Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

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Public Board Meeting **27 November 2025**
Item No 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 October 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 October 2025 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 within control limits. Our broad range of clinical workstreams have continued to progress over the reporting period with highlights noted within both this report and within the 2030 strategy update. These programmes are aligned to our Annual Delivery Plan as well as the suite of frameworks published by Scottish Government this year including

	Strategic Renewal, Population Health and the Operational Improvement Plan. The impact of optimising the Integrated Clinical Hub as well as communicating the value of the use of local Pathways for frontline clinicians is evidenced in the data for this reporting period with more than 50% of patients managed without conveyance to hospital. As we move towards winter this will continue to be an area of focus including working 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 2025/26 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 May 2025 paper. All charts have been updated to October 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 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.

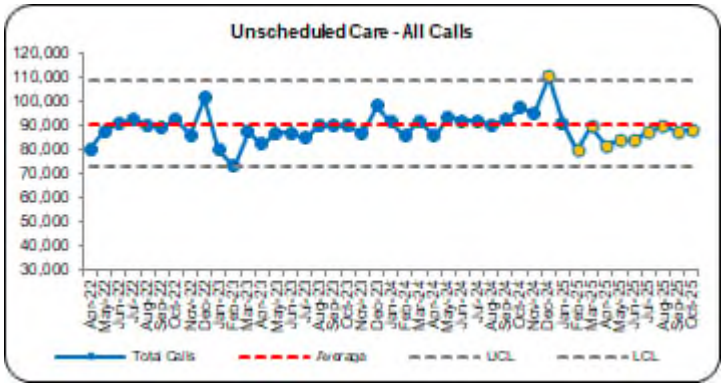
Performance Charts

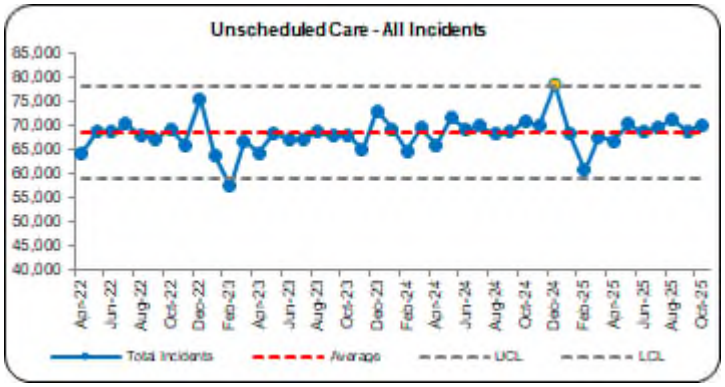
The Board Performance Report consists of data pertaining to several Service measures plotted in control charts (with control limits) and run charts (without control limits). Both types of charts provide a statistical tool for understanding variance within a data set. Correctly interpreted charts help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

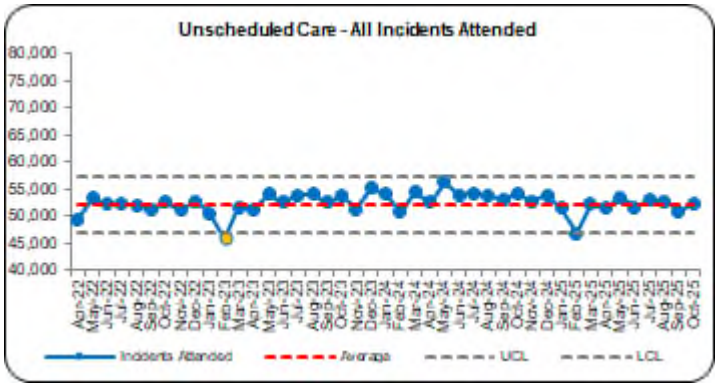
Control Charts
Rule 1: A run of eight or more points in a row above or below the mean (light blue)
Rule 2: Six or more consecutive points increasing or decreasing (green)
Rule 3: A single point outside the control limits (orange)

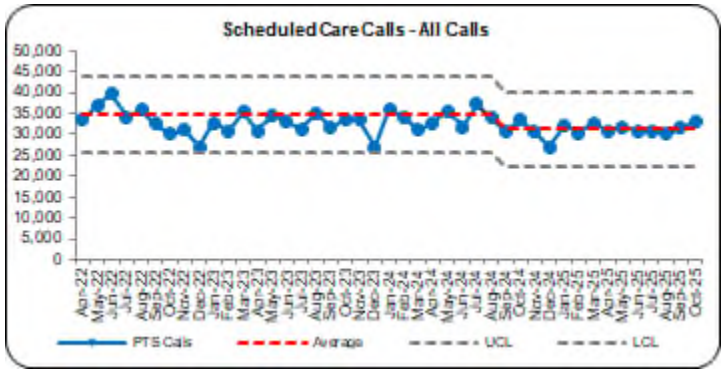
Run Charts
Rule 1: A run of six or more points in a row above or below the median (light blue)
Rule 2: Five or more consecutive points increasing or decreasing (green)
Rule 3: Undeniably large or small data point (orange)

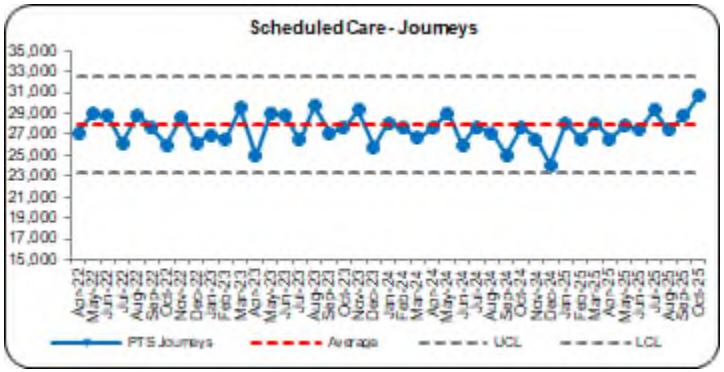
D: Demand Measures











What is the data telling us?

Following unprecedented unscheduled call demand (out with upper control limit) in December 2024 it has returned to within the control limits. In October 2025, demand experienced across the month was an 9.0% decrease on the same period last year, with 88,607 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 October 2025, there was a decrease of 1.3% when compared against October 2024 with 70,211 incidents.

Why?

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

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 the upcoming winter period and into 2025/26. Our demand forecasts are regularly updated based on intelligence of changes in the multitude of variables and Scottish Government planning assumptions.

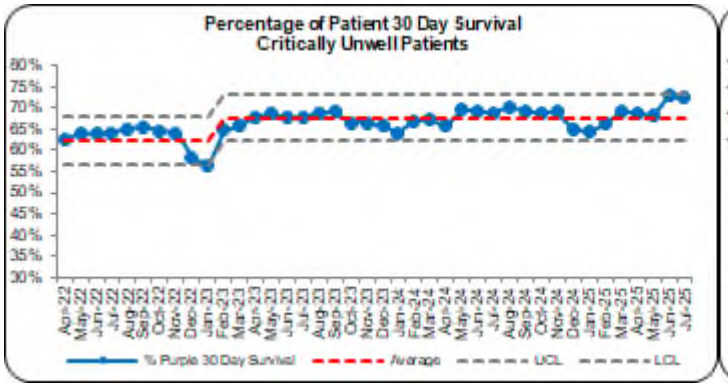
Our annual delivery plan for this year is focused on those priority areas highlighted by Scottish Government that we can influence, which will reduce pressures on the wider Health & Social Care system, support the stabilisation of services, accelerate recovery, and provide the most benefit to patients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

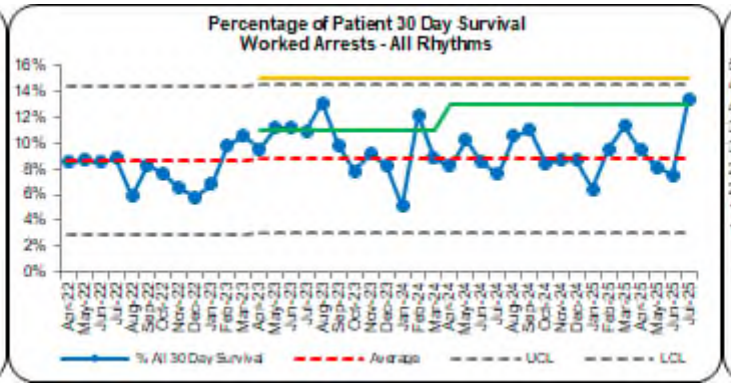
We have established several work streams to increase our workforce, to progress towards reduction in the working week assuming 36 hours by April 2026 to align with the 23/24 pay award agreement with Scottish Government, improve demand management, and increase capacity which include working collaboratively 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.

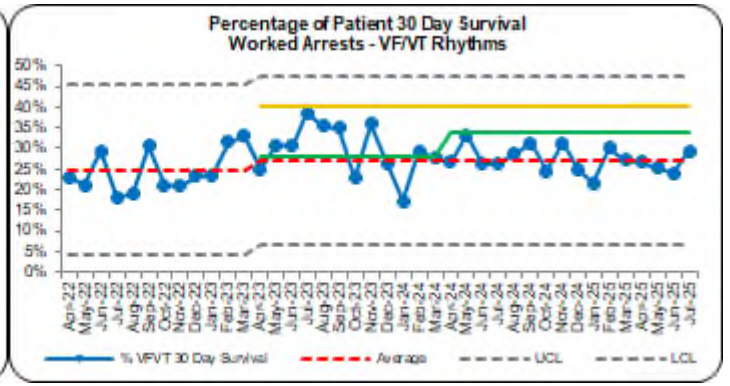
Significant work continues with hospitals to improve flow and reduce ambulance handover times. Details are included in the section of the paper specific to Hospital Turnaround.

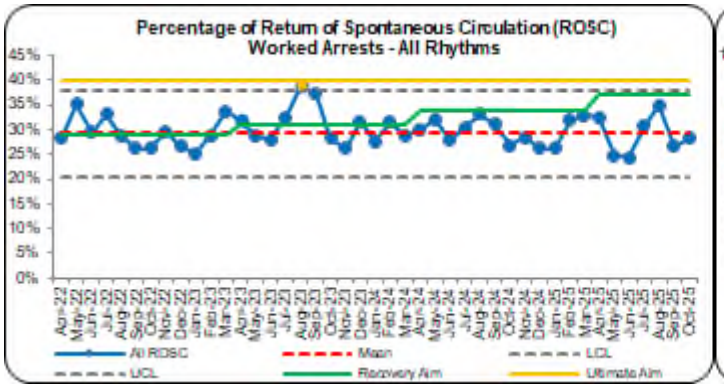
Our work to support staff health and wellbeing is detailed in a separate Staff Experience and Performance Report on the Board meeting agenda.

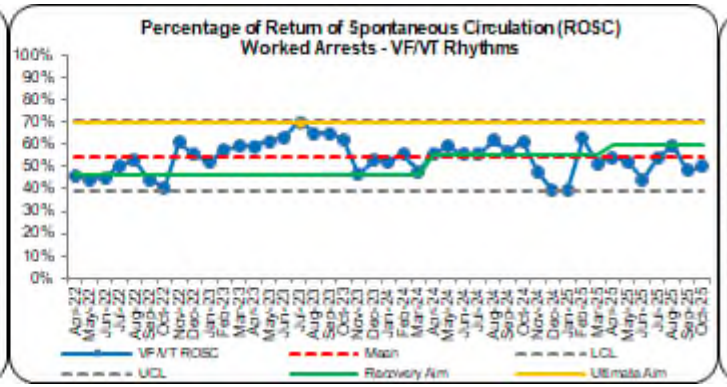
Purple Response Category: Critically Unwell Patients

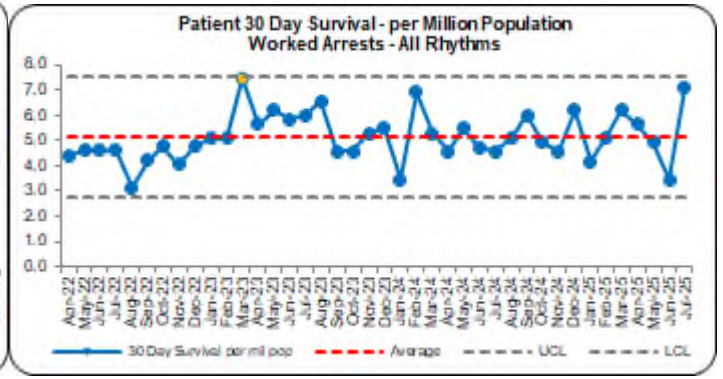


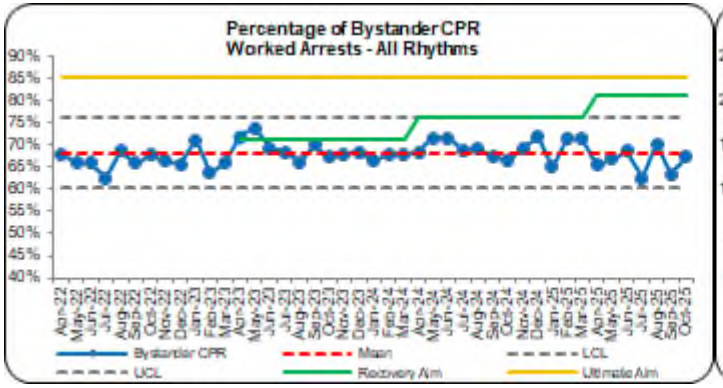


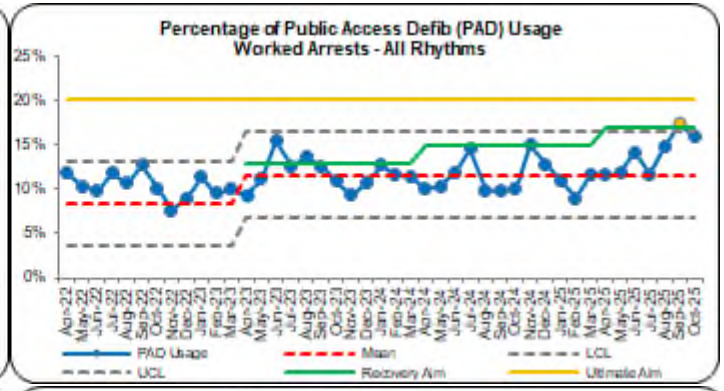


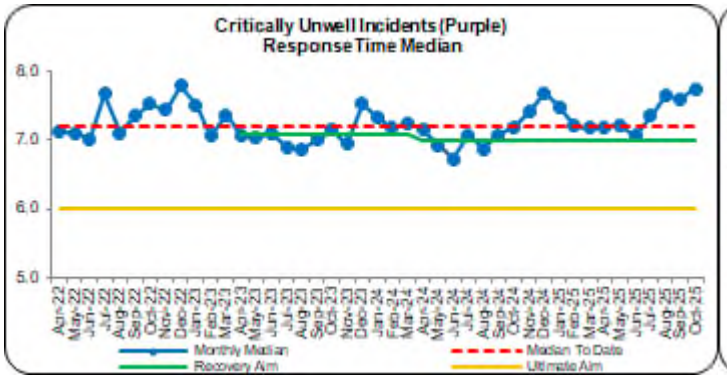


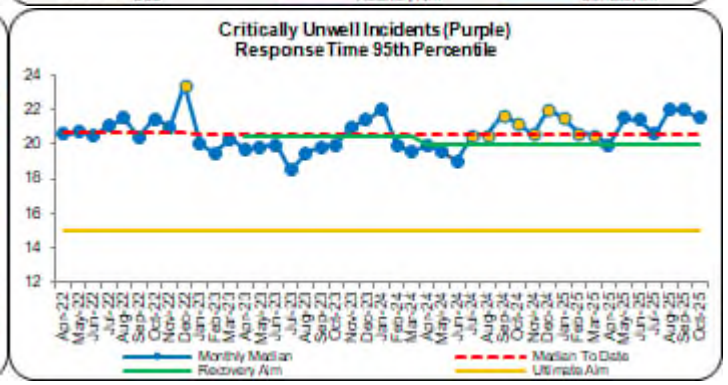





Percentage of Bystander CPR
Worked Arrests - All Rhythms
90%
85%
80%
75%
70%
65%
60%
55%
50%
45%
40%
Bystander CPR
Mean
LCL
UCL
Recovery Aim
Ultimate Aim


Percentage of Public Access Defib (PAD) Usage
Worked Arrests - All Rhythms
25%
20%
15%
10%
5%
0%
PAD Usage
Mean
LCL
UCL
Recovery Aim
Ultimate Aim


Critically Unwell Incidents (Purple)
Response Time Median
8.0
7.0
6.0
5.0
Monthly Median
Median To Date
Recovery Aim
Ultimate Aim


Critically Unwell Incidents (Purple)
Response Time 95th Percentile
24
22
20
18
16
14
12
Monthly Median
Median To Date
Recovery Aim
Ultimate Aim

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. Overall, the position is stable on outcome measures (Mortality) with 30-day survival measures within control limits. These figures relate up to July 2025 time stamps. 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 Return of Spontaneous Circulation (ROSC), Public Access Defibrillation (PAD) usage, and Bystander CPR rates, are reported until October 2025. The Service is implementing a new patient reporting system and is currently working to extract data and develop reports using this updated dataset. Following completion, the data points will be revised to incorporate information from the new system.

The response time measures for October 2025 (process measures) were above median levels and remain increased since the summer of 2024 reflecting the increase in the continued pressures experienced beyond the usual winter pressures period.

We continue to strengthen SAS Out of Hospital Cardiac Arrest (OHCA) programme with the aim of improving survival. The key elements of improving survival are incorporated into our Cardiac Arrest Rescue Zone (CareZone) feasibility study, being an initiative to strengthen and mobilise community response to Out of Hospital Cardiac Arrest (OHCA) across Scotland. The pilot with Dumfries and Galloway Council as a pathfinder is entering the latter stages. Highlights have included mapping schools who have had CPR training, implementation of cardiac responder schemes, optimising training and awareness in communities though council engagement, raising awareness of GoodSAM through local resilience partnerships and identifying and progressing public access defib placement using PADMAP. The next stage is to write up this pilot in conjunction with the council, which will include a needs analysis for any further spread of the concept. The OHCA team have also been working with both the Resuscitation Council (UK) and JRCALC committee to help plan for the implementation of Guidelines 2025, which will further support ambulance clinicians to deliver the most up to date evidence-based practice.

Purple Median Times

Median response times to purple category in October 2025 was 7 minutes 44 seconds. We reached 95% of these patients in 21 minutes 31 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.

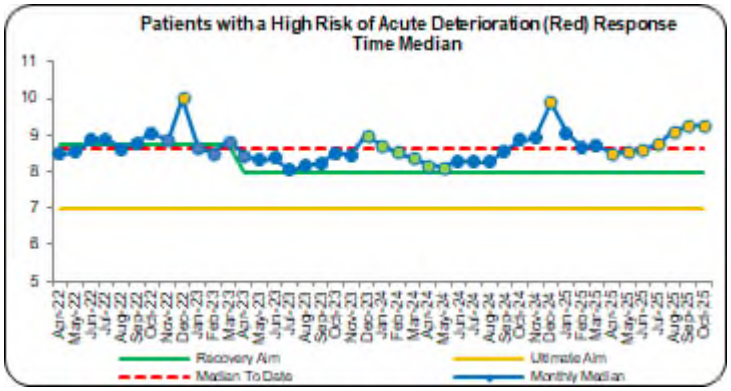
The Integrated Clinical Hub (ICH) and Pathways initiatives continue to support the principles of right care right place and the data for October 2025 shows that 51.4% of patients were managed without ambulance conveyance to hospital.

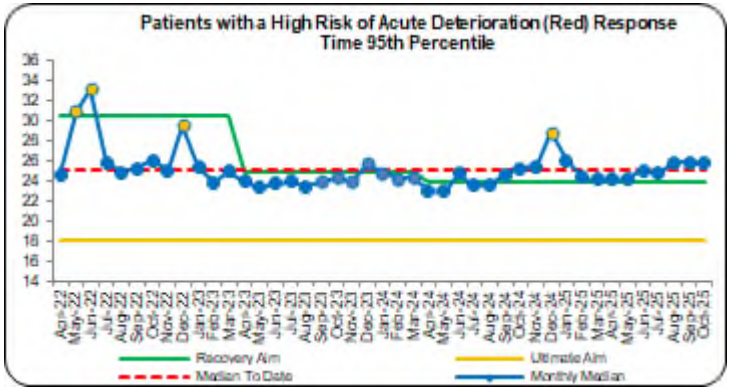
Community first responders and cardiac responders continue to play a valuable role in responding to immediately life-threatening calls across Scotland. As part of our programme of continuous improvement activity, we are exploring other opportunities and system changes to further enhance the impact of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

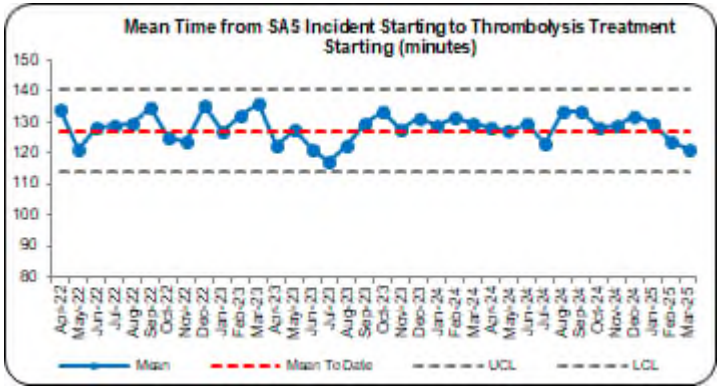
Health Boards continue to work with our regional management teams to produce site action plans in line with the Safe Handover at Hospital principles to support a reduction in delays and early escalatory actions.

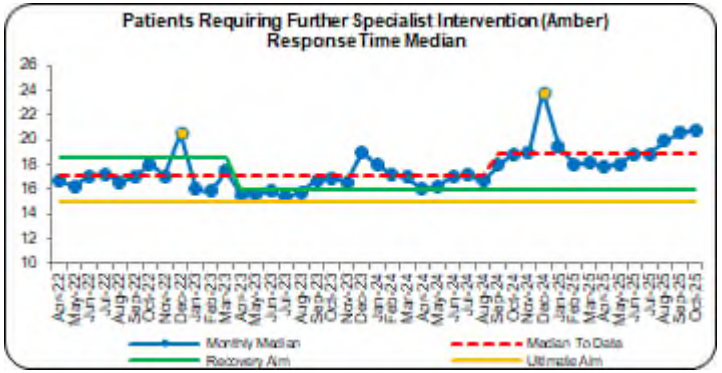
Red Response Categories: Patients at risk of Acute Deterioration

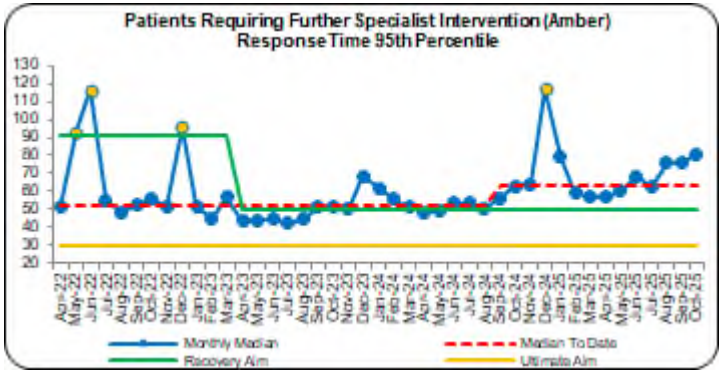




Amber Response Categories: Patients requiring Further Specialist Intervention







What is the data telling us?

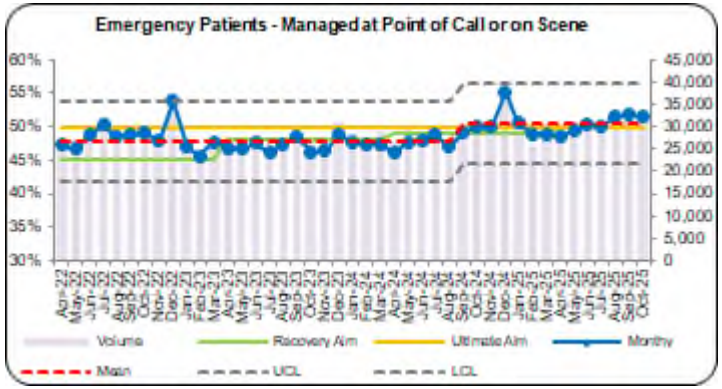
The median and 95th percentile response times for both red and amber categories of call saw an increase in December 2024 after a period of relative stability throughout 2023 and 2024. Response times increased because of increased pressure on the Service and the wider Health and Social Care sector and returned close to median levels in February 2025. In October 2025 we attended 50% of red category incidents within 9 minutes 16 seconds and amber within 20 minutes 46 seconds.

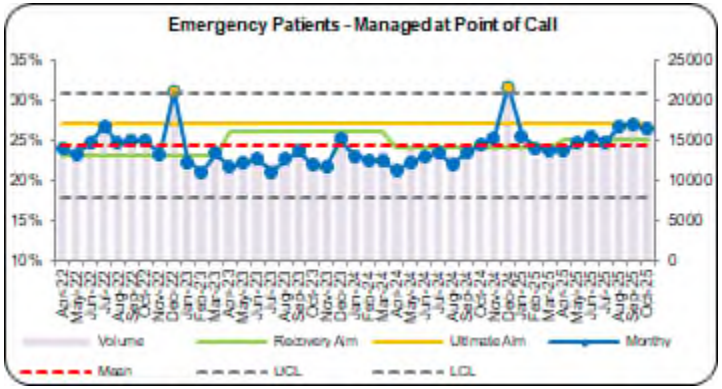
Our Major Trauma clinical workstream is a key partner in the Scottish Trauma Network. We are currently undertaking a review of our Critical Care Desk (CCD) which is focused on enhancing the underpinning processes for major trauma patients. We are finalising the schedule for our Pre-Hospital Trauma Services Peer Review which is scheduled to run from January to March 2026.

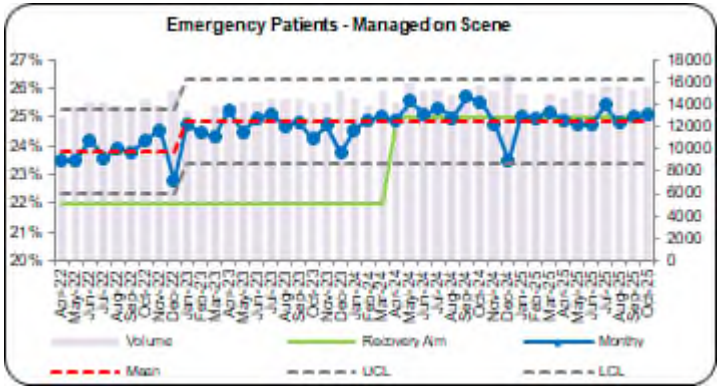
Improvement work in relation to thrombolysis pathways continues with NHS Scotland Boards as does SAS support to planning the roll-out of the National Thrombectomy programme. We are progressing how to most effectively operationalise the pilot that was undertaken in relation to enhanced video assessment for patients presenting with stroke and to mainstream this within our Integrated Clinical Hub. Future updates will reflect progress of this initiative.

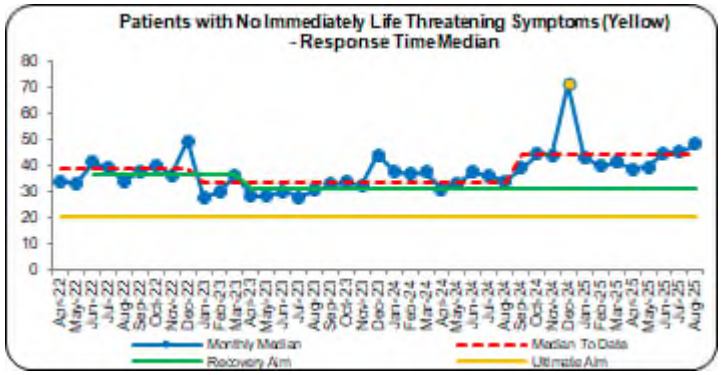
Our 999 to Thrombolysis time chart remains stable within control limits.

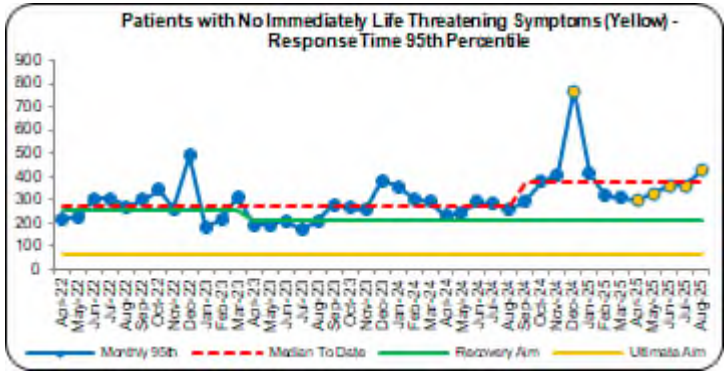
Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance











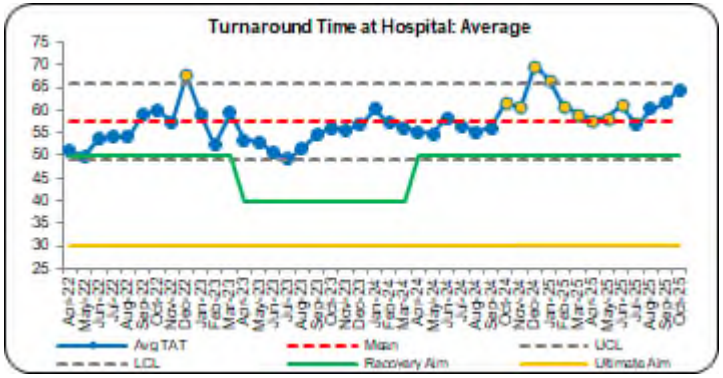
What is the data telling us?

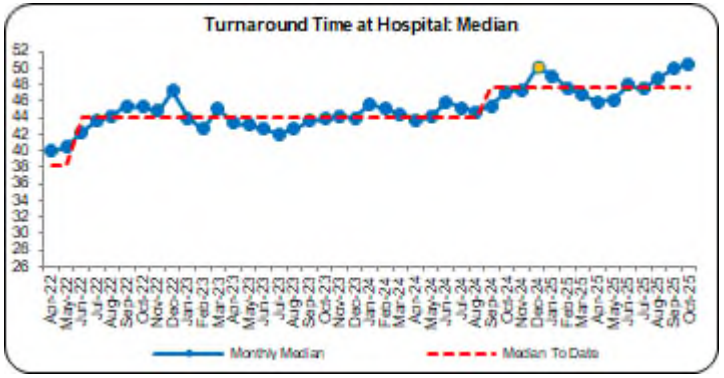
We continue to provide significant volumes of 'urgent care' in addition to our emergency response. These patients may often be better supported through clinical care out with a traditional ED pathway and to achieve this we are working in collaboration across NHS Scotland territorial health boards as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

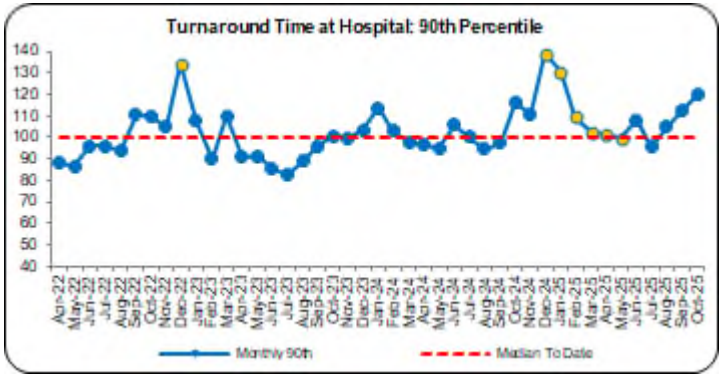
In October 2025 we managed 51.4% of all calls which comprised 16,324 (26.3%) managed at point of call and a further 15,554 (25.1%) by clinicians on-scene following ambulance attendance conveying only 48.6% of overall demand to hospital. This is enabled through:

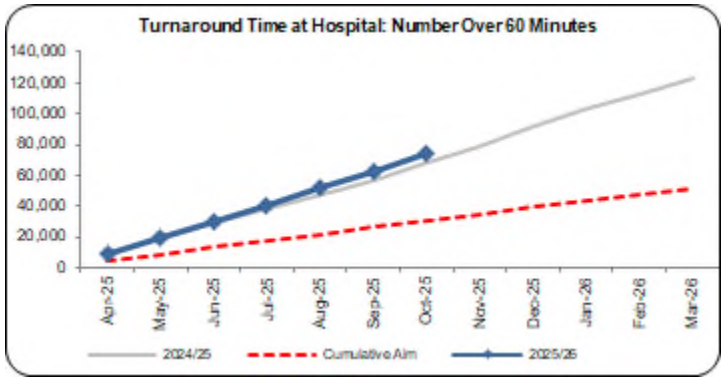
- The charts clearly illustrate the combined benefits of SAS intervention in clinically appropriate calls within the Integrated Clinical Hub with the aim of providing high quality remote person-centred care. As part of our winter planning and strengthening of the Integrated Clinical Hub the focus has been on increasing the volume of calls that we manage without the need for ambulance dispatch. This has seen tests of change over September and October with a focus on NHS24 calls which have realised positive impact and our intention is to continue this over winter. We are also working closely with NHS24 on areas of key learning and opportunities for collaboration.
- Our winter planning also includes collaboration with our health board partners and specifically on developments in relation to Flow Navigation Centres which help to deliver right care, right place for our patients. Following the commitment of short-term funding to continue our palliative and end of life care workstream we are working with a broad range of stakeholders including hospices to further support the associated deliverables. We are strengthening our messaging to frontline clinicians on the key actions they can take to support improved flow, how to access support and to remember that we have a range of preventative pathways that also benefit patients including falls, DBI and alcohol and drug partnerships.

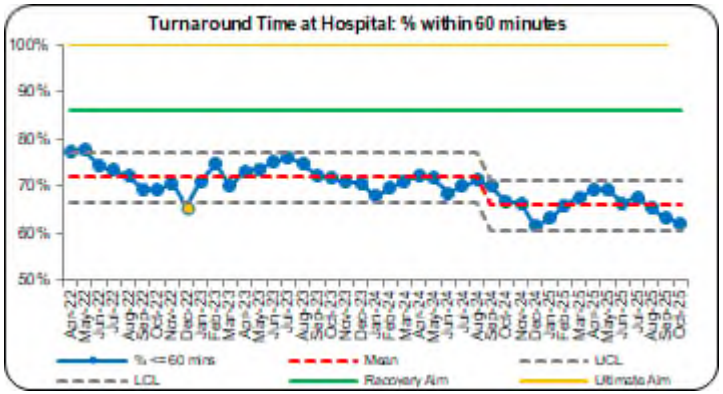
TT: Turnaround Time at Hospital











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 to patients because of 999 calls awaiting a response in the community.

The average turnaround time for October 2025 was 1 hour and 4 minutes. Our crews are, on average, spending 3 minutes longer at hospital for every patient conveyed when compared to October 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 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 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:

- Regular operational engagement with sub-regional teams and local health boards takes places. Planned meetings across key sites with Senior Health Board Managers and Regional and Deputy Director initiated in advance of winter pressures.
- 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 and explores in advance capacity management plans for winter and joint solutions.
- HALOs and wider leadership teams continue to support staff at key sites, particularly during periods of extended hospital turnaround.
- Work is underway to explore options to increase HALO capacity over the coming months.
- A range of improvement activity is being taken forward focused on ensuring pathways are developed, implemented and their use is maximised. This work includes reviewing current access arrangements for pathways ensuring as far as possible that all available pathways can be accessed through a single point of contact.

- The regional Capacity Management plan has been reviewed and tested as part of our wider winter preparedness
- Plans are in place to maximise managerial capacity and visibility throughout winter.
- A Technician response unit has been tested in Tayside, and we are reviewing the potential to expand this into Lothian.
- Escalations plans in place have been reviewed with key sites across the Region.
- Focus on development and engagement with pathways has continued in all sub-regions. The test of change of a mental health response car in Fife has now ended and discussions are ongoing with NHS Fife around pathway opportunities for mental health, urology and surgical patients.

West:

- The development of the QEUH Discharge Hub is seeing an increase in discharge activity with less cancellations and increased on the day requests. There has been overall positive flow improvements this has led to the development of discharge hubs in Lanarkshire and Ayrshire. Following further discussion with NHS GG&C it has now been confirmed that 3.5 new WTE AP posts will be secured to resource the FNC+ model in Glasgow. The QE Dis
- NHS Lanarkshire continue 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 are developing station 'champions' 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.
- 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. The Deputy Regional Director will be focussing on HTAT improvement in Ayrshire.
- 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.
- Additional HALOS in place in Ayrshire working across seven days
- APs now in place in the Ayrshire Flow Navigation centre
- NHS Lanarkshire Discharge & Transfer in place
- Regular operational engagement with sub-regional teams and local health boards takes place. Planned meetings across key sites with directors.
- Refresh with sites focussed on patient safety and risk associated with SAS resource being unavailable due to increase handover delays.
- HALOs and wider leadership teams continue to support staff at key sites, particularly during periods of extended hospital turnaround.
- Work is underway to explore options to increase, Regional & Deputy Regional Director, HOS, ASMs, TL's & HALO's capacity over the coming months.

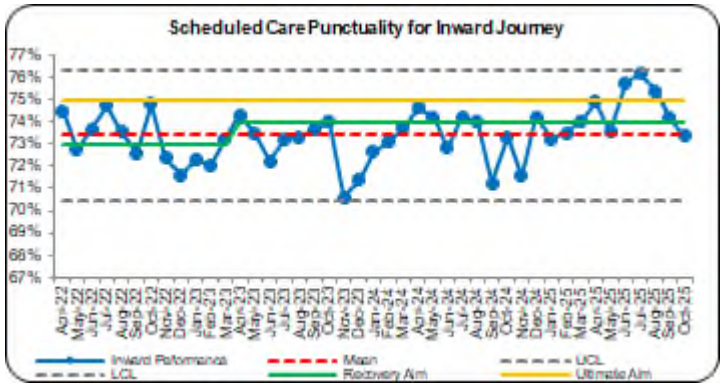
- A range of improvement activity is being taken forward focused on ensuring pathways are developed, with the FNCs accessed through a single point of contact.
- The regional winter plan has been reviewed and tested as part of our wider winter preparedness

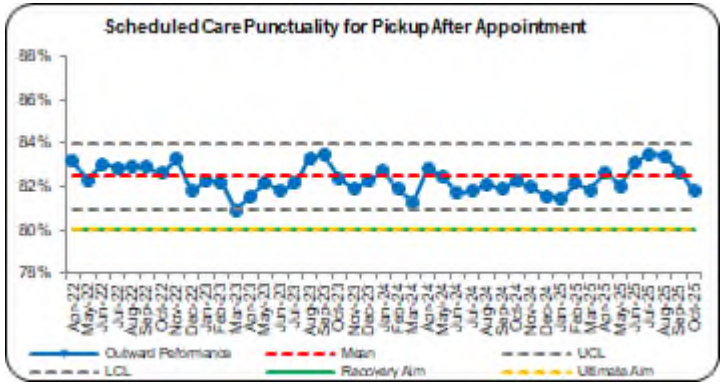
North:

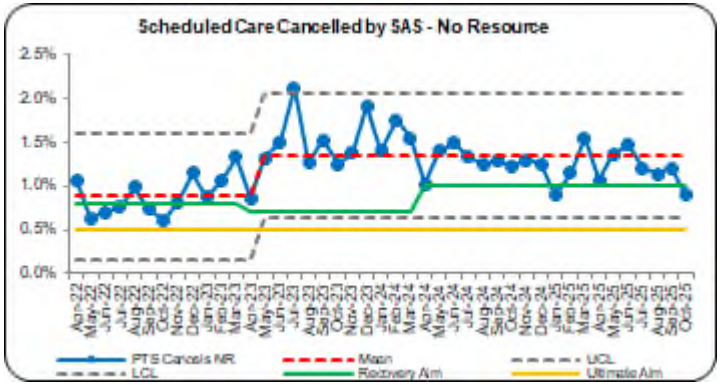
- Weekly Chief Executive meetings with NHS Grampian (Aberdeen Royal Infirmary) supported by Regional Director/Deputy at a Strategic level.
- Weekly 'Tactical' level meetings with NHS Grampian senior leadership.
- Daily 'Operational' level meetings with NHS Grampian leadership team.
- Daily SAS / NHS Highland engagement and joint working.
- 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. (Part NHSG Funded)
- HALO cover also provided at Dr. Gray's hospital in Elgin.
- Raigmore cover covered by local team leaders and ASM's.
- 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 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.

- NHS Grampian cohorting ‘Test of Change’ ongoing since 17th June 2025 at ED at ARI. This is currently operating with 3 corridor spaces for NHS Grampian led cohorting, along with 8 overspill beds and 4 chairs for discharges. Initial feedback was positive but also highlighted that it is a necessity that appropriate medical staffing levels are maintained within department.
- 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.
- Messaging to NHSG has been clear to plan and implement short term ability to flex to absorb excessive ambulance delays at ARI for Nov-Mar winter months as it is clear NHSG Improvement plan will not influence improvement at front door until 2026.

SC: Scheduled Care







What is the data telling us?

The number of Scheduled Care calls remains stable at 33,144 in October 2025.

Journey demand in September remained at a consistent level and increased in October however remains within the control limits (normal variation). We undertook 28,730 and 30,712 completed journeys respectively in those months.

Punctuality after appointment was 81.8% in October 2025 and punctuality for inward appointment was 73.4%. The percentage of Patient Transport Service cancellations by the Service in the 'No Resources' category was 0.9% in October 2025, which is within the revised recovery aim of 1% for 2025/26.

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 concerningly 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 supervisors have become more confident with carrying out performance management and not ready times are reflective if this. This has also resulted in improved communications between the 3 sites with all supervisors nationally communicating regularly.
- Next week we have a scheduled meeting arranged to discuss the final steps for implementation of the escalation plan. This will include training for the supervisors and communications that will be shared prior to going live with all staff. We aim to have this implemented by the end of October.

Recruitment

We have successfully recruited twelve Scheduled Care Coordinators assigned to both East and West ACCs. Seven will commence their roles on the 27th of October 2025, two of whom have already undergone training and will start within the East ACC on this date. The remaining five for the west will start on the 3rd of November 2025.

Winter Planning

Training and mentoring will take place during the months of September and October, enhancing staff skills to transition into planning and day control competencies, as well as to build knowledge in other sub divisional areas. This will provide resilience as we approach our winter months and will better position us for when the newly appointed coordinators start with us at the end of October, start of November.

Scheduled Care Improvement Programme

The initial draft of the Scheduled Care technology paper was completed and circulated to key stakeholders for review ahead of finalisation. This SBAR has since been finalised, and the paper sets out prospective technology capabilities and requirements for the Scheduled Care service. The recommendations outlined in the technology paper are currently with the Scheduled Care Improvement Programme Board for consideration.

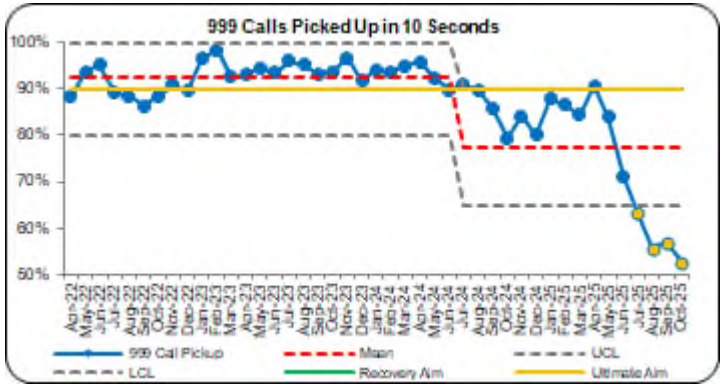
Workshops have been undertaken to review the Timed Admissions process and identify opportunities for improvement. Engagement with colleagues across the organisation, including Scheduled Care in ACC, Ambulance Care Assistants, and Hospital Ambulance Liaison Officers (HALOs) as well as Unscheduled Care colleagues from HCP, Dispatch and Clinical Advisor functions contributed to a clearer understanding of the current pathway and helped identify areas where enhancements can be made.

Following engagement with St John Scotland, a draft proposal is being developed outlining a potential collaboration to utilise their volunteer resource in support of the Timed Admissions Service during periods of high patient demand. This support will be in addition to existing SAS resources. The proposal is currently in its final drafting stage and will require agreement from all parties before submission for formal approval.

The QEUH Transport Hub was launched on 1st October 2025. An initial performance review has indicated a reduction in cancellations and aborted transfers, improved Health Board operational efficiency through decreased reliance on private ambulance services, and an increase in daily discharges and patient transfers. These outcomes were further supported by strong engagement from ward teams. Work is on-going to analyse the data in greater depth and to develop plans for scaling the model across major sites in Scotland should this test of change prove successful.

Recruitment discussions commenced to explore pathways for unsuccessful Newly Qualified Paramedics (NQPs) to transition into Ambulance Care Assistant (ACA) roles. In addition to this, the Regional Teams have been able to maximise places on the existing training courses as follows; November 2025 Course – 36 (10 East, 14 West, 12 North), January 2026 Course – 36 (6 East, 20 West, 10 North), April 2026 Course – 36 (6 East, 12 West, 6 North with 12 yet to be confirmed).

Other Operational Measures



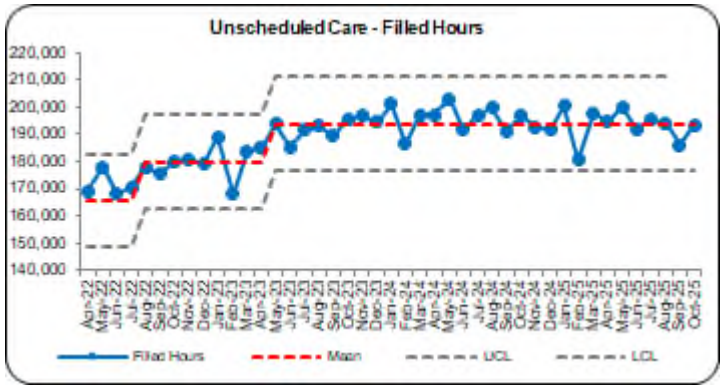
What is the data telling us?

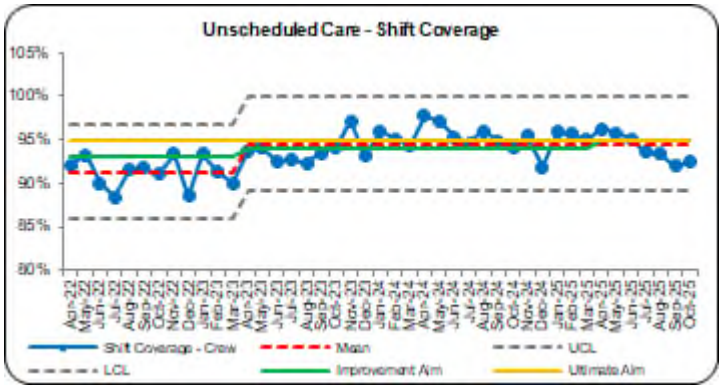
The Service saw steady 999 call demand in October. We received 59,052 calls which was a 2.7% decrease compared to October 2024.

Ous TAS remain challenging, and we have not met our aim (90%) since April 2025. October was our worst performing month in several years with TAS falling to 52.7%, which was an 4.2% decrease from September.

We have ongoing recruitment with a fresh cohort starting this week. We also have a national recruitment drive looking for an additional circa 40 Call Handlers.

Shift Coverage





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 the financial year this has been consistently met or exceeded in every month. Since July 2025 this shift coverage has proved more challenging and in October 2025 the shift coverage was 92.4% with 193,395 crew hours filled.

Best practice for UK ambulance services is no more than 55% utilisation. Our utilisation rate in October 2025 was 63.5% 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 last quarter and forecasting for the next quarter is again 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 cohort of 23 NQPs are joining the Service throughout the next few months, and we are in the process of on boarding the staff.

East Region:

A&E shift coverage has been below the 95% aim since June 2025. However, this increased in October showing 92.1%. Sickness absence which had been showing an improved position (within the recovery aim) saw an increase in September which has now began to track an improved position again with October at 9.1%.

Recruitment has continued to be focused on maximising recruitment of NQPs with offers being made to 86 applicants. The phased intake of these NQPs along with the opportunity to maximise hours is expected to positively impact shift coverage.

Alternative duties abstractions continue to be monitored with 21 staff unavailable for their frontline role. The majority of these abstractions are due to pregnancy, and all abstractions are realigned to focus on priority areas of support (such as the ICH).

North Region:

The North Region A&E Shift Coverage has shown a deteriorating position since May 2025. This will stabilise and improve when 65 Newly Qualified Paramedics (NQPs) complete their 8 weeks of training and move into operational roles (4 weeks driving, 2 weeks clinical induction, 2 weeks third crewing). The 65 NQPs will not all commence their 8 weeks of training at the same time, and this will be phased over the next 3 months. This is subject to all 65 NQPs taking up offers of employment and not relocating to busier urban ambulance locations in the East and West regions which we have been advised may happen.

The North Region will still have 16.32 wte A&E vacancies after the 65 NQPs start. If the NQP numbers drop from 65 this will add to the vacancy position. Highland remains the most challenged sub region for Paramedic vacancies for the reasons outlined below. International recruitment

(awaiting advice) and recruitment from within the UK are being progressed with the only other option to run a technician course to fill these vacant posts.

The main reasons for reduced A&E shift cover in the North Region are

· The number of A&E Vacancies has continued to increase in the North Region most notably Paramedic vacancies which has been very challenging to address. There are two main reasons for this

- The current recruitment pipeline for Paramedics through universities (most notably RGU in Aberdeen which has a later graduation date than the rest of Scotland) means that once a year there is a pipeline of newly qualified Paramedics coming out (NQPs) of university. There is then a lag of months before more NQPs are available to be recruited. This presents challenges for shift cover where there are paramedic vacancies. There is a very small pipeline of already qualified paramedics who move into the North Region. The Scottish Ambulance Service currently has limited internal pathways for ambulance technicians to 'train on the job' whilst undertaking their Paramedic training. This can be done with annualised hours and bank working but the hours that NQPs can undertake with the Service is restricted by their full-time attendance at university.

- The North Region with its remote and rural geography including Islands has historically been very challenging to recruit to. Single vehicle ambulance locations in remote and rural areas with low call volume and on call working are not attractive propositions to the majority of NQPs who want to widen their experience in busier areas. There are 21 on call locations in the North Region (includes 2nd ambulance in Lerwick). We also see a higher turnover of staff in remote and rural areas (about 6%). The North Region has been unable to recruit to all Paramedic vacancies and have had to recruit to a higher number of ambulance technicians to offset this. There is no Ambulance Technician Course scheduled in for 2025/26, but this may be required for the North Region if UK wide and international recruitment is not successful.

- Abstractions. Sickness Absence has increased in September which replicates similar trends in other regions. Alternative duties have increased and are being closely tracked. With the changing workforce gender profile, we are seeing an increase in maternity abstractions. Some of these abstractions will be seen at an earlier stage through absence or alternative duties when some but not all A&E staff are unable to fulfil the full range of frontline A&E duties prior to going off on maternity leave.

- RWW Toil reducing available operational hours.

- Reduced up take of overtime in some areas due to the challenge of delayed ambulance hospital turnaround times.

National:

Scottish Specialist Transport and Retrieval Service (ScotSTAR):

- **Air Ambulance Efficiency Project Update**: The project has now formally closed; a summary of the conclusion is as follows
  - The project delivered significant financial benefits totalling approximately £581,965, expected to recur annually.

  Operational Improvements

  - Defined processes and costing models for cross-border transfers enhancing accountability.
  - Introduction of the HEMS ETA tool for better estimated time of arrival calculations.
  - Resumption of daily operational briefings improving communication.
  - Implementation of GoodSAM telemedicine to support remote triage.
  - Updated mental health transfer guidelines ensuring safety and legal compliance.
  - Development of SLAs strengthening partnerships and governance.
  - Deployment of AQM as an IT-based triage and decision support tool standardising processes.
  - Establishment of a clinical prioritisation framework for inter-hospital transfers.
  - Introduction of a Quality Assurance process for ongoing clinical and operational review.
  - Formation of an Air Ambulance Tasking Governance Group for strategic oversight.
  - Clear definitions of chargeable transfers to support budgeting and transparency.
  - Creation of a travel time tool aiding evidence-based transport mode decision.
  -

- The Paediatric Retrieval Service review has been concluded, and business case has been presented to Executive Team.

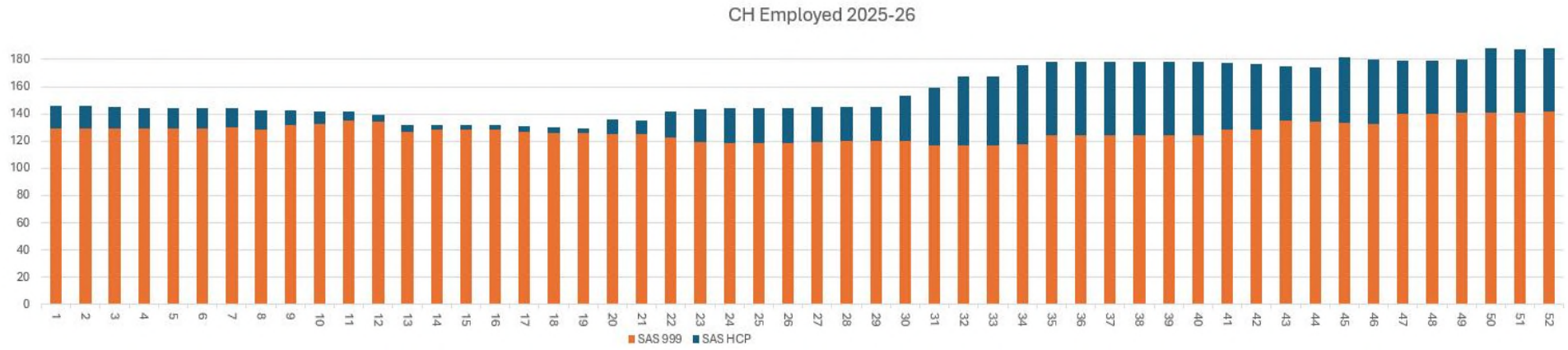
- As part of the Best Start programme, work continues to finalise future delivery model. Financial details for models have submitted to the National Task and Finishing Group.

- Phase 2 of the Air Ambulance Re-procurement programme remains on course to deliver the new contract by the end of July 2026. A small team have recently visited the Textron Factory to see the first King Air 360 coming off the production line, prior to its delivery to the UK. The first Airbus 145D3 Helicopter is due to arrive at the UK Airbus base in Mid-December, where the medical interior fit will be completed.

Ambulance Control Centres (ACC):

- Maintain stability across the leadership team and build capacity to improve and maintain 999 call Telephone Answering Standards (TAS). The new General Manager of ACC has recently started in post and completed induction. A new Head of Service was also recruited into a permanent role within the Senior Leadership Team.
- The drive to recruit and train call handlers in time for the winter period has begun and a Call Handler Business Case supporting Call Handler numbers over the coming 2 years is in late stages of maturity.
- From Week commencing 27th October the ACCs employed 153 WTE, 120 in 999 and 33 WTE in HCP. This continues to increase throughout November and by December there will be 124 WTE 999 call handlers full trained and live with 54 WTE HCP call handlers, a total of 178 WTE **(Chart 1)** employed pending any additional attrition. HCP call handlers will constitute 30% of the overall call handling population which is the optimum number required to handle the HCP volume and protect the 999 calls.

Chart 1.



- Digital Patient Transfer between NHS24 and SAS is working well and there is a sustained and high use of the gateway. The project is due to formally end in the next few weeks.
- The work to scale up the Online booking process to other Boards has hit some significant obstacles during roll out which puts the continued viability of the project into doubt. Work is on-going to consider options and decisions on the future of Online Booking are expected in the next few weeks.

National Risk and Resilience Department (NRRD):

- Following the comprehensive Pillar Review into Community First Responders, work has commenced to implement key recommendations to strengthen the integration of volunteers within the Service. The effective operational deployment of Community First Responders is pivotal to this work. The Service is currently piloting new App based technology within the ACC which is designed to ensure CFR resources are deployed and managed to maximum effect. Early indications of the App's performance are promising and will serve as a basis in which to continue integration work with our valued Volunteers.

- Winter preparedness work is in its final stages of completion with strategic level plans now readied for governance approval. The Resource Escalatory Action Plan has undergone its annual review and has incorporated learning from the Mammoths Tusk 6 preparedness exercise along with lessons identified in the post winter 24/25 debrief. It has been identified that the Service experiences capacity management challenges throughout the year, therefore the perspective of plans has been strengthened to be more cause agnostic.

- Work has formally commenced to integrate Urban Search and Rescue (USAR) capabilities into the SORT training portfolio. Curriculum design is being undertaken jointly with Scottish Fire & Rescue Service, with delivery remaining in-house. A first course draft is expected by the end of Q4, supporting both interoperability and enhanced specialist capability in line with Scottish Government SLA.

- After successfully refining several iterations of the Event Command Course, which has received consistently positive feedback from delegates and partner agencies. Work is now progressing to deliver a Service-wide project to improve command compliance and recertification processes, including the identification and mapping of all deployable commanders.

- Recruitment is ongoing for a second CCRP Phase 2, North Training Team; training venue approval is currently being revised through more collaborative routes. The Phase 3 Business Case has undergone extensive review since its initial development. There has been no change to the current threat landscape, and no new options have been identified to mitigate the risk effectively.