisation of our HCP call handlers has dropped and the utilisation of 999 call handlers has remained high.
- A VAF for additional HCP call handlers will be submitted this week, this will seek to mitigate the chance of delays further
- The BI forecasting team are taking the recent NS24 DPH data to give us a new roster shape so we can best place our relief staff against predicted demand. This will be complete and in place before the 30th June
- NHSE will work with all services to stand up mutual buddy arrangements before the 30th June.
- The Business Case for call handling WTE is in development and I expect the first draft to be available by the 16th May 2025.

Shift Coverage





What is the data telling us?

The Service recovery aim for 2024/25 is greater than 94% of accident and emergency shift coverage across the year. Throughout this financial year this has been consistently met or exceeded in every month with the exception of December. In April 2025 the shift coverage was 96.2% with 194,395 crew hours filled.

Best practice for UK ambulance services is no more than 55% utilisation. Our utilisation rate in April 2025 was 58.9% 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 quarter and forecasting for the next quarter is 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 batch of NQPs are

joining the Service throughout the winter months and we have successfully accommodated and offered positions to all NQPs that have passed all elements of the recruitment process.

There continues to be vacancies within the management structure, with minimal movement recently. Recent recruitment for ASM and Head of Service has not produced candidates suitable for the vacancies and a revised recruitment approach will be taken forward in January with a view to improving the vacancy position and filling management posts with quality appointments. Two ASMs, one internal and one external have been appointed recently but with expected attrition this will continue to be a pressure on the management team. Sickness/absence has also been a challenge within the management team which is an unusual position for the region to be in and we continue to work with the team to improve staff health and wellbeing across the management tier and administration services.

East Region:

Recruitment across the East Region has been focused on Paramedic recruitment to ensure skill mix is maintained. In the East we have made formal offers to 52 NQPs for courses planned across the coming months. 49 of these have been accepted filling our current and projected vacancies. Our focus now is on boarding these new members of staff and supporting their transition from student to autonomous practitioners.

We are also currently recruiting to ACA roles in line with our Scheduled Care Improvement work.

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 May 2024 and was 7.1% in April 2025.

The North is maintaining the region's workforce plan, with the assumptions for attrition, reduction of the working week from 37.5-37.0 hrs, and current vacancies to inform recruitment and training needs.

The North Region has identified a challenge in recruiting NQP's and experienced Qualified Paramedics to some remote and rural locations and continues to explore innovative ways in which to recruit to these locations.

National:

Scottish Specialist Transport and Retrieval Service (ScotSTAR):

- The Air Ambulance Efficiency Project continues to identify areas of improvement covering all aspects of tasking. The recent triage and tasking test of change had a significant impact on tasking activity and as a result a second test is currently underway. A draft framework has been developed and is currently being finalised, this is also being linked to the development of a Service Level Agreement.
- Paediatric Service review continues to progress and is aiming to be concluded by June 2025. Workforce and financially modelling work will be concluded by the end of May 2025.
- As part of Best Start the workforce models are currently being finalised, and the stakeholder engagement process is being finalised. Scottish Government have introduced a Tasking & Finishing Group, to support the final stages of implementation
- The implementation of the new Air Ambulance Contract is progressing, working streams and leads for the work have been identified and are supporting our aviation provider to progress the implementation plans.

Ambulance Control Centres (ACC):

- Maintain stability across the leadership team and build capacity to improve and maintain 999 call TAS
- 20 New HCP call handlers trained and progressing to 999 call handling in the coming weeks
- Digital Patient Transfer between SAS & NHS24 now live and work progressing with NHS24 to strengthen its use
- Very positive results from the Online booking process, trialled in the NHS Lanarkshire area. Work progressing to scale up this capability to other health board areas.

National Risk and Resilience Department (NRRD):

- Work to implement the new Risk Management System 'In Phase Solutions' across the Service is underway with the aim that this will "go-live" in March 2025. The October Board development session provided the opportunity to review and update the Risk Appetite. The service risk management policy will be updated in light of this during Q4 for presentation at the subsequent Audit and Risk Committee.
- There has been significant activity in relation to training provision by NRRD, including the delivery and on-going qualification of CBRN responders, and the roll out of specialist CBRN PPE. In addition, a further 6 tactical CBRN commanders have been trained. During Q4 the team will build on this progress supporting the introduction of the Multi-Agency Strategic Incident Management (MASIM) course in conjunction with SMARTEU. This will be a pilot programme and a first for Scotland.
- Phase 2 of the Civil Contingencies Response Programme (CCRP) has now been completed with project closure on November 12th and the transition of operational activity to business as usual. Full operational capability has now been declared and 2 tabletop exercises have been

run to date for assurance purposes. Q4 will focus on further assurance activity and the recruitment of the outstanding training team to support the North of Scotland. The Phase 3 Business is with Scottish Government pending a funding decision.