



PUBLIC BOARD MEETING

30 September 2026

Item 05

THIS PAPER IS FOR DISCUSSION

BOARD QUALITY INDICATORS PERFORMANCE REPORT

Lead Director Author	Michael Dickson, Chief Executive Executive Directors
Action required	The Board is asked to discuss progress within the Service detailed through this Performance Report: - 1. Discuss and provide feedback on the format and content of this report. 2. Note performance against key performance metrics for the period to end April 2026. 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 2026 against our strategic plans for Clinical, Operational and Scheduled Care where this data is available. Patient Experience, Staff Experience and Performance, Health and Wellbeing and Financial Performance are reported in separate Board papers. <u>Clinical Performance</u> Clinical performance as related to the measures in this paper remain in the main within control limits. Clinical workstreams have continued to progress over the reporting period with highlights noted within both this report and the 2030 strategy update. This report highlights our ongoing contribution to pre-hospital care across Out of Hospital Cardiac Arrest, Major Trauma and Stroke with significant engagement with partners being key elements of these workstreams.

	Strong performance is noted in terms of the volume of patients being managed either through the Integrated Clinical Hub or by our clinicians on scene with only 46.4% of demand conveyed to hospital. This signals the essential role of the Service in the wider reforms to transform urgent and unscheduled care and we remain strongly aligned to national plans and delivery groups. We are working with several partners to develop our population health approach. This includes focussed actions to identify pathfinder sites where we can agree mutual priorities using data and intelligence across several issues that would not be possible for us to tackle independently. Again, this supports the strategic aims of the Service in reducing health inequalities while raising awareness of the insights that our data can reveal.
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 2026/27 Measurement Framework. Following feedback from Board members, the format and content of this report has been revised and remains under review.

What's New

Following a review of the presentation of Board charts, the new Power BI Board Charts now provide a clearer and more consistent visual format. They strengthen trend analysis, make variation easier to identify, and support more focused discussion on key changes, emerging issues and areas requiring action.

Further information about the display and interpretation of these charts can be found on the following page.

Future Development

These charts will be available to Board members in Power BI, making them easier to access and interact with.

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Notes

Board Performance Measures

These measures are presented in the form of Statistical Process Control (SPC) charts. This ensures that statistical rigour can be applied to determine any patterns or points of note throughout the time series presented.



How to interpret these charts?

SPC charts provide an understanding of whether a metric is **improving**, **deteriorating**, or having no significant change.

The dotted lines show the upper and lower control limits – this is the variation that can be “expected”.

There are three reasons why a data point will change colour from grey. By hovering over a data point, the tooltip which appears will show if any of these three categories – including more than one – is causing a colour change.

Shift – Seven points above or below the centre line (following ten consecutive points above or below the centre line, the centre line is recalculated).

Trend – Where there are seven points consistently ascending or descending

Astronomical – statistical term for an “outlier”, where the data point is above or below the control limit

What are the icons?

Summary icons have been included to provide an at-a-glance view for users looking to establish which metrics require attention or discussion.

Icon	Technical Description
	Common cause variation, NO SIGNIFICANT CHANGE.
	Special cause variation of a CONCERNING nature.
	Special cause variation of an IMPROVING nature.

Icon	Technical Description
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.
	This process is not capable and will consistently FAIL to meet the target.
	This process is capable and will consistently PASS the target if nothing changes.

Examples

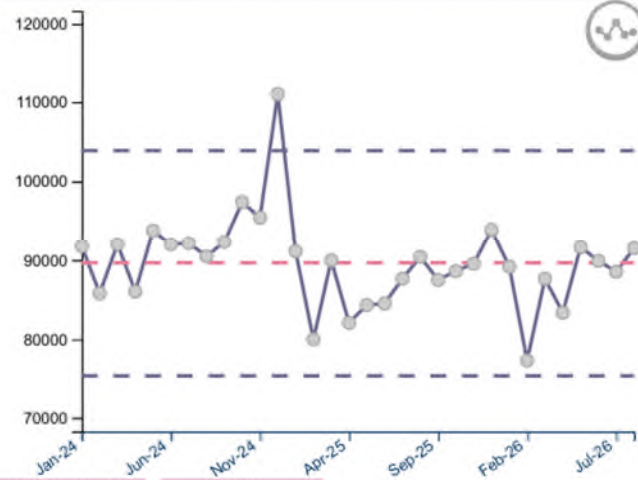
If a measure is showing the “orange HL” icons, and the orange “F” icon, then the measure is one to be concerned about and is likely to miss it’s aim.

If a measure is showing the “blue HL” icons and the orange “F” icon, then the measure is improving but still missing it’s aim.

Created by Business Intelligence - Management of Information Team

D: Demand Measures

Unscheduled Care - All Calls



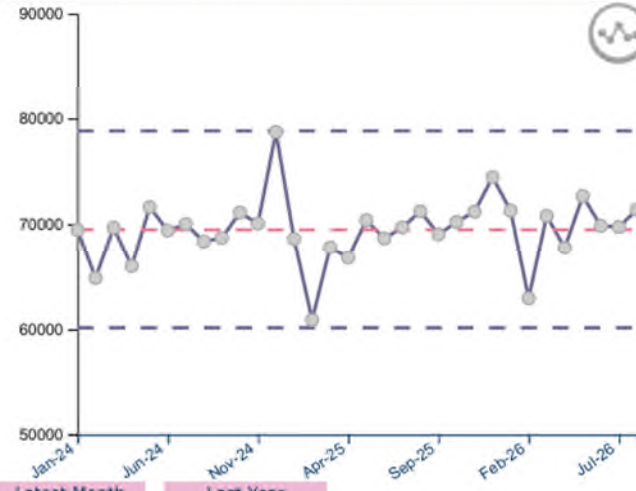
Latest Month

Last Year

91,502

90,397

Unscheduled Care - All Incidents



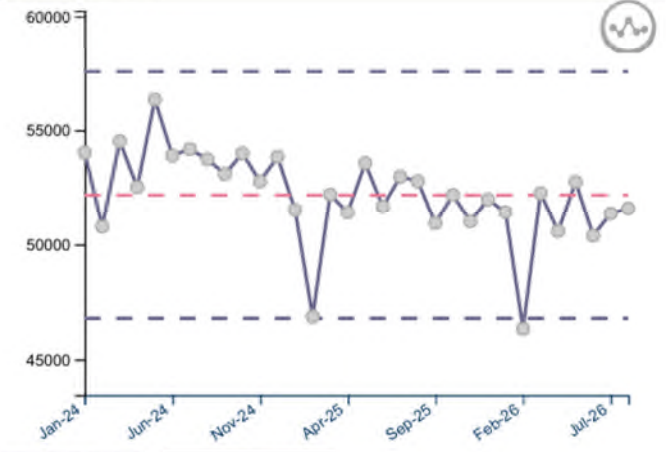
Latest Month

Last Year

71,381

71,236

Unscheduled Care - All Incidents Attended



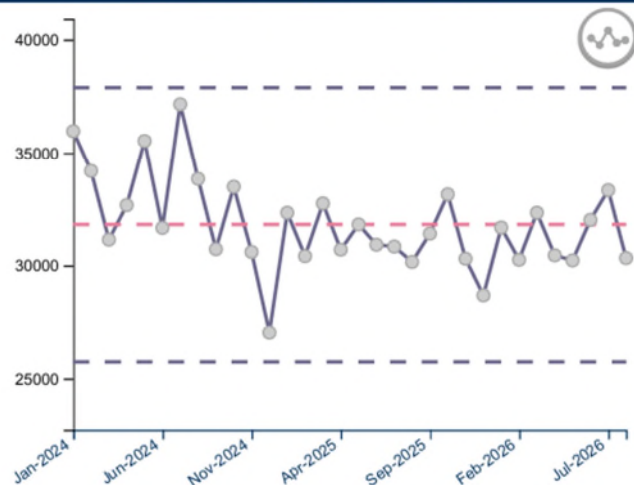
Latest Month

Last Year

51,583

52,778

Scheduled Care Calls - All Calls



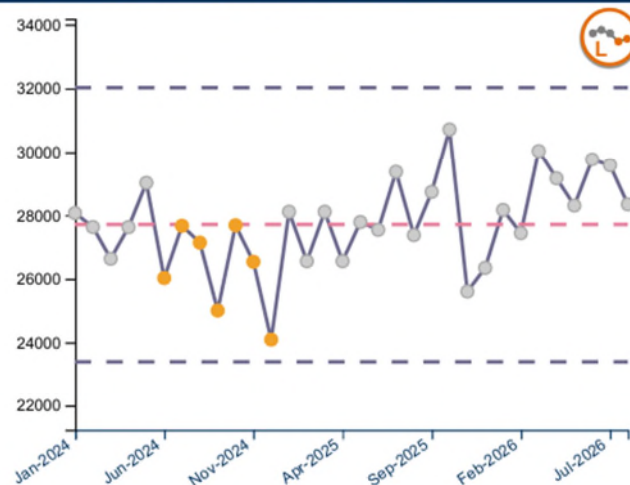
Latest Month

30,323

Last Year

30,152

Scheduled Care - Journeys



Latest Month

28,338

Last Year

27,372

What is the data telling us?

Following unprecedented unscheduled call demand (out with upper control limit) in December 2024 it has returned to within the control limits. In **August 2026**, demand experienced across the month was a **1.2%** increase on the same period last year, with **91,502** calls.

This stabilisation in call demand has resulted in a comparable pattern in the number of unscheduled care incidents recorded. In **August 2026**, there was a total of **71,381** incidents represented a **0.2%** increase compared to **August 2025**.

Why?

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

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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 throughout 2026/27. 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.

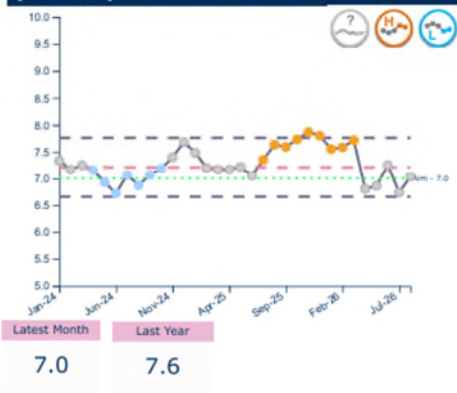
Significant work continues with hospitals to improve flow and reduce ambulance handover times. Details are included in the section of the paper specific to Hospital Turnaround.

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

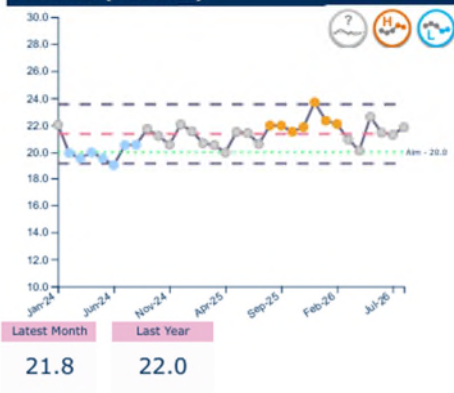
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Purple Response Category: Critically Unwell Patients

Purple - Median Response Time Minutes (decimal)



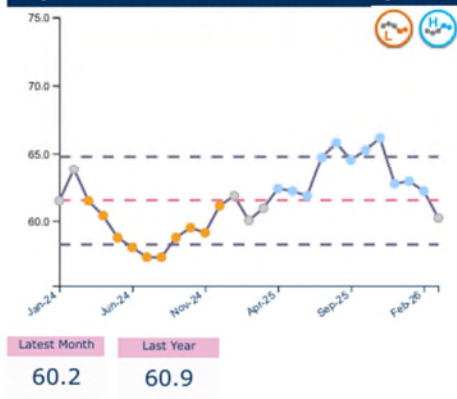
Purple - 95th Perc. Response Time Minutes (decimal)



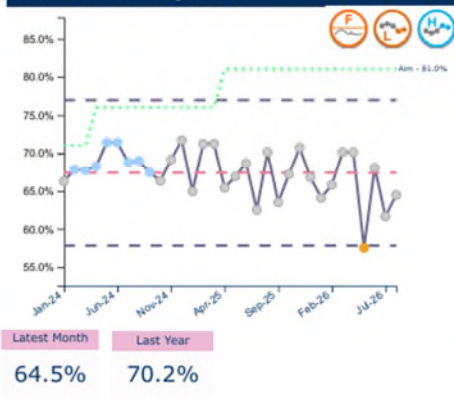
Purple Demand - Attendances



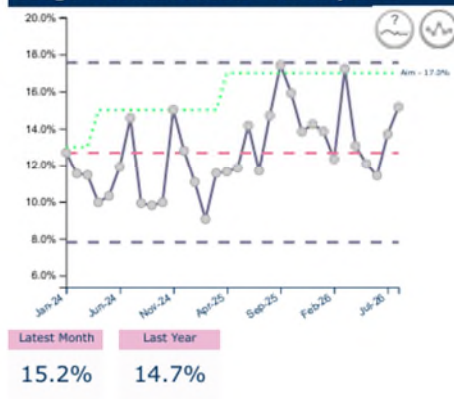
Patient 30 Day Survival - per Million Population Worked Arrests - All Rhythms



Percentage of Bystander CPR Worked Arrests - All Rhythms



Percentage of Public Access Defib (PAD) Usage Worked Arrests - All Rhythms



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. The 30-day survival figures relate up to March 2026, this is due to requirements for data linkage of the longer outcome e.g. 30-day survival. Other cardiac arrest measures that do not depend on outcome data, such as Public Access Defibrillation (PAD) usage and Bystander CPR rates are reported until **August 2026**.

Overall, the position is stable on the worked arrest outcome measure (Mortality) with the 30-day survival measure remaining within the control limits since summer 2025 albeit with some variability.

The use of public access defibrillators has mostly been above the mean since summer 2025 showing an early indication of improvement however this has dropped below the median in the last 2 months but within the lower control limit. The bystander CPR rate has remained fairly stable but briefly dropped below the lower control limit in May 2026 before returning to around average levels.

The median response time measure for May and June 2026 (process measures) fell below the mean levels. As of April 2026, after a regular review there has been a change to a single code and the colour to which it is assigned. SAS has undertaken a detailed clinical review of prioritisation through feedback from crews and data driven evidence that supports “06E - ineffective breathing” incidents being suitable for safe management as red category incidents. This accounts for a significant percentage of purple incidents. Due to these changes, it is advised that response time data from April 2026 is not comparable to previous data reported for purple and red category incidents.

During this reporting period the Out of Hospital Cardiac Arrest (OHCA) programme has continued to plan the next stages of the CareZone initiative including defining requirements in conjunction with partners. There has been a follow up discussion with stakeholders in Dumfries and Galloway being the pilot site and initial contact with identified future sites including developing the required data sets. This remains a priority project for the Service with and delivery timelines currently being produced.

Another area of focus has been stakeholder engagement in relation to the GoodSAM responder app and with SAS contributing to a user engagement group in August. This included exploring user experience, sign up, on-going engagement and responder retention. This event provided a range of useful insights and will inform engagement with potential GoodSAM volunteers going forward.

Planning for Restart a Heart Live is well underway with the final programme of events finalised and joint communications have been agreed across all stakeholders via the steering committee.

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Purple Median Times

Median response times to purple category in **August 2026** was **7 minutes 2 seconds**. We reached 95% of these patients in **21 minutes 50 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 **August 2026** shows that **53.6%** of patients were managed without conveyance to the Emergency Department.

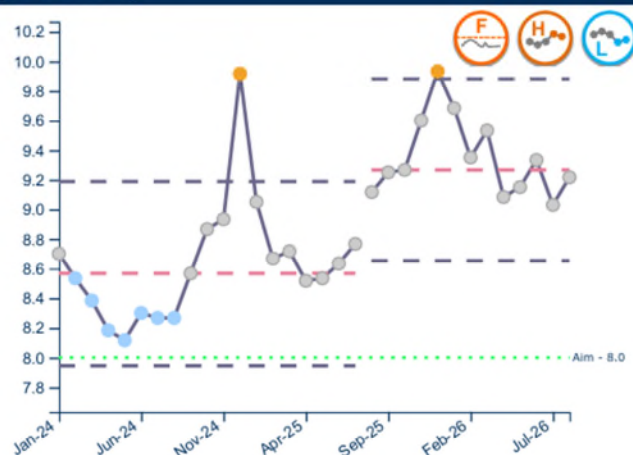
Community first responders and cardiac responders continue to play a valuable role in responding to immediately life-threatening calls across Scotland. As part of our programme of continuous improvement activity, we are exploring other opportunities and system changes to further enhance the impact of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

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.

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Red Response Categories: Patients at risk of Acute Deterioration

Red - Median Response Time Minutes (decimal)



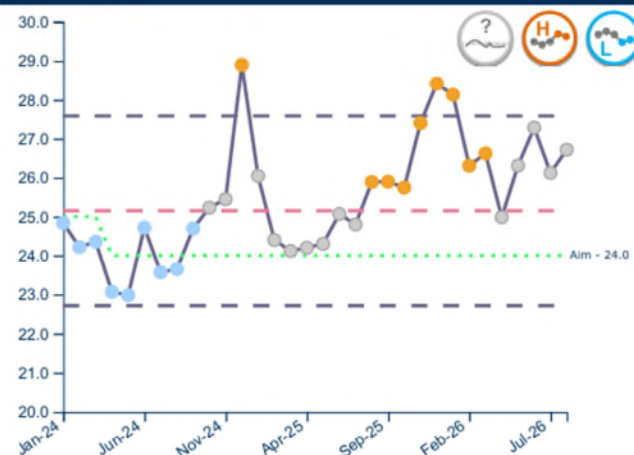
Latest Month

9.2

Last Year

9.1

Red - 95th Perc. Response Time Minutes (decimal)



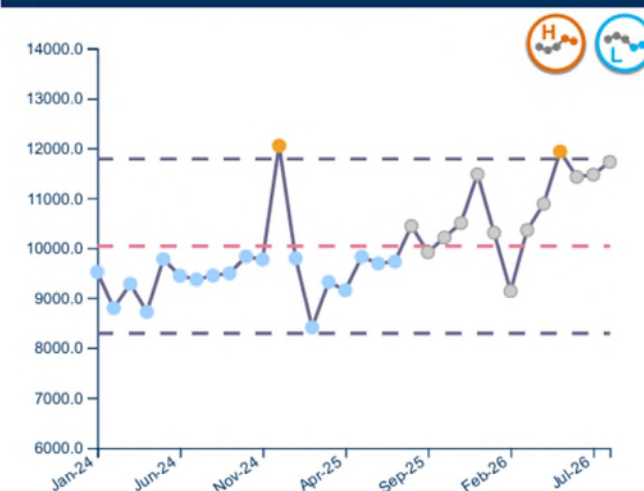
Latest Month

26.7

Last Year

25.9

Red Demand - Attendances



Latest Month

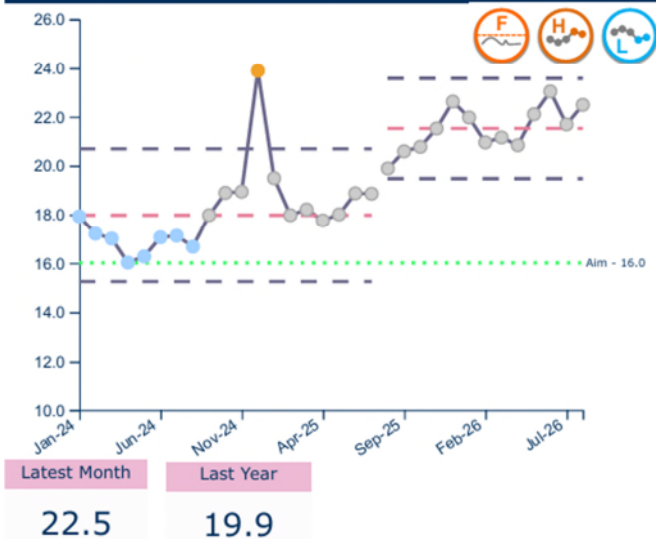
11,722

Last Year

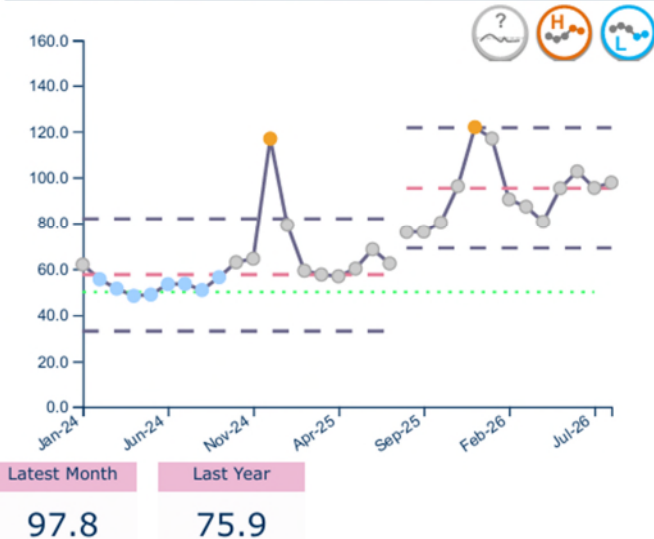
10,438

Amber Response Categories: Patients requiring Further Specialist Intervention

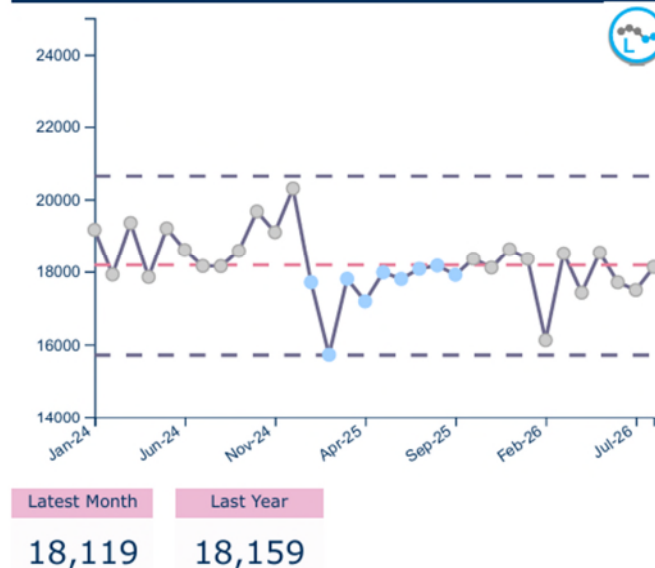
Amber - Median Response Time Minutes (decimal)



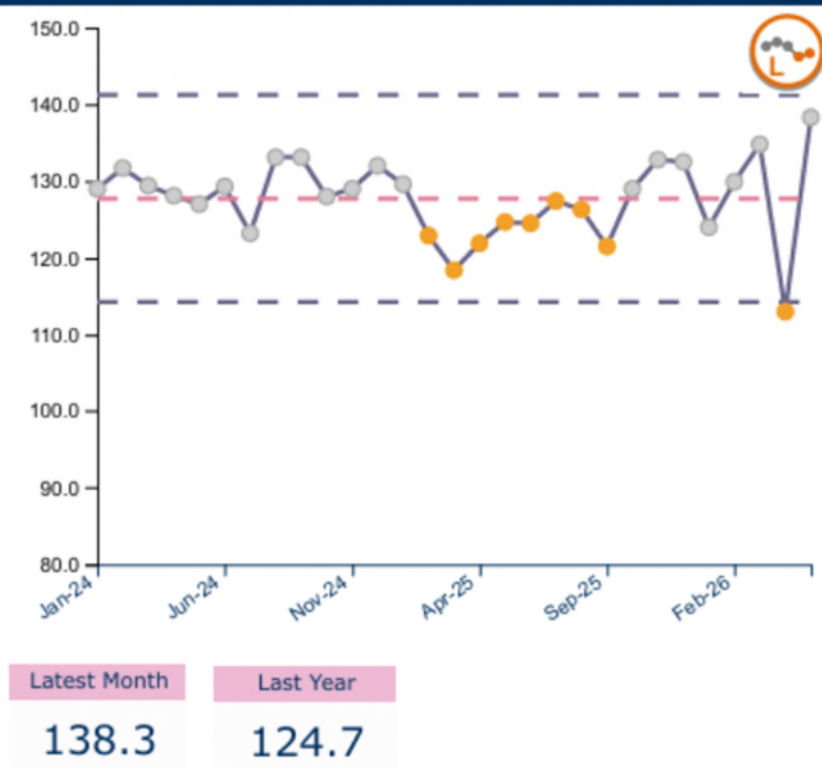
Amber - 95th Perc. Response Time Minutes (decimal)



Amber Demand - Attendances



Stroke - Call to Treatment (Thrombolysis)



What is the data telling us?

In **August 2026** we attended 50% of red category incidents within **9 minutes 13 seconds** and 95% within **26 minutes 43 seconds**. As noted on page 9 response time data from April 2026 is not comparable to previous data reported for purple and red category incidents.

The median and 95th percentile response times for amber categories of call have seen a period of increase since the early part of 2025 due to increased pressure on the Service and the wider Health and Social Care sector. In **August 2026** we attended 50% of amber category incidents within **22 minutes 29 seconds** and 95% within **97 minutes 48 seconds**.

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Our Major Trauma clinical workstream is a key partner in the Scottish Trauma Network (STN).

It has been agreed with the STN that the Major Trauma Triage Tool (MTTT) will be reviewed by a focus group chaired by the Consultant Paramedic for Major Trauma. This work will now take place after the SAS major trauma peer review is completed because findings from the Peer Review may inform proposed changes to the MTTT. This work will now continue into 2026/27.

The Critical Care Desk review has now been completed, and the findings have been shared with key stakeholders in relation to the identified improvement actions that will be progressed.

As part of our role in supporting the planned expansion of Thrombectomy we have hosted a visit to Ambulance Control Centre and ScotSTAR with the national Stroke team. This was very informative in terms of describing SAS role both in Stroke and Thrombectomy and positive feedback has been received. Our anticipated requirements to support delivery of an expanded Thrombectomy programme are currently being developed for submission and consideration.

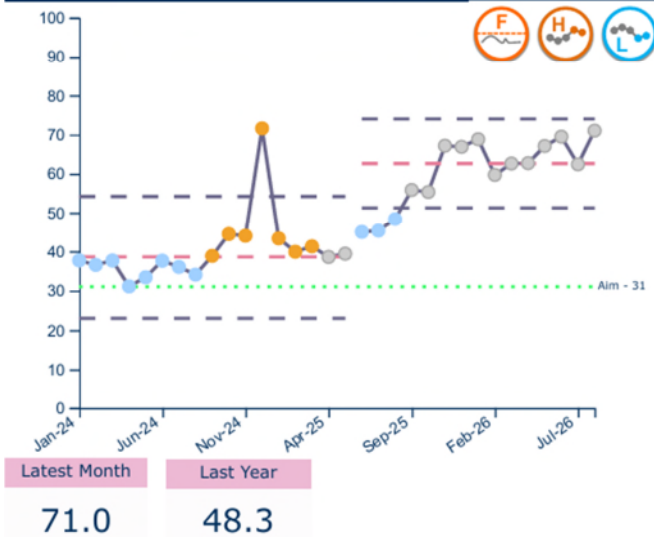
SAS submission to the Scottish Stroke Care Audit Annual Report has been completed.

The call to Thrombolysis time chart was stable between September 2025 and March 2026. In April and May 2026, the data showed more variation, moving below the lower control limit before rising close to the upper control limit.

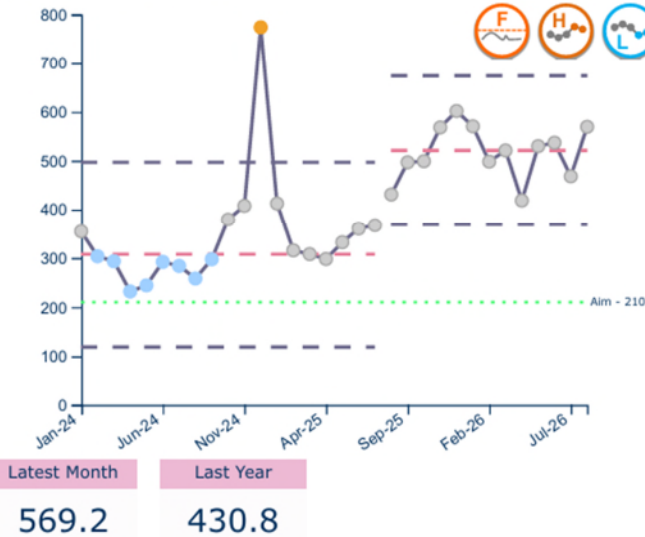
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Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance

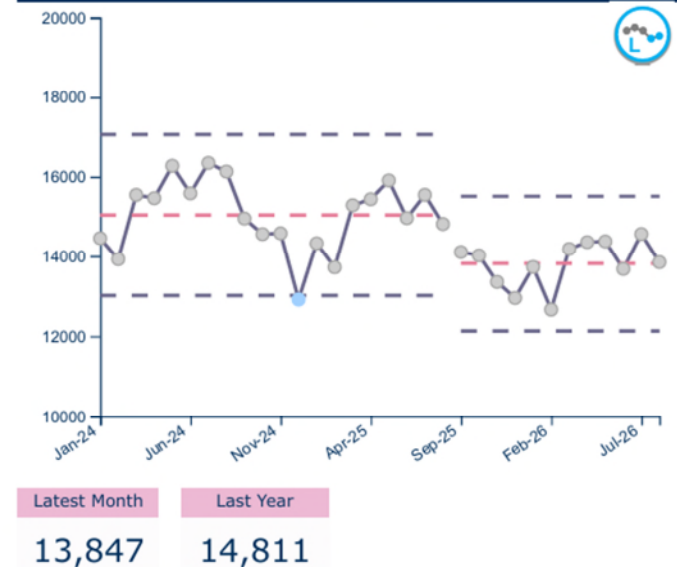
Yellow - Median Response Time Minutes (decimal)



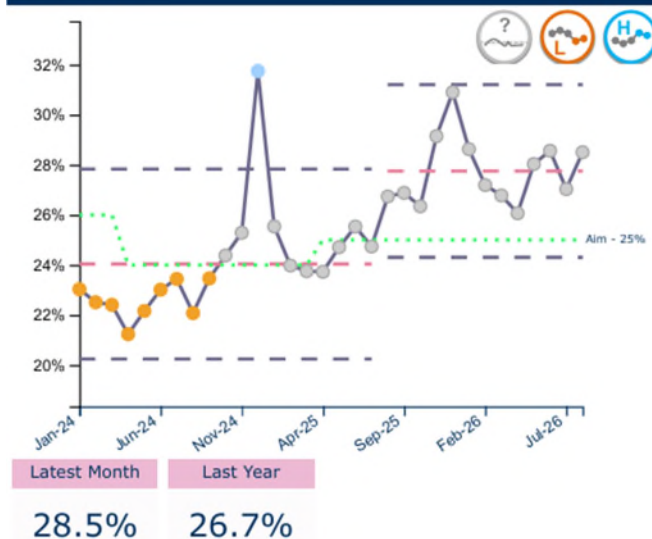
Yellow - 95th Perc. Response Time Minutes (decimal)



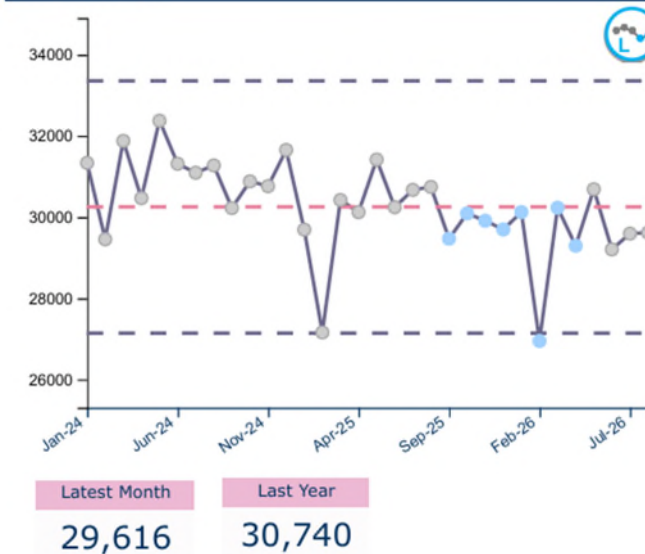
Yellow Demand - Attendances



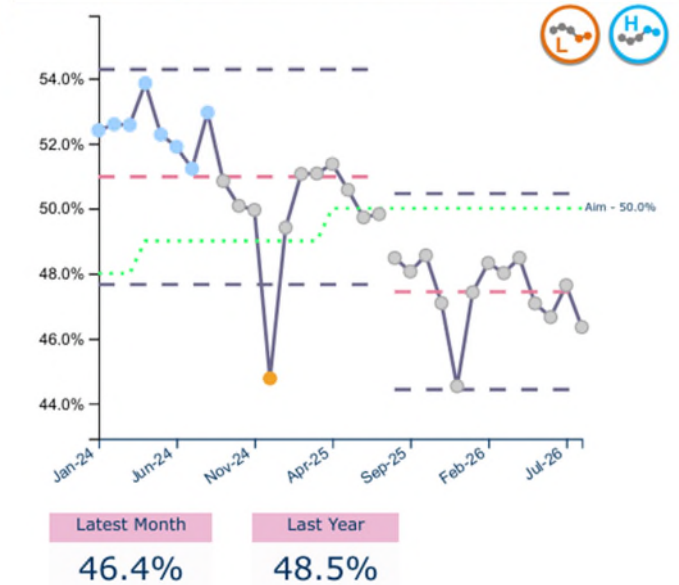
Emergency Patients Managed at Point of Call



DEMAND: Unscheduled Care - Conveyed Incidents



Emergency Patients Conveyed %



What is the data telling us?

We continue to provide significant volumes of 'urgent care' in addition to our emergency response. These patients may often be better supported through clinical care out with a traditional ED pathway and to achieve this we are working in collaboration across NHS Scotland territorial health boards as well as primary care and out of hours services and NHS 24.

In **August 2026** we managed **53.6%** of all calls which comprised **18,212 (28.5%)** managed at point of call and a further **16,604 (25.1%)** by clinicians on-scene following ambulance attendance conveying only **46.4%** of overall demand to hospital.

- The Integrated Clinical Hub continues to consolidate its position and following approval of the proposal to adopt this as a permanent delivery model the recruitment of permanent posts is now underway. Planning for winter delivery is now underway with the aim of ensuring more patients receive care closer to home, while reducing pressure on frontline services and enhanced the resilience of the wider urgent and unscheduled care system. The Integrated Clinical Hub is a key element of the wider system aspirations to improve navigation with ongoing collaboration with NHS24 remaining a priority as well as engagement with other partners with the aim of optimising flow.

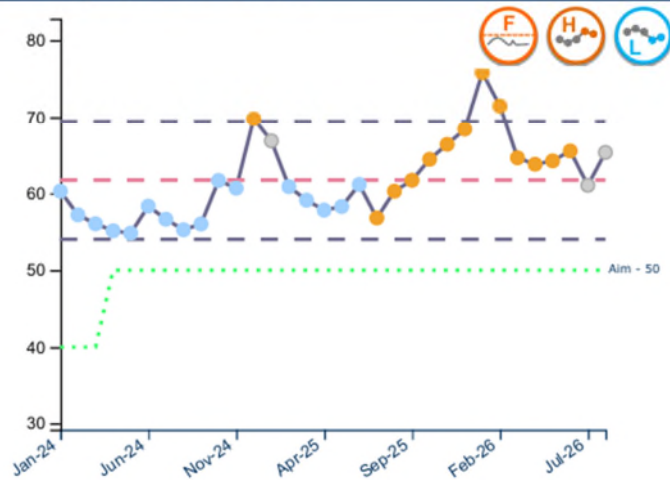
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- As part of the national strategic aim to deliver more care closer to home we continue to work with partners to actively contribute to the planning and delivery of services through data and insights. We have a range of clinical workstreams which are designed to support our frontline clinicians to safely and effectively manage a range of presentations closer to home. This includes our mental health and palliative care workstreams as well further improving access to senior decision support via our Integrated Clinical Hub and Flow Navigation Centres to deliver improved patient experience and outcomes. We continue to see increased numbers of patients being managed without conveyance to hospital and have identified a range of improvement actions in advance of winter to further strengthen this. Developing our approach to actively seeking and utilising patient experience feedback is providing useful insights that will support us as we further expand the impact and benefit of care where the patient has not been conveyed to hospital. We plan to increase the frequency of surveys over the winter period and use the information collected to inform further redesign opportunities as well as sharing this with frontline clinicians and pathways providers.

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TT: Turnaround Time at Hospital

Average Turnaround Time at Hospital - Emergency Patients



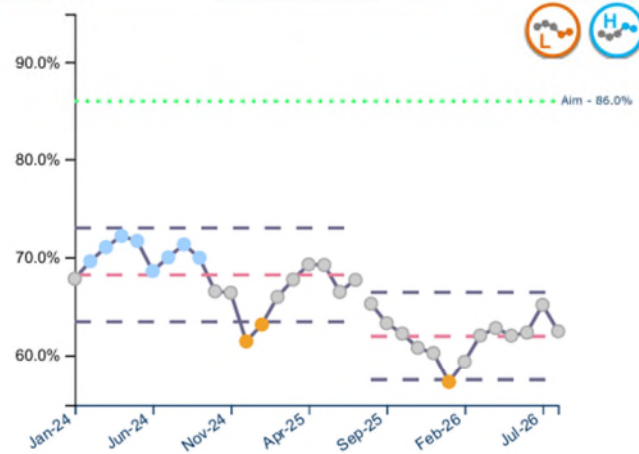
Latest Month

65.3

Last Year

60.2

% Turnaround Time at Hospital ≤ 1 Hour (arrival to handover < 45 mins)



Latest Month

62.5%

Last Year

65.3%



What is the data telling us?

We continue to experience variation in Hospital Turnaround Times that remain at levels significantly higher than have been seen historically. Increased turnaround times reduce availability, displace resources, increase service time and utilisation, therefore increasing the clinical risk to patients because of 999 calls awaiting a response in the community.

The average turnaround time for **August 2026** was **1 hour, 05 minutes, 18 seconds**. This is **5 minutes and 3 seconds** higher than **August 2025** reflecting a sustained increase in the average time our crews are spending at hospital.

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 and in some cases in cohorting spaces coordinated and managed by ambulance staff for prolonged periods of time, delaying access to required care and increasing the potential for harm.

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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 numbers are being further increased on a temporary basis by Health Boards in line with winter planning and unscheduled care funding.

The agreed 'Principles for Safe Transfer to Hospital', outlines the target to achieve a safe handover of patient at hospital within 15 minutes.

The NHS Scotland Operational Priorities Letter of 13 July 2026 requires a whole-system approach to urgent and emergency care and identifies ambulance turnaround times with a maximum of 45 minutes. It places this alongside hospital occupancy, delayed discharge, average length of stay, frailty services, Hospital at Home and mental-health pathways. This confirms that ambulance delay is a symptom of wider system flow and cannot be resolved by SAS action alone.

The Service's three Regions continue to undertake improvement work in collaboration with their respective Health Boards and is coordinated through the SAS national workstream 'Improving Hospital Turnaround Times'.

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:

- Three of the sites across the East saw an improvement in average turnaround times during August (The Victoria in Fife, St Johns and Borders General).
- Regular operational, tactical and strategic level engagement takes place with sub-regional teams and local health boards. These discussions continue to have a focus on patient safety and shared risk regarding the impact on delayed patient handover times.
- HALOs and wider leadership teams continue to support staff at key sites, particularly during periods of extended hospital turnaround. There is a focus on wider flow through sites with support being provided to ensure discharges are identified early and managed as efficiently as possible. HALOs are now reporting on the longest daily turnaround cases and actions taken to prevent similar delays at each site.

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- In all sub regions focus continues on wider flow through sites to ensure effective, timely discharge of patients maximising use of available resources.
- A range of improvement activity is being taken forward focused on **reducing turnaround and unavailable time to maximise responding resource availability. This 'Minutes Matter' campaign has been coproduce and is being jointly delivered in partnership commencing with senior team-partnership joint visits to hospital sites to gain staff input to improvement plans and identify opportunities for further improvements.**
- The region continues to work closely with Flow Navigation Centres across the Region- a test of change continues in Lothians with Paramedics based within the Flow Navigation Centre supporting decision support and optimising pathway navigation as part of the wider team. Initially this was rolled out to a small number of station locations but now covers all Edinburgh, East and Mid-Lothian station.
- Focus on development and engagement with pathways continues in all sub-regions including **working with NHS Fife developing mental health pathways which includes a mental health nurse now embedded within the FNC. A mental health car response model will restart in Fife in October.**

West:

- Increased pressure and significant turnaround times in Ayrshire and Lanarkshire have had a negative impact on Service delivery. Engagement with both boards included the discussion of revised escalation plans and with these new plans in place there has been a positive shift towards the end of June.
- The QEUH Discharge Hub continues to see an increase in discharge activity with less cancellations and increased on the day requests. There have been overall positive flow improvements. Following further discussion with NHS GG&C the FNC+ model have moved to a call to convey model which is supported by an additional Advanced Practitioner and a Paramedic on a 7 day roster.
- NHS Lanarkshire continues to experience challenges, particularly regarding ED Turnaround at Wishaw, but engagement remains positive with NHSL around the development of FNC+ and the new Monklands Hospital site development. In partnership with the pathways team the regional leadership team have developed a Pathways network who will lead peer to peer conversations to promote the use of FNC+ and reducing barriers. Regional Director continues to engage with the Health Board with a view to making further improvements at the Wishaw site and a formal meeting with the Director of Acute Services has been facilitated. A monthly performance meeting between SAS and NHSL is in place supported by the Clinical Pathways team. An ongoing project to deliver a discharge hub and improve hospital flow is also in development with a discharge hub central to the development.
- NHS Ayrshire & Arran sites continue to experience surge pressures. Engagement with the senior team in NHS A&A continues. Regional Director meets with the A&A senior team weekly to apply focus to the application of the joint escalation plan that has now been reviewed and updated.
- Additional HALOS in place in Ayrshire and Lanarkshire, and Glasgow Royal sites working across seven days. HALO cover has been extended over the calendar year in NHS A&A and a case is being developed to extend the HALOs in situ in Glasgow. HALOs and wider leadership teams continue to support staff at key sites, particularly during periods of extended hospital turnaround.
- Site meetings are focussed on patient safety and risk associated with SAS resource being unavailable due to increase handover delays.

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- A range of improvement activity is being taken forward focused on ensuring pathways are developed, with the FNCs accessed through a single point of contact. This includes the development of a Technician response car and a Paramedic in primary care model in Greater Glasgow which is still ongoing.
- The regional winter plan has been reviewed and as part of our wider winter preparedness and a winter debrief has taken place to learn of the impact of these measures that worked well over Winter. A winter planning exercise is planned for late Summer/early Autumn with staff side discussion around maintaining positive lessons learned from last winter and new ideas to take forward for this winter.
- The West Regional Director is now in place as co-chair of the Improving Access function of the Scot West sub national planning structure and supports the Flow working group as part of the same structure.
- Core shift coverage has decreased since the RWW go-live and robust recruitment is underway to recruit new NQPs in the next cycle.

North:

- Weekly strategic meetings with NHS Grampian (Aberdeen Royal Infirmary) supported by SAS CEO / Regional Director / Deputy Regional Director
- Weekly 'Tactical' level meetings with NHS Grampian senior leadership.
- Daily 'Operational' level meetings with NHS Grampian leadership team.
- Daily SAS / NHS Highland engagement and joint working.
- Engaged in Urgent and Unscheduled Care collaboration work across Territorial Board areas.
- Implementation of NHS Highland Operations Pressure Escalation Level Framework (OPEL)
- Engagement with NHS Grampian to measure progress against Unscheduled Care Performance Improvement Plan.
- 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.*
- Collaborative 'Joint Escalation Framework' between NHS Grampian and SAS ensuring appropriate internal escalations. Also focussing on:
 1. Rapid release of ambulance resource for ILT calls in the community
 2. Escalation process for the deteriorating patient in stack
 3. Process for pre-alerting Emergency Department for incoming high acuity patient
- Enhancement of HALO team based at ARI with extended hours of operation / coverage. (Fully NHSG Funded 2026/27)
- HALO cover also provided at Dr. Gray's hospital in Elgin.

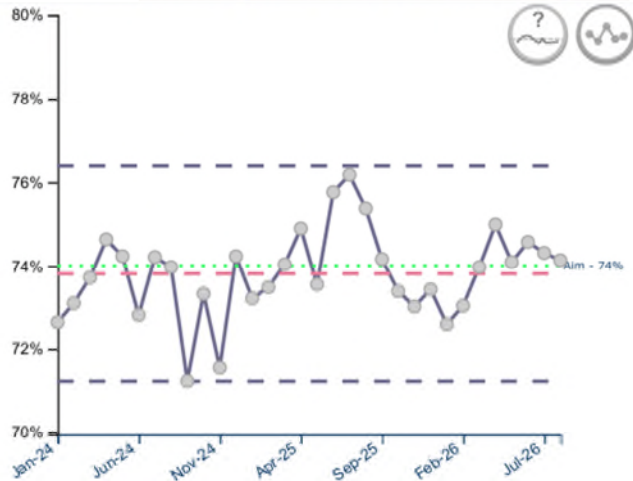
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- Introduction of HALO cover at Raigmore. (Engaged with NHSH regards the potential NHSH funding)
- Use of 'Safe to Sit' Policy where available.
- Use of Rapid Access Clinic (RAC) connected to Acute Medical Admissions Unit.
- Hospital Arrival Screens in place at ARI, Dr. Gray's and Raigmore hospitals.
- Maximising utilisation of Flow Navigation Centre as a 'Call before Convey' at Aberdeen Royal Infirmary and all other available alternative pathways of care. FNC currently subject of enhancement and expansion as part of NHSG Improvement Plan to increase the number of calls coming through the hub to maximise patients being managed through alternative pathways.
- SAS cohorting.
- NHSG are working to an improvement plan trajectory to affect no ambulance waits over 2 hrs, and until improvement is maintained. 88% of ambulance arrivals to be clinically handed over within 60 mins by end of September 2026 and 76% within 30 mins by Mar 2027.
- This is a NHSG aim to develop, build on and maintain appropriate behaviours and action to enhance flow and pull of patients through the system and away from current 'pooling' at hospital front doors. Unfortunately, breeches are still occurring on these aims when the hospital flow has ground to a halt.
- NHSG also currently testing their Transport hub to coordinate patient movements with the ultimate aim of enhancing opportunity to discharge. SAS are supporting with a dedicated SAS Patient Transport Resource and Transport coordinator embedded within hub. Funding secured to extend coordinator role until Sept 2027.

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SC: Scheduled Care

PTS Punctuality for Inward Journey



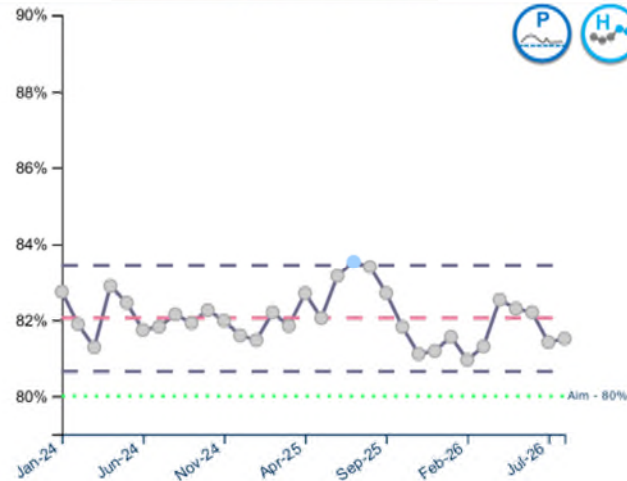
Latest Month

74.1%

Last Year

75.4%

PTS Punctuality for Outward Journey



Latest Month

81.5%

Last Year

83.4%

PTS Cancelled by SAS No Resource



Latest Month

1.8%

Last Year

1.1%

What is the data telling us?

The number of Scheduled Care calls remains stable with **30,323** in **August 2026**.

Journey demand in **August** was higher than usual seasonal demand however remains within the control limits (normal variation). We undertook **28,338** completed journeys in **August 2026**.

Punctuality after appointment was **81.5%** in **August 2026** and punctuality for inward appointment was **74.1%**. The percentage of Patient Transport Service cancellations by the Service in the 'No Resources' category was **1.8%** in **August 2026**, which is within the above the recovery aim of 1% for 2026/27.

What are we doing and by when?

Performance Management

Scheduled Care has recently implemented the first stage of National Performance management, working on a rota basis a supervisor will have responsibility for managing not ready codes such as reflection, wrap up and assisting colleague. This is in place as a support action and the performance supervisor can identify issues quicker and check if the call taker requires some assistance or has any welfare concerns. Comfort breaks are not part of the monitoring, however if there is a concerning long break the site supervisor will be alerted, again in case there is a welfare concern. The next stage of the performance management will be the introduction of an escalation plan which is currently being developed.

The December data demonstrates continued consolidation of the performance management, with overall national Not Ready time at **15.8%**, broadly stable and within expected tolerance during winter pressures and seasonal leave.

At site level:

- East: Not Ready sits at 14.26%, the lowest nationally. This reflects improvement in wrap-up management.
- North: The highest site-level figure at 18.61%, driven primarily by increased amounts of assisting colleague time and some longer durations of wrap-up. However, the pattern remains consistent with North's call profile and does not suggest deviation from expected behaviour.
- West: Performance is stable at 16.72%, with a moderate rise in December linked to higher seasonal call flow and several prolonged support interactions. Coding accuracy has improved, reducing unexplained or default Not Ready usage.

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Across all three ACCs, welfare triggers via extended comfort breaks were minimal and quickly checked, with supervisors monitoring both performance and wellbeing. Training-related Not Ready time remains proportionate to ongoing mentoring and development needs associated with the October intake

Recruitment

Recruitment activity remains on track and continues to build on the progress reported in November. All twelve Scheduled Care Coordinators recruited during the October intake are now in post, with their initial training successfully completed across both East and West

This marks the full implementation of the first phase of expansion described in the previous update.

Work is now underway to prepare for the January recruitment round, which will seek to appoint a further ten Coordinators. This cohort will be allocated across the regions as follows: East (four), North (two) and West (four). Training for this intake is scheduled to begin in March, with the expectation that all new starters will go live at the beginning of the new financial year. This phased approach ensures continuity from the October intake while supporting each ACC to build capacity in a managed and sustainable way.

Looking ahead, the programme remains aligned to our broader workforce plan, with continued focus on ensuring each cohort receives consistent training, appropriate support, and a smooth transition into live operations.

Scheduled Care Improvement Programme

Progress across the Scheduled Care Improvement Programme remains on track. Recruitment activity continues, supported by engagement with Business Support Managers, while the refresh of Scheduled Care modelling is progressing and will provide the foundation for the planned Demand and Capacity review.

A paper is in development detailing the national Timed Admissions pathway proposal and how this will be resourced to support delivery. Once finalised, this paper will be shared with the Executive Team for review.

Progress within the Technology workstream remains on track following completion of the SQL upgrade. The Cleric system upgrade has been scheduled to March 2027 to align with forthcoming software releases thus avoiding the need for multiple upgrades. Further engagement with

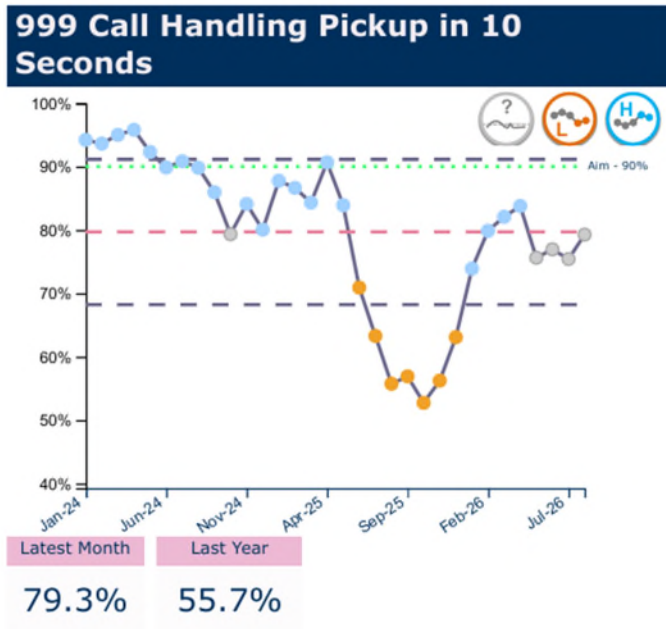
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operational and IT stakeholders will support the development of a prioritised technology roadmap focused on operational improvement and organisational value.

Positive progress continues within the Transport Hub workstream, with benefits being demonstrated across several Health Boards. Focus is now on supporting further implementation, embedding the model and reviewing performance measures. The revised ACA and ACA Urgent Tier job descriptions have been shared for final post-holder consultation. Once complete, the final job descriptions will follow the appropriate governance process.

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Other Operational Measures



What is the data telling us?

In August, 999-call demand rose by 8.7% compared to August 2025. The ACCs dealt with 65,521 999 calls in August compared to 60,253 in August 2025.

TAS in August was 79.3%, increasing from 75.4% in July. TAS in August 2025 was 55.7%.

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SAS recorded 1,725 delays of 2 minutes or more with BT. This was the third highest (11th) recorded across the other UK Ambulance Services and was a decrease of 464 compared to July.

The recorded average time to answer with BT for public 999 calls was 17.2 seconds, and this placed SAS 11th out of 13 UK Ambulance Services. This is a 2.4 second decrease compared to July.

What are we doing and by when?

Continuing to implement the Ambulance Control Centre (ACC) improvement programme, with work progressing across operational performance, leadership, workforce and service resilience.

The Urgent Disconnect and Escalation process is due for sign off at Clinical Advisory Group at the beginning of October and will be fully implemented before December.

Adherence Report training for supervisors and managers will be completed by the end of September and will go live the following week. This improved real time view of call handler activity will strengthen on day decision making and support availability of staff to answer 999 calls.

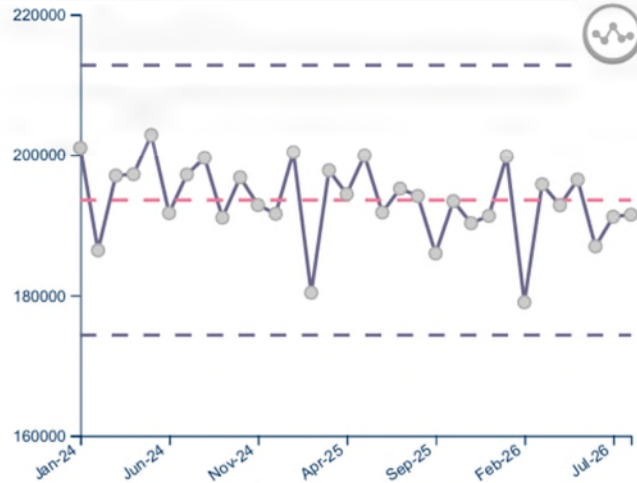
Introduction of the ACC Performance Storyboard, providing a consolidated view of operational performance, workforce metrics, service pressures and recovery activity to support leadership oversight and decision making.

Continuous review of ACC onboarding for winter through the ACC Winter Planning Group will provide assurance that we are in the strongest position, from a people employed perspective, to deal with the increased demand.

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Shift Coverage

UC Filled Hours



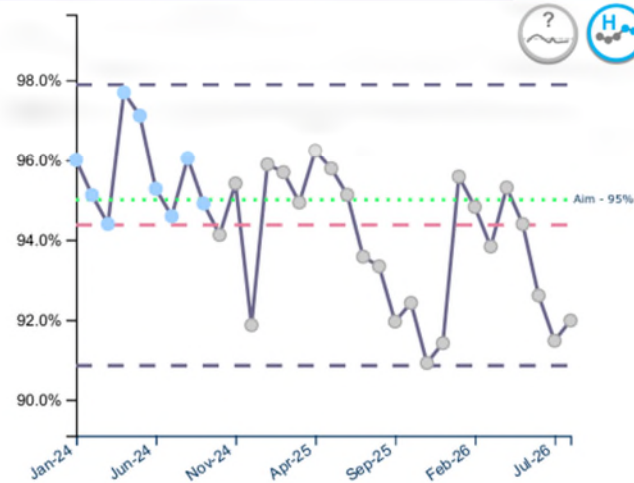
Latest Month

Last Year

191,476

194,130

A&E Shift Coverage



Latest Month

Last Year

92.0%

93.3%

What is the data telling us?

The Service recovery aim for 2025/26 is greater than 95% of accident and emergency shift coverage across the year. Throughout the first quarter of 2025/26 this was consistently met or exceeded in every month. Between July and December 2025 this shift coverage proved more challenging but recovered in the first 4 months of 2026. In **August 2026** the shift coverage was **92.0%** with **191,476** crew hours filled.

Best practice for UK ambulance services is no more than 55% utilisation. Our utilisation rate in **August 2026** was **62.3%** 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:

Shift coverage has been stable and operating around 93% in March and 94.5% in April. Incremental improvements in sickness absence and focus on vacancy management is stabilising operational cover across Scheduled and Unscheduled Care.

All NQPs that were previously on 24hr contracts are now transitioned to a full time 36hr contract. Planning for the new intake of NQPs post summer 2026 is underway.

- Daily and weekly coverage-level forums are in place.
- HR supported local sickness management action plans.
- Continued revision of the Region's workforce plan and workforce forecasting arrangements.
- Review of Resource Planning arrangements and performance and action plan in place.
- Ongoing recruitment and training with key dates identified and recruitment sessions planned to maximise course places.
- Leadership Team holding wellbeing conversations with operational staff to sign post staff to staying well support.
- Maximising the use of Bank and Annualised hours staff
- Working to reduce abstractions by cancelling LIP and statutory and mandatory training

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East Region:

Operational shift coverage increased across August to 92.8%. Operational shift cover continues to be impacted by a high sickness absence rate which reached 9.27% during August. NQP recruitment is ongoing which will support resilience in operational cover and we are working to maximise the NQP intake and the numbers available for shift uptake in advance of winter. The region continues to review a random sample of absence cases each month to identify ongoing learning and improvement opportunities along with understanding the staff experience through the attendance management process.

The regional team continues to focus on minimising controllable abstractions balancing the requirement to ensure staff are appropriately trained and supported with ensuring safe levels of staffing.

The resource planning function is critical in planning and maintaining operational cover levels. Increases in flexible working arrangements have added a degree of complexity to rostering. In order to support the resource planning function, recruitment is ongoing for 2 additional Resource Planners one of whom is now in post awaiting training with a second expected this week.

Alternative duties abstractions, where staff are unavailable to undertake their operational duties for a variety of reasons, continue to be monitored and remains at a lower level than has previously been the case. The majority of these abstractions continue to be due to adjustments to support pregnant frontline staff.

The regional workforce plan has been reviewed and updated to allow modelling taking into account the new transfer process open to staff. The Regional modelling highlights a recruitment requirement of 76.6WTE through to next March. These numbers may shift slightly as staff continue to make transfer requests. The modelling also highlights a requirement to balance skill mix across the recruitment year ahead.

North Region:

Workforce availability remained under pressure during August 2026. A&E shift coverage reduced from 92.3% in August 2025 to 91.1%, single crewing increased from 3.2% to 4.4%, and sickness absence increased from 7.4% to 8.4%, remaining above the organisational tolerance of 8%. These pressures continue to affect workforce flexibility and operational resilience, particularly across rural, remote and island communities where smaller staffing establishments provide less capacity to absorb short-notice absence or vacancies. Daily workforce monitoring, roster management, abstraction controls and targeted deployment decisions remain in place to manage uncovered shifts, fatigue, single-crewing exposure and geographical risk.

Recruitment activity continues to support workforce sustainability across the Region. To date, the North Region has recruited 13 Newly Qualified Paramedics, eight qualified Paramedics and Technicians, and 14 Trainee Ambulance Technicians. The current Trainee Ambulance Technician cohort comprises 3.89 WTE in Grampian, 6.00 WTE in Highland and 3.13 WTE across the Islands. The ongoing NQP recruitment campaign has progressed

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to interview stage, with 335 applicants nationally having passed fitness testing and been offered interviews. The first successful candidates are expected to commence training courses from 26 October 2026.

Despite this recruitment activity, the Region currently has 28.19 WTE A&E vacancies (excluding Advanced Practitioners and including Remote, Rural and Workforce-funded posts), comprising 14.15 WTE in Grampian, 12.12 WTE in Highland and 1.92 WTE across the Islands. The majority of vacancies remain concentrated within hard-to-recruit rural and island locations. Workforce modelling continues to demonstrate an imbalance between Paramedic and Technician establishments, particularly within Highland and the Islands, highlighting the continued challenge of recruiting and retaining Paramedics within remote and rural communities. Recruitment, training and development of sustainable pathways into these locations remain key priorities for improving workforce resilience, reducing vacancies and strengthening shift coverage.

National:

Scottish Specialist Transport and Retrieval Service (ScotSTAR)

Air Ambulance

- Further to the Helimed02 incident on 7th May (aircraft ditching in Loch Torridon) the Air Accidents Investigation Branch (AAIB) investigation is continuing, and as previously advised there were no immediate actions or recommendations issued by the AAIB. SAS-led structured de-brief sessions took place as planned and a report and action plan are being finalised.

Update on Phase 2, implementation, of the Air Ambulance Re-procurement project:-

- The new contract commenced on 26th July 2026 as planned, but as previously reported the entry into service of the new aircraft were delayed.
- Rotary - the two primary aircraft entered service in late July and early August and are now operational. The third helicopter, which is the back up to the two primary aircraft, will enter service mid-October. The existing back-up helicopter remains in service to provide cover as required to ensure no negative impact on operational availability.
- Fixed wing – The first of the fixed wing aircraft is expected to enter service towards the end of October. Gama Aviation have advised of further manufacturing delays for aircraft 2 and 3 resulting in the expected entry into service date pushing back to mid to late January 2027. To ensure continuity of service provision all 3 of the current fixed wing aircraft will remain operationally available to service the SAS contract until delivery of the third of the new aircraft.
- Discussions are on-going with Gama Aviation to agree a financial package to compensate for the late entry into service of the fixed wing aircraft.

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EMRS

- The EMRS East business case was submitted to Scottish Government and we are awaiting the outcome. A response is not anticipated over the next 1-2 months given the changes announced as part of the new government programme. It has been suggested that it may need to be progressed via sub-national planning. Internal SAS meetings are currently taking place weekly to maintain oversight of this work, support its progression and continue to explore additional mitigations to the current risk.

SPRS

- The SPRS Service Redesign Business Case remains under consideration by Scottish Government.
- In the meantime, an ask for interim funding has been approved and subsequently extended by SAS Executive, to more proactively manage some of the associated risks until Scottish Government funding can be secured. Recruitment for the associated temporary posts has been completed, and this is expected to bring some much needed additional resilience to the service from September onwards.

SNTS

- The Best Start programme remains paused, while funding arrangements are confirmed with Scottish Government. It is likely to progress via sub-national planning. We are engaged in these discussions and continue to progress our business case development alongside.
- We have been notified that, due to impending changes associated with the Best Start programme, the existing accommodation for the SNTS East team at the Royal Infirmary Edinburgh will no longer be available. We have identified an alternative estate solution, but it will require investment to ensure the site meets the necessary standards. The timeline is still to be confirmed; however, the team may need to vacate the premises before the end of the year.

Ambulance Control Centres (ACC):

- Rest Break SOP progress: Since April 14, 2026, the Rest Break Standard Operating Procedure test has improved crews' ability to take timely breaks, with continuous feedback discussed in the Rest Break Working Group.
- Dispatch review initiative: ACC is conducting a review to optimize specialist and alternative resource use, employing a Quality Improvement approach with multiple sub-groups.

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- Staff and training updates: New staff joined the Call Handling team recently, with more expected in June; new headset trials are underway including options for users requiring large earpads; the iMatter survey closed in mid-June with action planning scheduled; and recruitment for various posts continues.
- Wellbeing and support initiatives: The Wellbeing Group meets regularly and welcomes participation; dress down days continue to celebrate summer events; milk provision has been reinstated; new headset and uniform ordering processes launched June 26; annual leave and flexible working processes are being reviewed and improved; and induction process enhancements are planned with staff.
- The FourNet review is complete and we are awaiting next steps in the plan for implementing their recommendations.

National Risk and Resilience Department (NRRD):

- During August 2026, all SORT PDA incidents were allocated within the 15-minute standard, providing assurance against the core specialist-response measure. Further work is required to strengthen support arrangements for non-PDA deployments, with 67 of 368 responses recorded without backup allocation.
- Community resilience activity continues to make a significant contribution to patient care. During August, Community First Responders attended 653 calls and Community Cardiac Responders attended 155 calls. Across the period June to August 2026, volunteers supported 2,354 patients.
- Work continues with Scottish Government to progress the Phase 3 capability programme and strengthen the tiered SORT and CCRT response model. Phase 3 funding and delivery timescales remain key dependencies. The NCCC programme is also at an important delivery stage, with further work required to agree the operating model, ownership and procurement route and to protect the remaining delivery window.
- Development of Urban Search and Rescue capability continues in partnership with the Scottish Fire and Rescue Service. Course theory and supporting operational procedures have been developed, with practical delivery arrangements, costs, participant numbers and risk controls being progressed.
- Winter preparedness activity is progressing across specialist operations, command and coordination, workforce resilience and business continuity. Core SORT training and recruitment activity have been reviewed to reduce peak-period abstractions, while REAP, adverse-weather and continuity arrangements have been refreshed. Exercise Mammoth's Tusk, scheduled for 23 September 2026, will provide a further opportunity to test these arrangements.

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