Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

PUBLIC BOARD MEETING	**29 July 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. 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. Attention is drawn to the progress of the Integrated Clinical Hub and Pathways initiatives in terms of supporting the delivery of care closer to home. Across each of the clinical workstreams a key focus is on collaboration and engagement to improve clinical quality and

	improve outcomes for patients – this includes our frontline clinicians. As we take a more population health approach, we are seeking opportunities to better utilise data and insights that may be unique to the Service. Additionally, we are strengthening the range of alternative pathways available to address both the health and social care needs of patients.
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.

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.
H L	Special cause variation of a CONCERNING nature.
H L	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.
F	This process is not capable and will consistently FAIL to meet the target.
P	This process is capable and will consistently PASS the target if nothing changes.

Examples

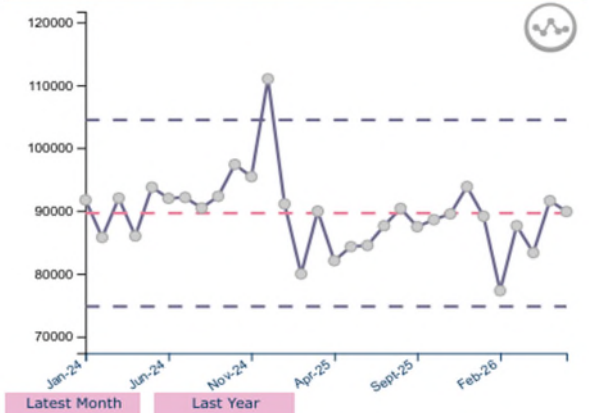
If a measure is showing the "orange HL" icons, and the orange "F" icon, then the measure is one to be concerned about and is likely to miss it's aim.

If a measure is 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

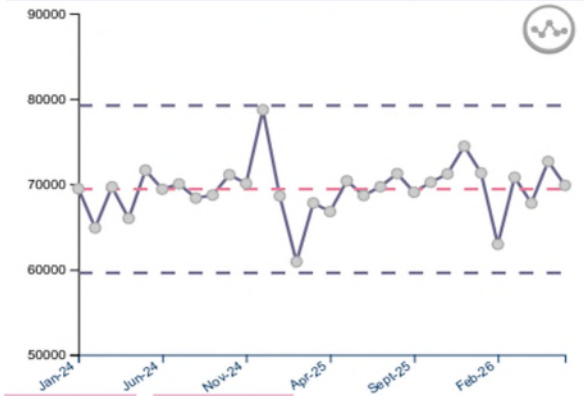
D: Demand Measures

Unscheduled Care - All Calls



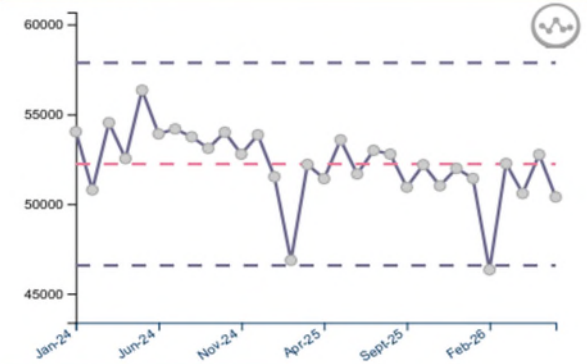
Latest Month	Last Year
89,893	84,512

Unscheduled Care - All Incidents



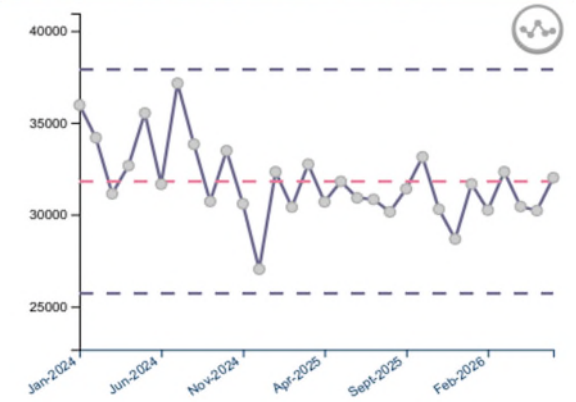
Latest Month	Last Year
69,855	68,663

Unscheduled Care - All Incidents Attended



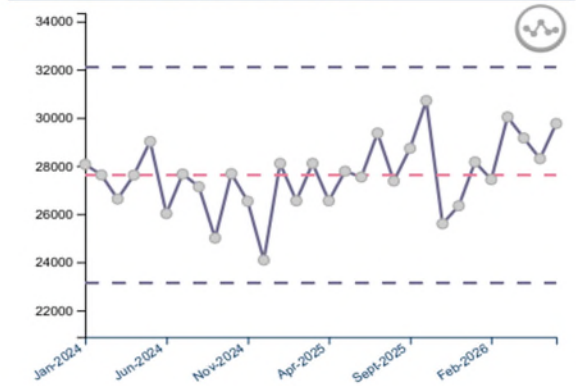
Latest Month	Last Year
50,383	51,669

Scheduled Care Calls - All Calls



Latest Month	Last Year
32,012	30,911

Scheduled Care - Journeys



Latest Month	Last Year
29,763	27,538

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 April 2026, demand experienced across the month was a 1.5% increase on the same period last year, with 83,348 calls.

This stabilisation in call demand has resulted in a comparable pattern in the number of unscheduled care incidents recorded. In April 2026, there was a total of 67,762 incidents represented a 1.5% increase compared to April 2025.

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 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.

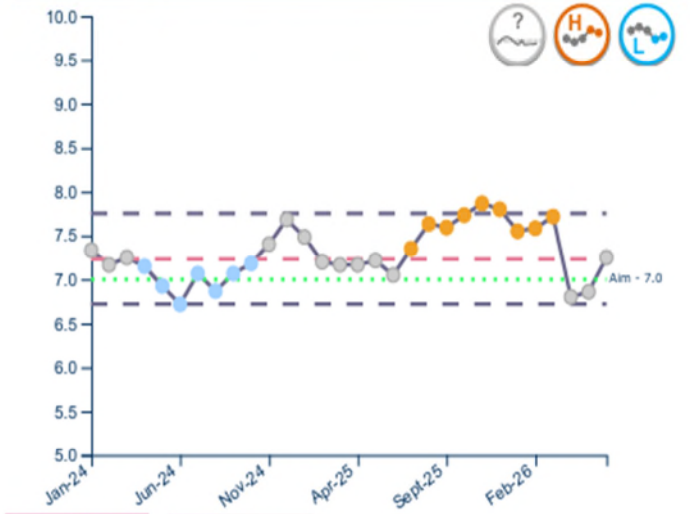
We have established several work streams to increase our workforce, to progress towards reduction in the working week assuming 36 hours by April 2026 to align with the 23/24 pay award agreement with Scottish Government, improve demand management, and increase capacity which include working collaboratively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

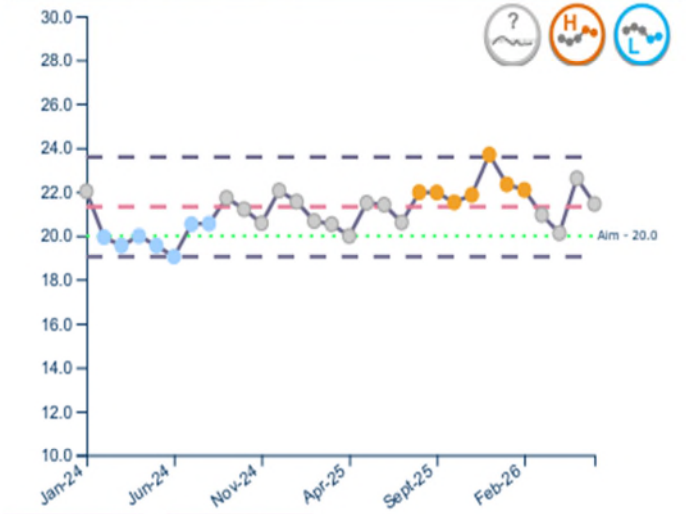
Purple Response Category: Critically Unwell Patients

Purple - Median Response Time Minutes (decimal)



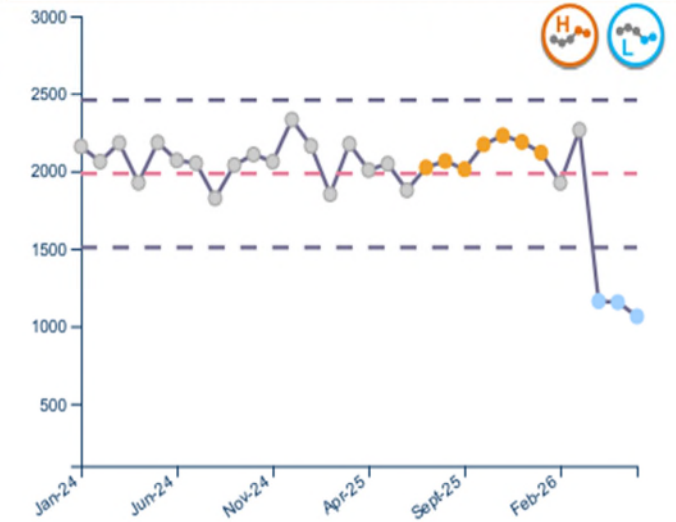
Latest Month	Last Year
7.3	7.1

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

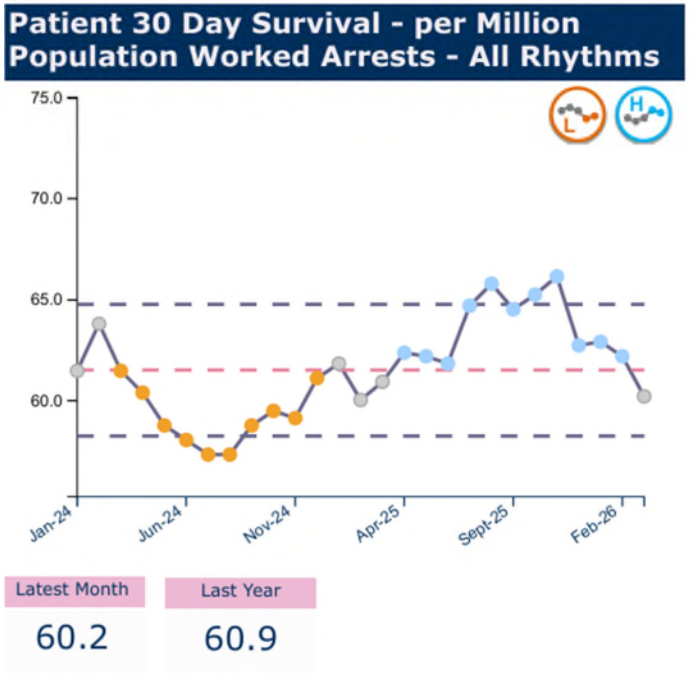


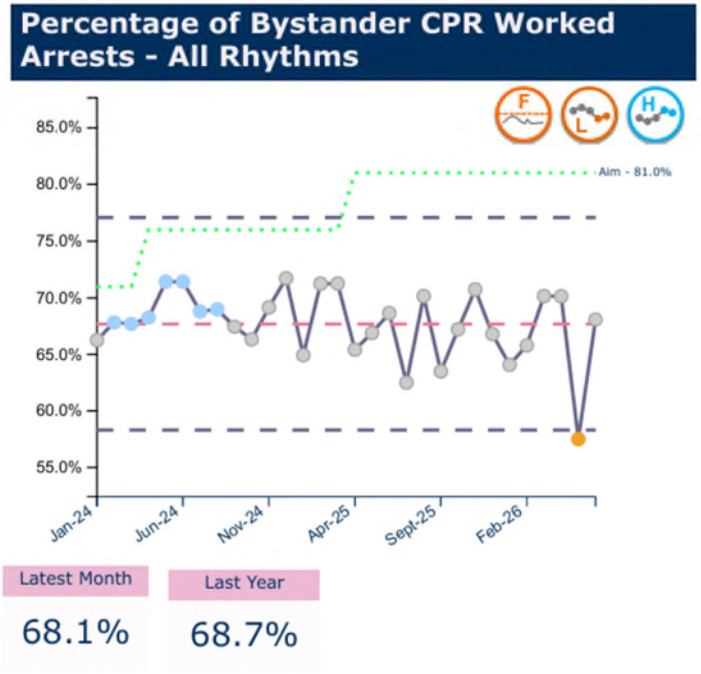
Latest Month	Last Year
21.4	21.4

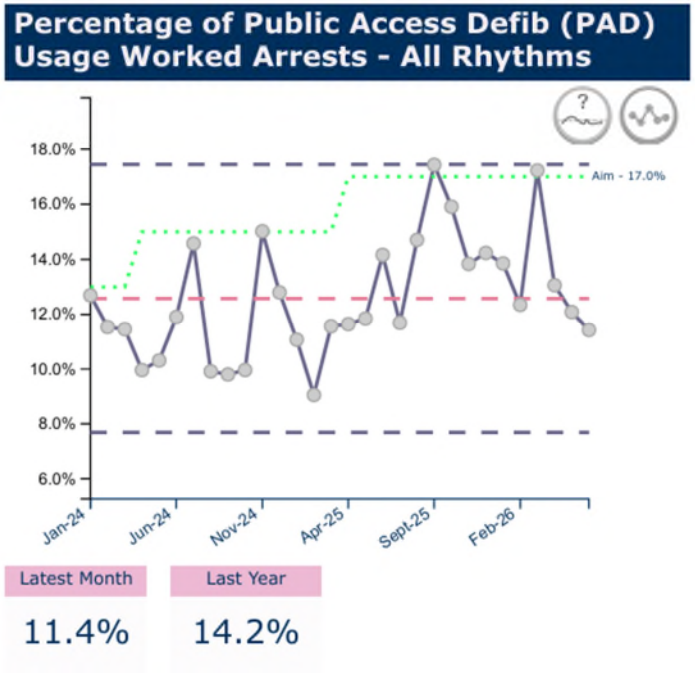
Purple Demand - Attendances



Latest Month	Last Year
1,063	1,877







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 April 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.

We continue to strengthen SAS Out of Hospital Cardiac Arrest (OHCA) programme with the aim of improving survival with several key actions underway.

The Scottish Cardiac Arrest Symposium was held on 22 May 2026. This was a relevant and highly informative event focussing on the educational needs of frontline ambulance with many SAS clinicians and volunteers attending both the event and livestream. The video of SCAS26 containing all talks and presentations is now available to view on the @SAS homepage.

The annual Restart A Heart event will take place on 1 October 2026. The content group has started planning the event with much work ahead to ensure maximum reach and impact.

The planning for the roll-out of CareZones is developing and a defined timeline outlining key objectives and milestones for the next 2-3 years is in development.

The ECMO CPR (eCPR) pilot is progressing as anticipated with a planning group convened and chaired by SAS and health board engagement is underway.

Bystander aftercare projects, in partnership with Chest Heart and Stroke Scotland (CHSS), continue to be well received, and SAS participated in the Recovery After Cardiac Arrest (RACe) event.

Purple Median Times

Median response times to purple category in June 2026 was 7 minutes 15 seconds. We reached 95% of these patients in 21 minutes 27 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.

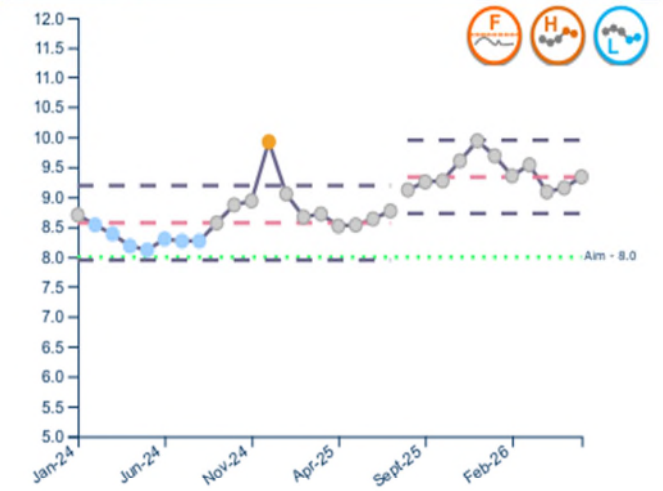
The Integrated Clinical Hub (ICH) and Pathways initiatives continue to support the principles of right care right place and the data for June 2026 shows that 53.3% of patients were managed without conveyance to the Emergency Department.

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 are currently establishing 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.

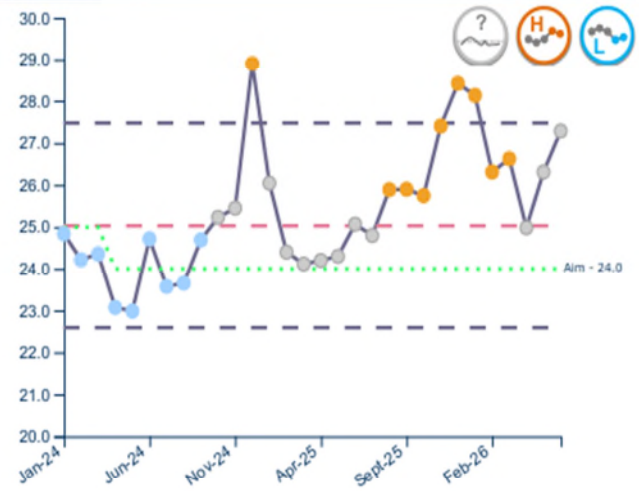
Red Response Categories: Patients at risk of Acute Deterioration

Red - Median Response Time Minutes (decimal)



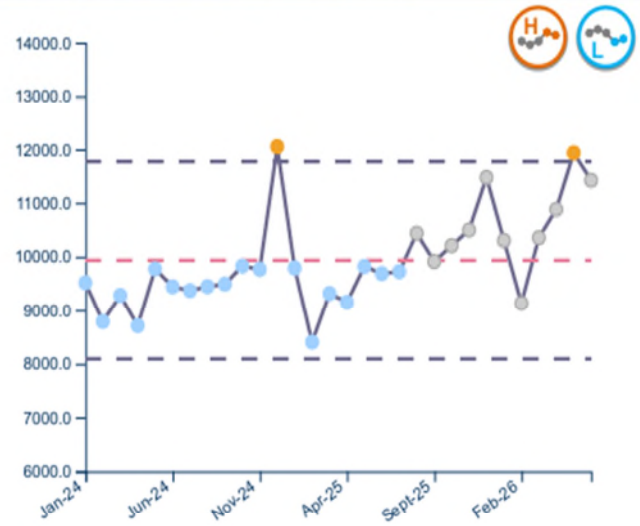
Latest Month	Last Year
9.3	8.6

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



Latest Month	Last Year
27.3	25.1

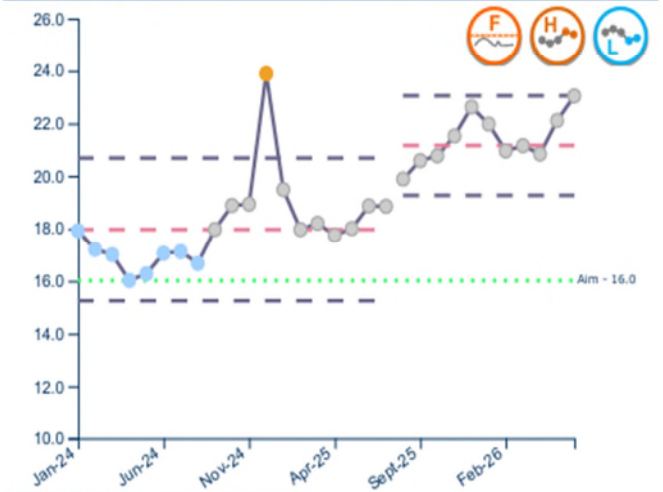
Red Demand - Attendances



Latest Month	Last Year
11,422	9,686

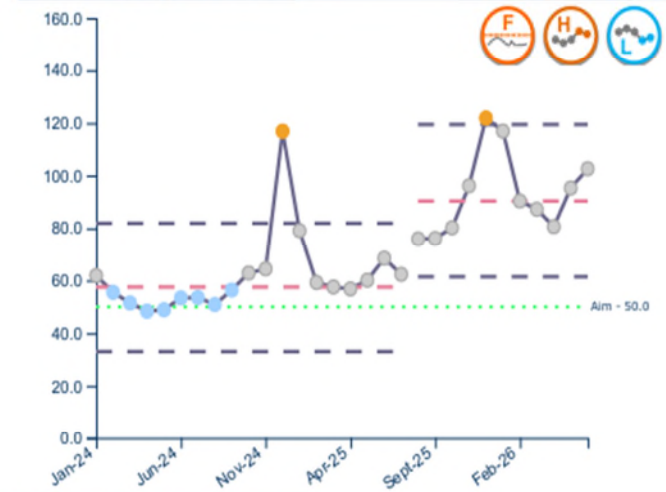
Amber Response Categories: Patients requiring Further Specialist Intervention

Amber - Median Response Time Minutes (decimal)



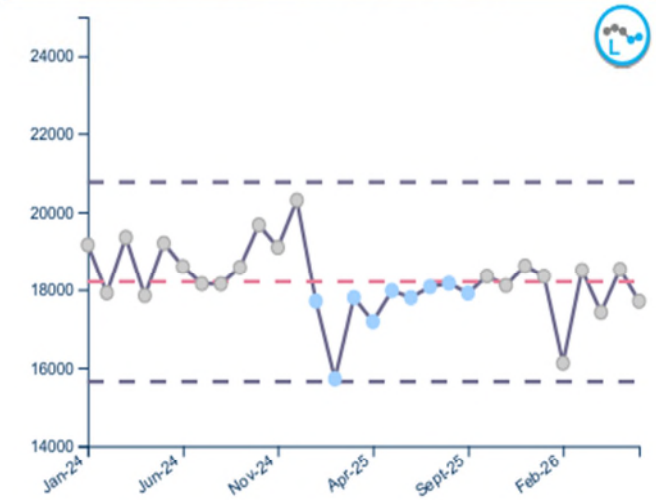
Latest Month	Last Year
23.0	18.9

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

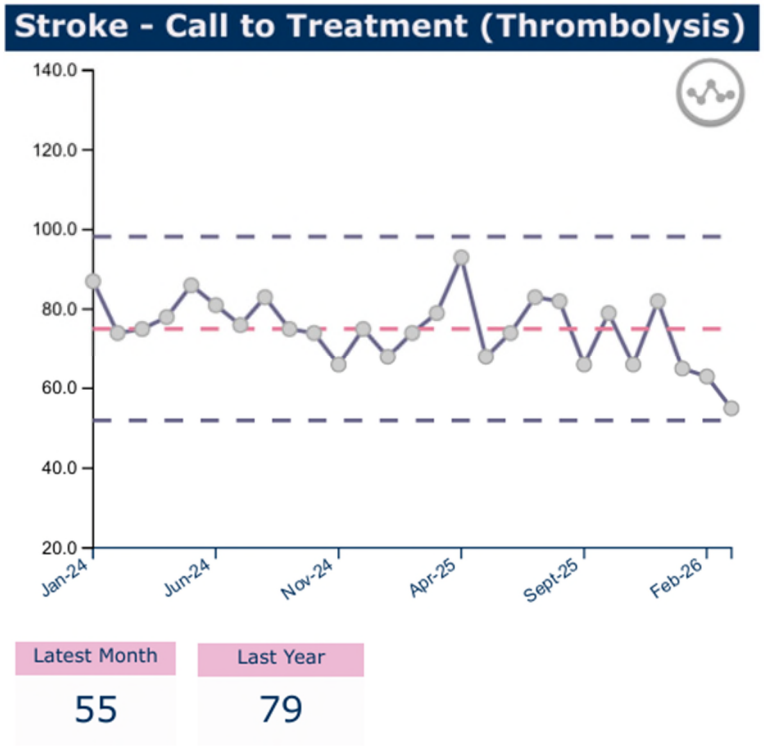


Latest Month	Last Year
102.6	68.4

Amber Demand - Attendances



Latest Month	Last Year
17,697	17,788



What is the data telling us?

In June 2026 we attended 50% of red category incidents within 9 minutes 20 seconds and 95% within 27 minutes 17 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 June 2026 we attended 50% of amber category incidents within 23 minutes 02 seconds and 95% within 102 minutes 35 seconds.

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

The Service has received a draft executive summary of the external peer review which took place earlier this year. It is a generally positive document which highlights good practice in terms of green and yellow tier clinical care, triage, secondary transfers and mass casualty planning. The panel judged the SAS major trauma clinical governance processes to be a significant achievement and noted the work that had been completed to improve the administration of tranexamic acid and antibiotics. Some areas of potential improvements were also noted, and these will be carefully noted by the Service. The next stage of the process will be for a draft of the full report to be shared with SAS for comment prior to publication.

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 (CCD) review is expected to report its initial findings in the summer of 2026. This review has involved a variety of stakeholders both internal and external with representation from major trauma, critical care and ACC. There has been a focus on demand and capacity of the CCD as well as underpinning processes and outcomes.

The work to improve the quality of care for pre-hospital stroke patient continues through engagement with Scottish Government, health board partners and third sector including Chest Heart and Stroke Scotland. This work extends across our whole chain of response including evaluating the impact of the use of technology within our Integrated Clinical Hub to support the early recognition of stroke to a series of improvement initiatives across our regions working with frontline clinicians.

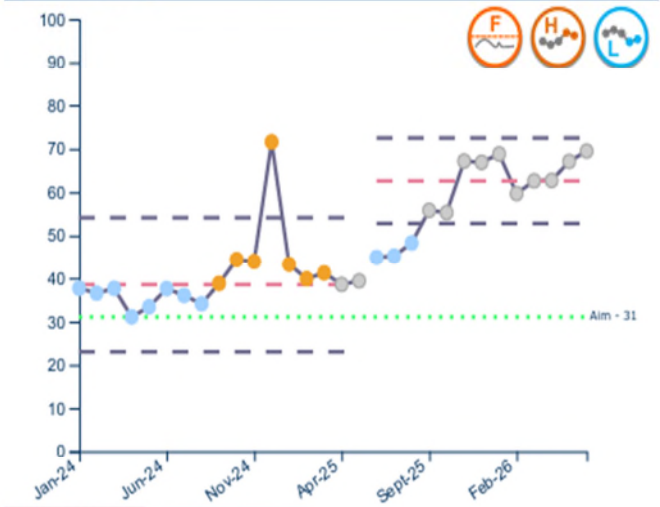
We continue to contribute planned expansion of the roll out of Thrombectomy across NHS Scotland.

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

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

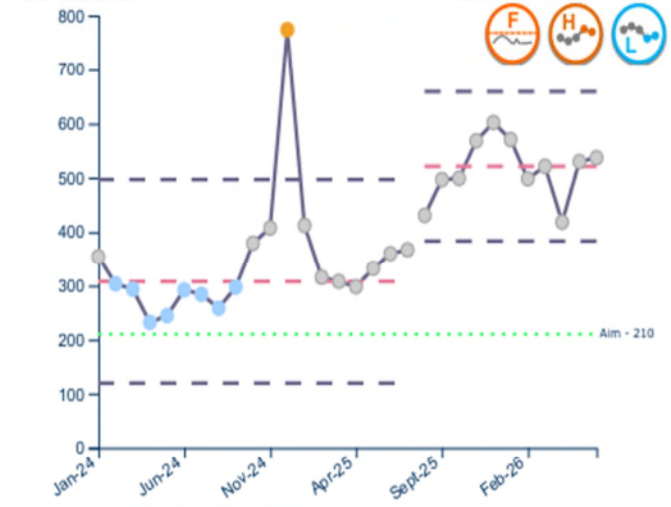
Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance

Yellow - Median Response Time Minutes (decimal)



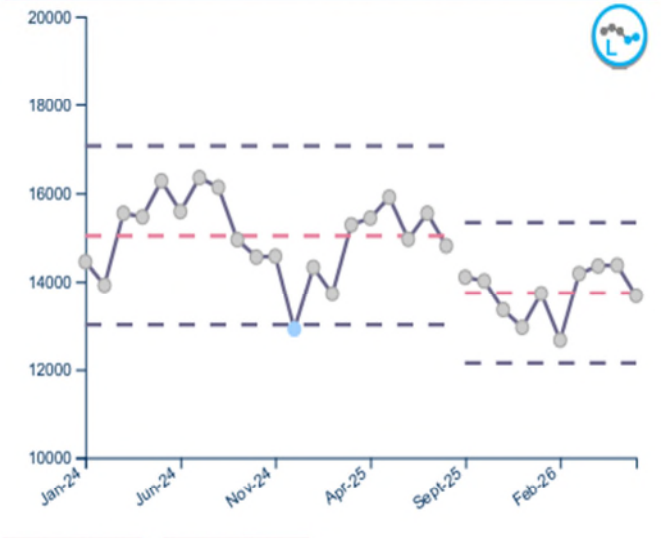
Latest Month	Last Year
69.4	45.0

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

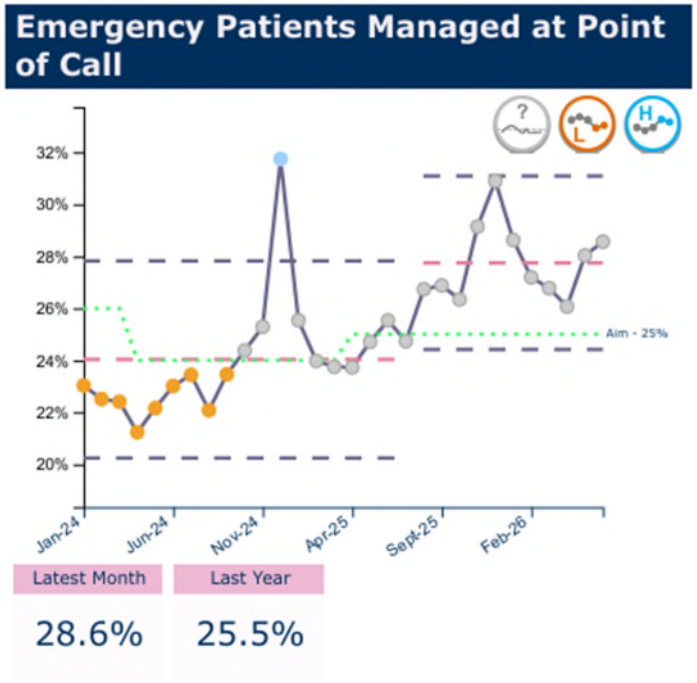


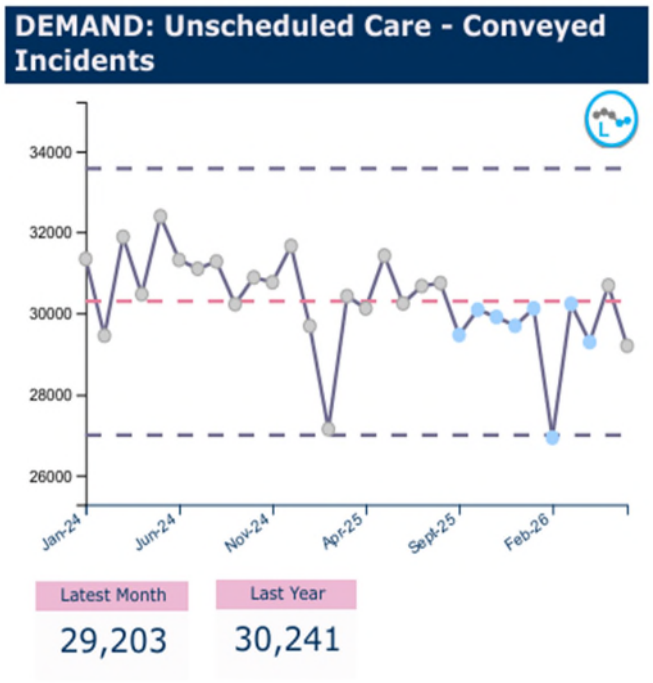
Latest Month	Last Year
536.8	360.0

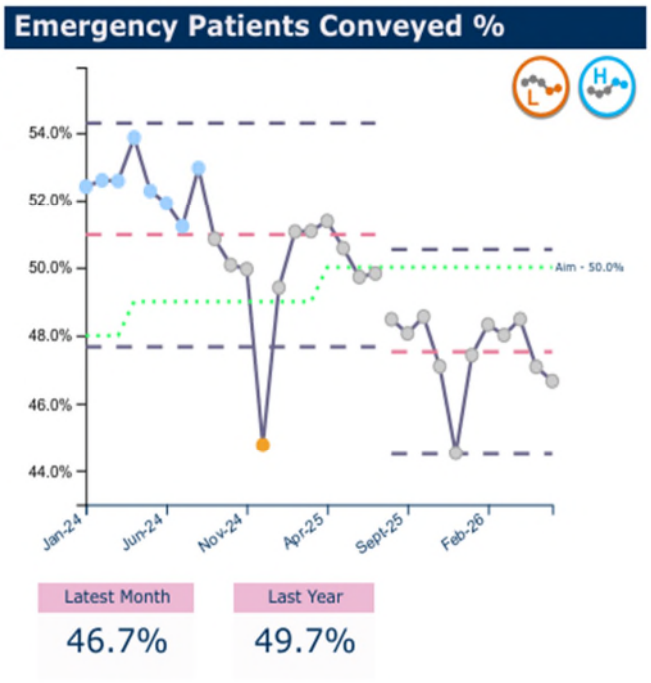
Yellow Demand - Attendances



Latest Month	Last Year
13,678	14,960







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 June 2026 we managed 53.3% of all calls which comprised 17,877 (28.6%) managed at point of call and a further 15,508 (24.8%) by clinicians on-scene following ambulance attendance conveying only 46.7% of overall demand to hospital.

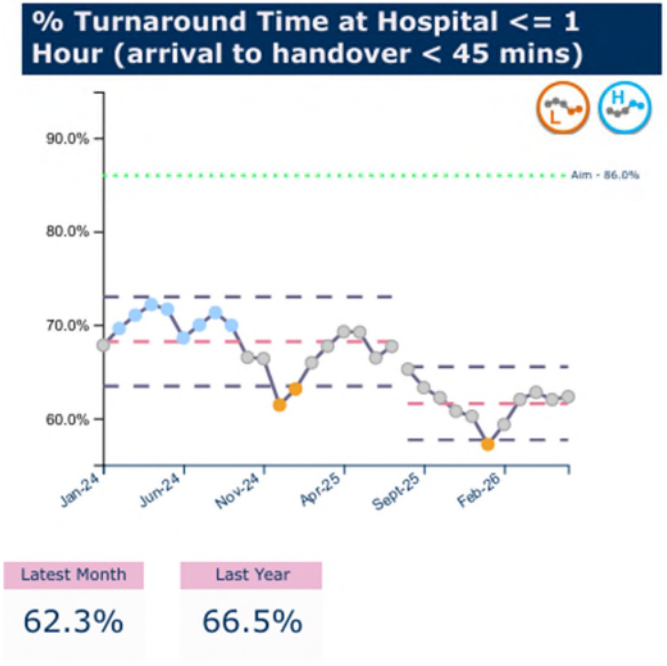
Due to a system parameter change, there is a reported drop in Managed at Point of Call incidents. This is a reporting issue only and is currently being investigated and resolved by the BI team. The data within the chart above is therefore not accurate and will be remedied as soon as possible.

- As previously reported the time-limited Test of Change over winter with NHS24 provided clear evidence that clinically led assessment and navigation within the Integrated Clinical Hub can safely reduce avoidable ambulance dispatches and Emergency Department attendances

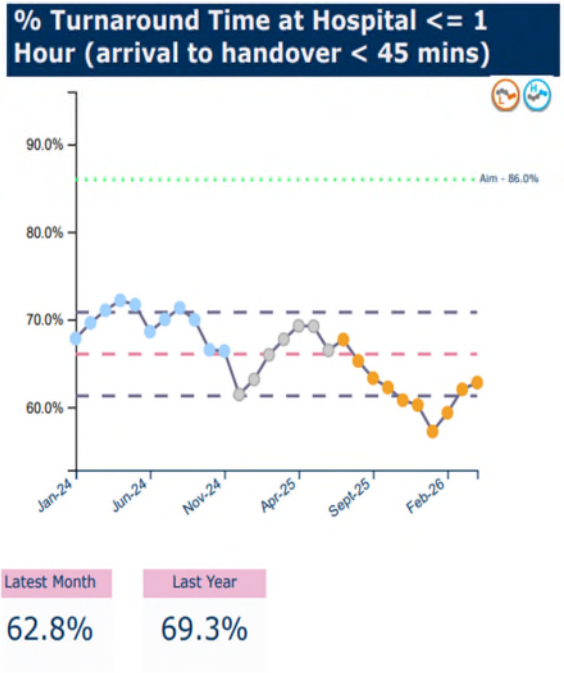
while improving access to timely clinical advice and treatment. The model enabled more patients to receive care closer to home, reduced pressure on frontline services and enhanced the resilience of the wider urgent and unscheduled care system during a period of exceptional demand. Following Executive approval of the final evaluation the ICH will now be developed as a permanent model. A key element of next steps for the ICH will be working to show the value across NHS Scotland and this is being enabled through discussions as part of the wider NHS Scotland sub-national planning work where the role of the ICH has been showcased and opportunities for further development and enhancements identified.

- We are continuing to work closely with a broad range of stakeholders to increase the volume and availability of alternative pathways for patients. One action we have continued to progress post-winter has been the co-location of paramedics at several NHS health board sites to test allow fuller assessment of the impact of this intervention. This has shown increased numbers of calls to the FNC from SAS and is attracting positive feedback from frontline crews, paramedics and the health boards. This will continue to be evaluated over the coming weeks and potentially tested in other areas.
- Building on our ambitions to be a Population Health organisation a detailed plan has been developed and approved by our Executive team. This sets out our immediate priorities including identifying workforce development opportunities, collaboration opportunities and improved use of our data and specific insights. This is a key priority for the Service and will be reflected in a range of workstreams.

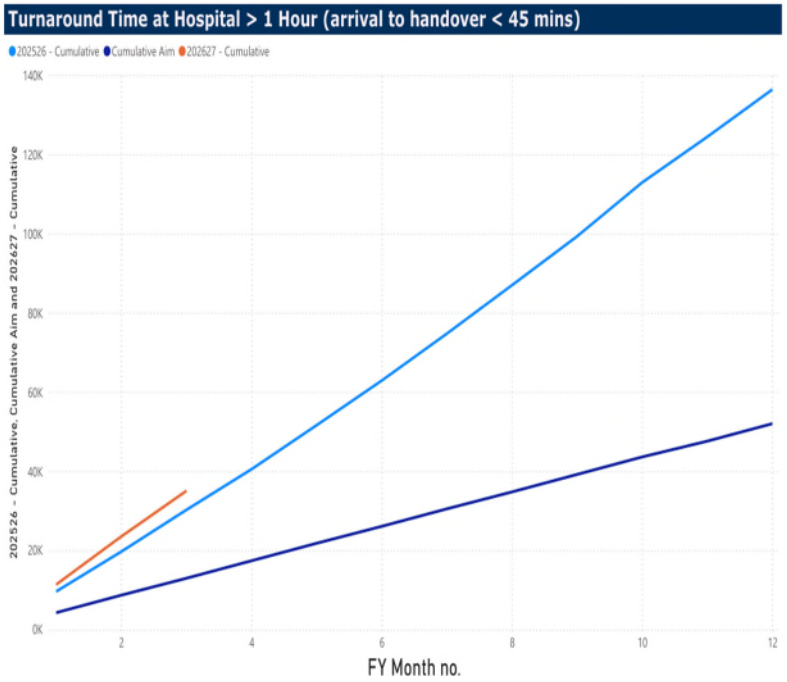
TT: Turnaround Time at Hospital



Latest Month	Last Year
62.3%	66.5%



Latest Month	Last Year
62.8%	69.3%



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 June 2026 was 1 hour, 05 minutes, 29 seconds. This is 4 minutes and 22 seconds higher than June 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.

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.
- Establishment of a SAS 'Improving Hospital Turnaround Times' Working Group. This is an important piece of work which is highlighted in the Scottish Ambulance Service 2026/27 ADP with the aim to ensure standardisation in approach across all the challenged hospital board sites.

Regional specific actions include:

East:

- Only 1 of the 6 major hospitals in the East region saw an increase in turnaround times in June, with the regional median turnaround time being 45 minutes and 08 seconds, down again from the previous month. Notably the site which did see a small increase of 1 minute 45 seconds, was Ninewells which performs well and the increase only took the median for the site to 35 minutes 38 seconds.
- 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.
- The HALO role continues to be tested within NHS Borders with significant improvements noted in on the day discharge activity with an associated reduction in out of hours discharge activity.
- 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 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.
- SAS is represented on the East Sub-national planning group focused on urgent care and flow- the group is developing a clear plan setting out how Flow Navigation Centres and urgent care flow will evolve across Scotland East with Short, Medium and longer term actions focused on reducing unwarranted variation and improving navigation to the right place, first time. A wider stakeholder engagement session took place on 29 June to review and inform options around a proposed future model for unscheduled care.
- 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 a multi-agency initiative in Forth Valley aimed at reducing attendance at hopsital and improving the care for residents of care homes in the area. This involves supporting weekly multidisciplinary review meetings to identify opportunities to use alternative pathways where clinically more appropriate than hospital attendance.

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.
- 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:

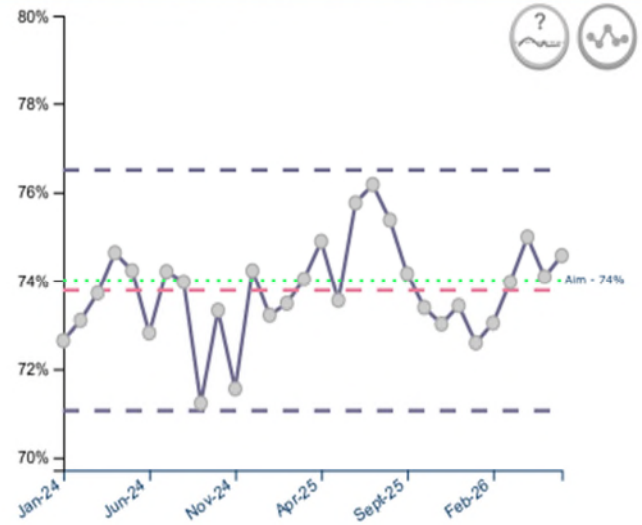
- Weekly strategic meetings with NHS Grampian (Aberdeen Royal Infirmary) supported by SAS CEO / Regional Director / Deputy Regional Director
- Weekly ‘Tactical’ level meetings with NHS Grampian senior leadership.
- Daily ‘Operational’ level meetings with NHS Grampian leadership team.
- Daily SAS / NHS 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. (Part NHSG Funded)
- HALO cover also provided at Dr. Gray's hospital in Elgin.
- Introduction of HALO cover at Raigmore.
- 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 forming 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.

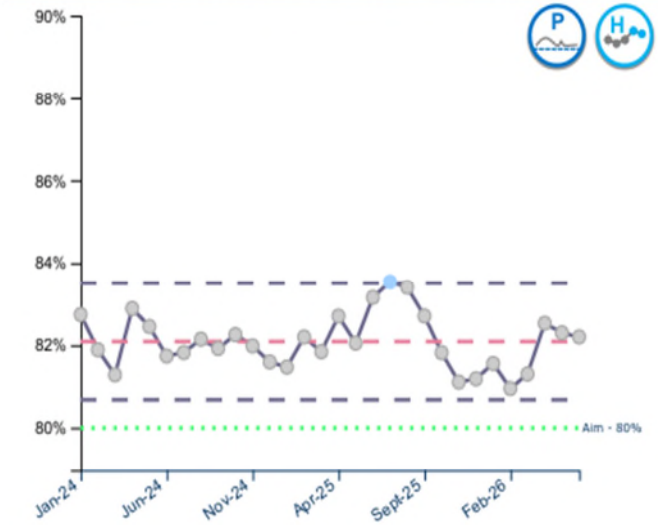
SC: Scheduled Care

PTS Punctuality for Inward Journey



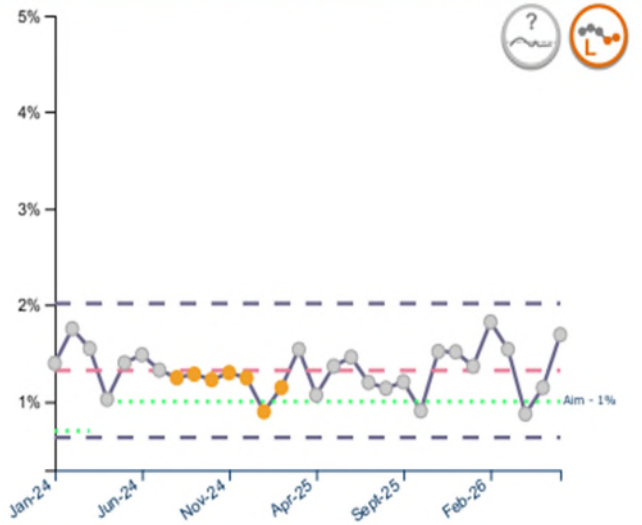
Latest Month	Last Year
74.6%	75.8%

PTS Punctuality for Outward Journey



Latest Month	Last Year
82.2%	83.2%

PTS Cancelled by SAS No Resource



Latest Month	Last Year
1.7%	1.5%

What is the data telling us?

The number of Scheduled Care calls remains stable with 32,012 in June 2026.

Journey demand in June was higher than usual seasonal demand however remains within the control limits (normal variation). We undertook 29,763 completed journeys in June 2026.

Punctuality after appointment was 82.2% in June 2026 and punctuality for inward appointment was 74.6%. The percentage of Patient Transport Service cancellations by the Service in the 'No Resources' category was 1.7% in June 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 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 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.

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

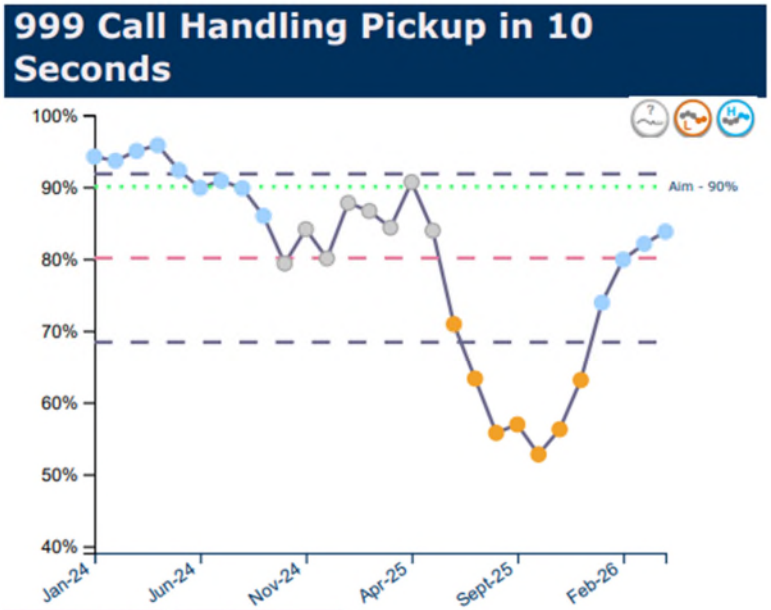
The Scheduled Care Improvement Programme continues to progress across all workstreams, with recruitment activity ongoing and supported through established engagement with Business Support Managers. Work is also progressing to refresh the Scheduled Care modelling, which will inform the forthcoming Demand and Capacity review and implementation.

Regarding Timed Admissions, the pathway has now been defined and agreed. Guidance and supporting materials have been drafted for review in consultation with clinical colleagues. Work is underway to agree how to measure timed admission activity along with how best to resource the ACC component.

The Technology workstream continues to progress well, with the SQL server upgrades successfully completed at the end of June. This milestone enables the implementation of enhanced functionality within the Cleric PTS CAD system, with discussions currently underway to review and prioritise the new features available.

Transport Hubs continue to deliver positive outcomes, with hubs operating across multiple regions and further expansion opportunities being actively explored. Work is progressing to review of the Scheduled Care ACA job description, with management and Trade Union representatives working together to support the future development of the Scheduled Care training programme.

Other Operational Measures



What is the data telling us?

The Service saw a slight decrease in 999-call demand in June, receiving 63,336 calls. This was 1.1% lower than the previous comparator and 5,273 calls, or 9.1%, higher than June 2025.

The Telephone Answering Standard (TAS) of all 999 calls answered within 10 seconds during June 2026 was 76.9%, a slight increase from the previous month but 6.0% lower than June 2026.

SAS recorded 1,592 delays of 2 minutes or more with BT. This was the third highest (11th) recorded across the other UK Ambulance Services and was an increase of 222 compared to May.

The recorded average time to answer with BT for public 999 calls was 17.25 seconds, and this placed SAS 11th out of 13 UK Ambulance Services, this is a 1.06 second reduction compared to February.

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.

Finalising and introducing a revised Urgent Disconnect and Escalation process, incorporating feedback from operational supervisors and progressing governance through the Clinical Advisory Group ahead of implementation.

Developing a nationally consistent real-time operational management framework, supported by daily performance huddles, enhanced real-time monitoring, clearer leadership accountability and improved management oversight.

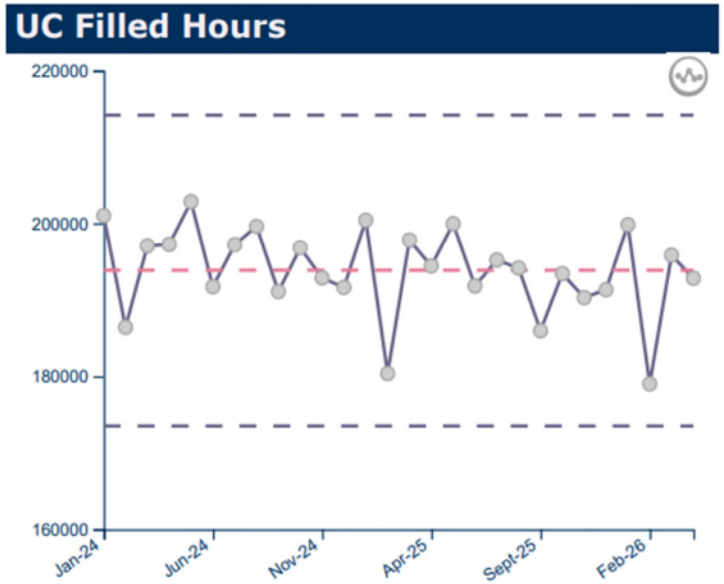
Strengthening frontline leadership through the introduction of enhanced supervisor development arrangements, including revised one-to-one processes, competency frameworks, performance reporting and leadership development focused on coaching, wellbeing and performance management.

Enhancing operational intelligence through new call performance reporting and improved attendance, absence and workforce reporting to support timely decision making and performance management.

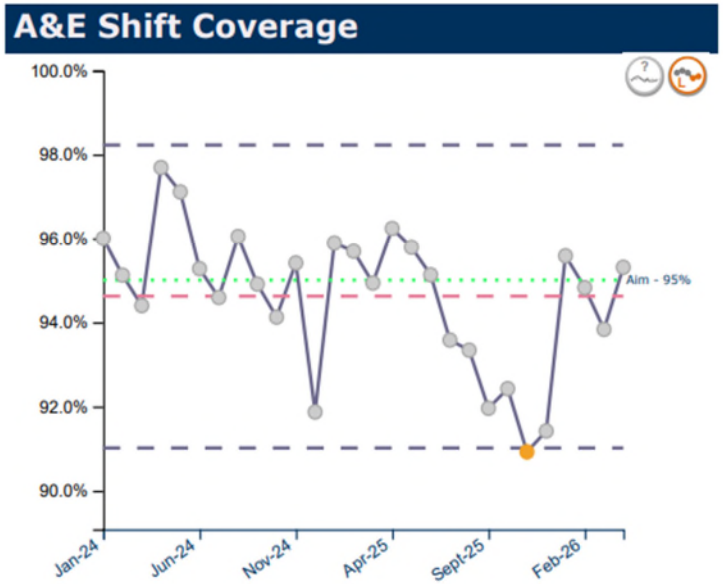
Progressing a range of workforce initiatives, including recruitment and assessment centre redesign, planning to restore establishment levels, development of career pathways and work to address supervisory capacity across Ambulance Control Centres.

Developing a structured improvement framework to coordinate delivery of service improvement initiatives and provide clear governance, accountability and reporting across the programme.

Shift Coverage



Latest Month	Last Year
192,796	194,395



Latest Month	Last Year
95.3%	96.2%

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 June 2026 the shift coverage was 92.6% with 186,958 crew hours filled.

Best practice for UK ambulance services is no more than 55% utilisation. Our utilisation rate in June 2026 was 62.7% 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

East Region:

Operational shift coverage showed a drop in June to below 95% . This has partly been impacted by a small increase in sickness absence and other abstractions including special leave, along with a reduction in overtime uptake. Ongoing NQP recruitment to a supernumerary position will support resilience in operational cover. 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 flexibile working arrangements have added a degree of complexity to rostering. In order to support the resource planning function, recruitment has been undertaken for 2 additional Resource Planners who are now in post awaiting training which will be taken forward imminently with the conclusion of the Reduction in the Working Week programme.

Significant work has been led by Team Leaders at Edinburgh City Station to improve the experience and support provided to NQPs during their transition to autonomous practice. This work will now feed into a national review of the Service's application of the '*Flying Start'* programme.

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 are due to pregnancy and all staff on alternative duties are realigned to focus on priority areas of support including the Integrated Clinical Hub.

The regional workforce plan sets out an aspiration to maintain a small over establishment moving through 2026/27 and recruitment is ongoing to achieve that.

North Region:

Shift coverage for the month of June 2026 was 93.8%, marginally lower than 94.7% in June 2025 and below the 95% recovery aim and the overall 95% aim. Sustained high coverage continues to underpin operational resilience, supporting rota fill, reducing reliance on short-notice mitigations, and improving flexibility in responding to demand volatility.

The North Region A&E Shift Coverage has shown an improved picture Q1 2026 as a result of progressive recruitment of Newly Qualified Paramedics (NQPs) and also Qualified Experienced Paramedics and Technicians and will be further enhanced with the recruitment of trainee Technicians, particularly benefitting remote hard to recruit to locations.

Following the current recruitment programme, the North will likely have 14.45 WTE vacancies in particularly hard to recruit locations. The North Region will continue to work to recruit to these locations.

Many vacancies have been very challenging to address. There are 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.
- Abstractions. Sickness Absence has increased in June reported at 7.9%. 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.
- Reduced up take of overtime in some areas due to the challenge of delayed ambulance hospital turnaround times and traditional seasonal holiday period.

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. The aircraft was released to Gama Aviation and is currently undergoing planned maintenance at their Staverton base. There were no immediate actions or recommendations issued by the AAIB and the preliminary report is expected soon. SAS-led structured de-brief sessions are scheduled for Friday 17th July. There are two sessions planned, one specifically for Helimed02 paramedics, pilots and engineers and a second session for the wider ScotSTAR teams and

SSD colleagues. A report will follow, and any adjustments to our operations considered thereafter. As previously reported, other than the initial response to providing a back-up aircraft, the incident has not impacted on operational aircraft availability.

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

- As previously reported, production delays mean that the contract will commence on 26th July 2026 without the full complement of the new fleet.
- Fixed wing - At this time one of the new fixed wing aircraft will enter service, with Gama Aviation maintaining the existing three aircraft to provide additional resilience in mitigation. It is expected that all three new fixed wing aircraft will enter service by the end of December 2026. Gama Aviation continue to work with Textron Aviation to explore mitigations, though significant improvements to the dates noted above are not expected and the risk of further delays remains.
- Rotary - Gama have taken delivery of all three H145D3 helicopters, and the two primary aircraft are scheduled for delivery to SAS prior to contract commencement. The third helicopter, which is the back up to the two primary aircraft, will enter service mid-August.

EMRS

- The EMRS East business case was submitted to Scottish Government, who have requested that it is progressed via sub-national planning. Further engagement is underway with SG and the regional Territorial Health Boards around the business case and identifying potential funding approaches. Internal SAS meetings are currently taking place weekly to maintain oversight of this work and support its progression.

SPRS

- The SPRS Service Redesign Business Case remains under consideration by Scottish Government.
- In the meantime, an ask for interim funding has been approved 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. A meeting with key stakeholders was held, and a decision taken 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 as a result of the impending changes relating to the Best Start programme, the existing accommodation for the SNTS East team within the Simpson Centre will no longer be available. No suitable SAS estate solution has yet been identified and further options are being explored.

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.
- 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):

- The pilot for the MIS App went live on 6/11/25 and both the initial feedback from users, coupled with a significant increase in deployment, indicate this has had an extremely positive impact. The 3-month pilot, involving 46 CFR groups, will be closely monitored with agreed parameters for the subsequent evaluation.
- The combined impact of the introduction of the dual responder model (Community Cardiac Responder & Community First Responder) and the MIS App, has undoubtedly helped improve certain aspects of deployment. In Nov 25, CFRs attended 733 calls, an impressive 47% increase compared with the previous month. In addition, our Community Cardiac Responders (trained SAS volunteers dispatched via GoodSAM) attended an additional 125 incidents during Nov 2025.
- CFRs spent an average of 43.67mins on scene during Nov. During the 3-month period (Sept – Nov 25), our valued volunteers have attended an incredible 2091 calls, and in doing so, provide not only early care, reassurance and compassion to our patients but relay vital information back to remote clinicians which can help further quality clinical decision making
- 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.
- We have now agreed a lease a Dundee's Oliver barracks to extend the footprint to the SORT base to include the required estate for the delivery of CCRT – CBRN training. The Phase 3 business case has now been re-approved by the Board and has been submitted to SG EPRR

for a decision on funding. The tender process for the delivery of the new infrastructure for the NCCC has been delayed by 3 weeks. This is due to the need to go back out to tender to allow differentiation between the submissions that were received. This will provide a resilient platform with full integration to partners across Government, Blue Lights Partners, Resilience and NHS for the Strategic Command and Coordination of complex and major incidents.