Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting	**28 January 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 December 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 December 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 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. 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. We have now completed our CareZone pilot with Dumfries and Galloway Council as a pathfinder site with a successful exit strategy implemented. The impact of the Integrated Clinical Hub and our frontline clinicians using pathways has seen us increase the numbers of patients who are managed without the need for conveyance to hospital.
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 December 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.

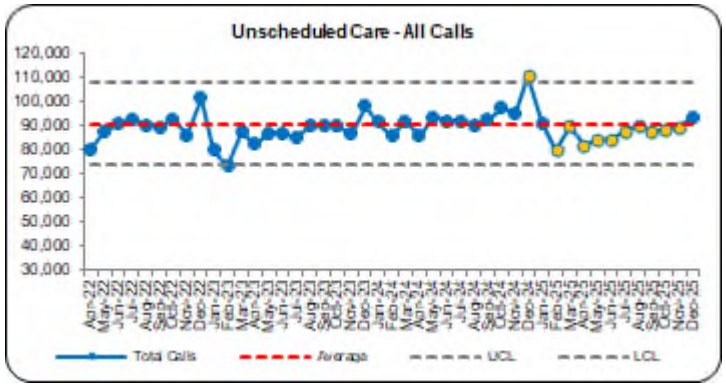
Performance Charts

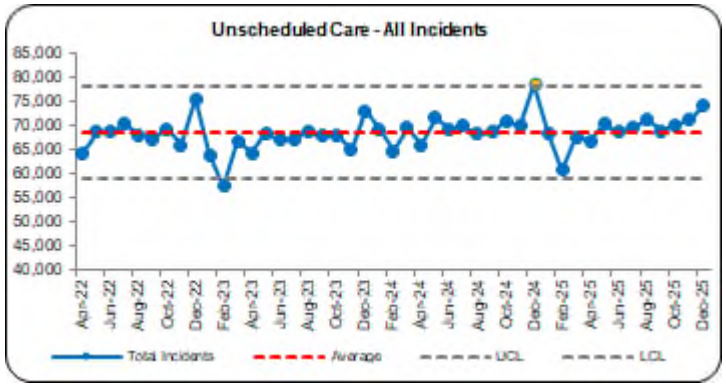
The Board Performance Report consists of data pertaining to several Service measures plotted in control charts (with control limits) and run charts (without control limits). Both types of charts provide a statistical tool for understanding variance within a data set. Correctly interpreted charts help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

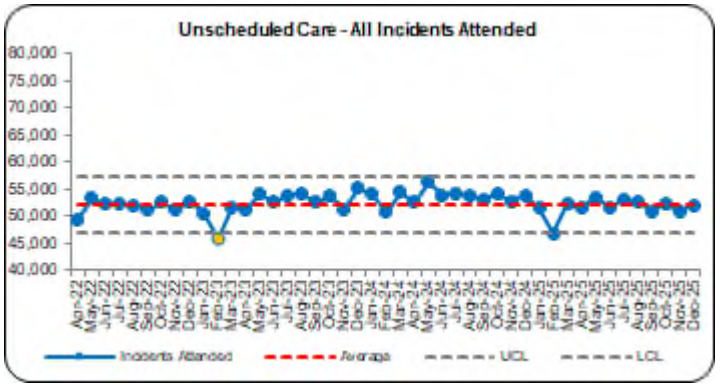
Control Charts
Rule 1: A run of eight or more points in a row above or below the mean (light blue)
Rule 2: Six or more consecutive points increasing or decreasing (green)
Rule 3: A single point outside the control limits (orange)

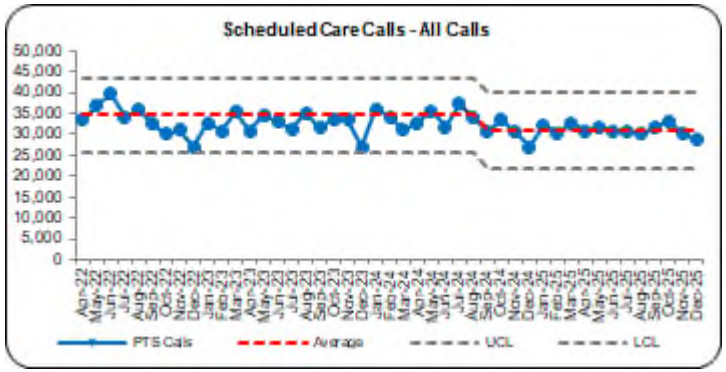
Run Charts
Rule 1: A run of six or more points in a row above or below the median (light blue)
Rule 2: Five or more consecutive points increasing or decreasing (green)
Rule 3: Undeniably large or small data point (orange)

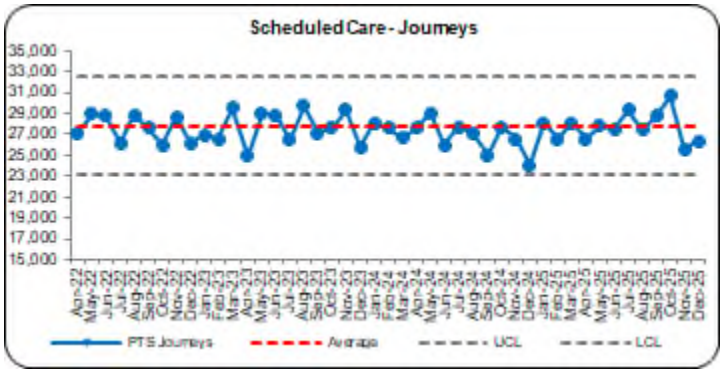
D: Demand Measures











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 December 2025, demand experienced across the month was an 15.4% decrease on the same period last year, with 93,864 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 December 2025, there was a seasonal increase compared to previous months however, the total of 74,441 incidents represented a 5.4% decrease compared to December 2024.

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.

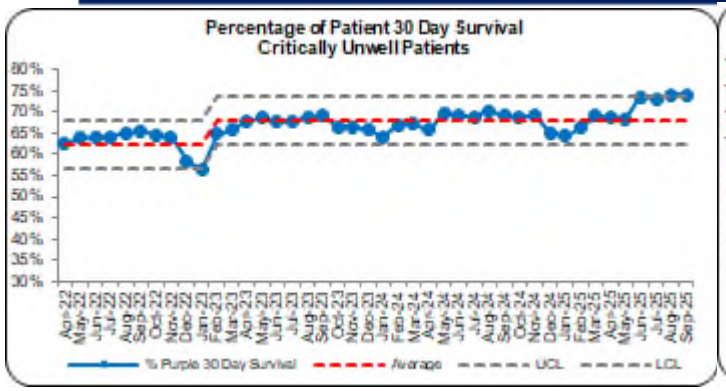
Our annual delivery plan for this year is focused on those priority areas highlighted by Scottish Government that we can influence, which will reduce pressures on the wider Health & Social Care system, support the stabilisation of services, accelerate recovery, and provide the most benefit to patients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

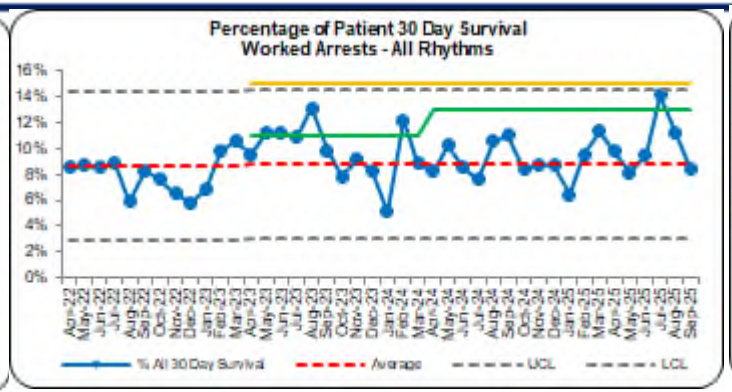
We have established several work streams to increase our workforce, to progress towards reduction in the working week assuming 36 hours by April 2026 to align with the 23/24 pay award agreement with Scottish Government, improve demand management, and increase capacity which include working collaboratively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

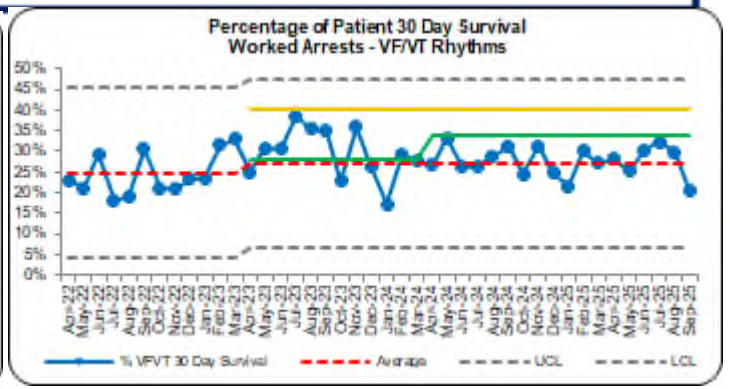
Significant work continues with hospitals to improve flow and reduce ambulance handover times. Details are included in the section of the paper specific to Hospital Turnaround.

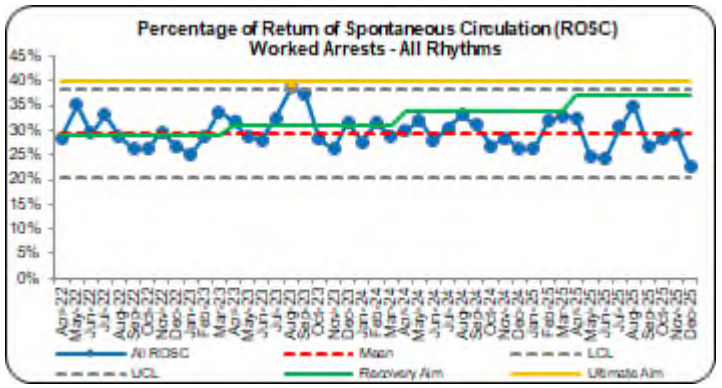
Our work to support staff health and wellbeing is detailed in a separate Staff Experience and Performance Report on the Board meeting agenda.

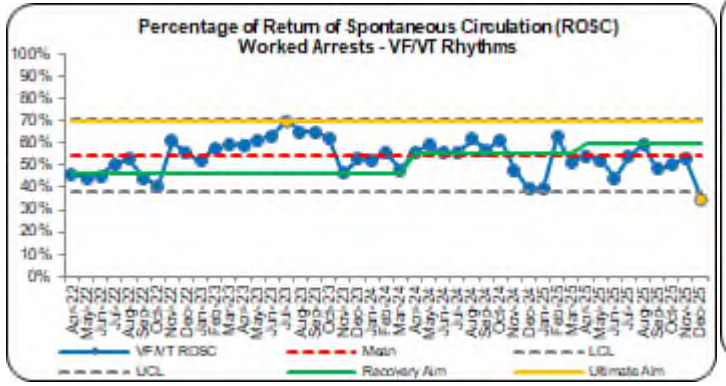
Purple Response Category: Critically Unwell Patients

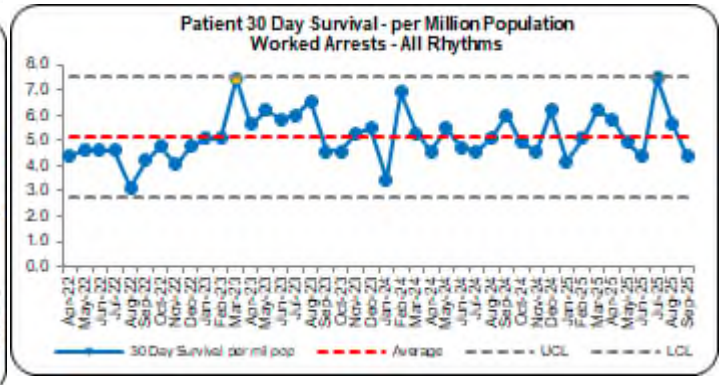


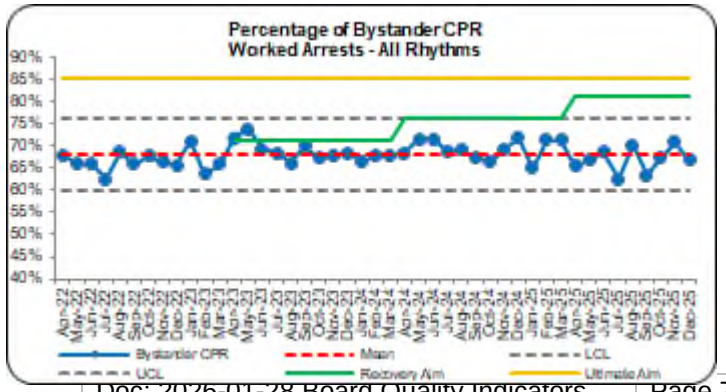


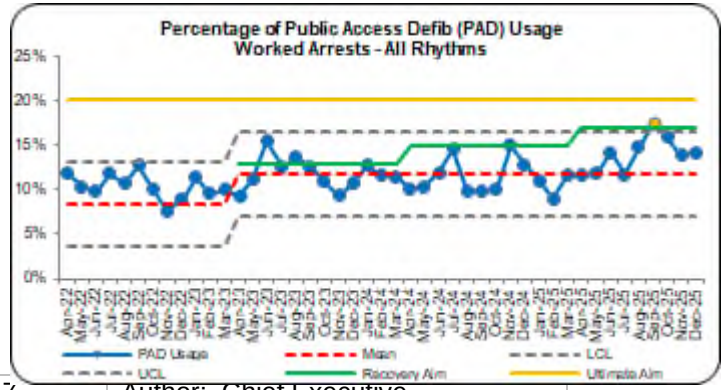


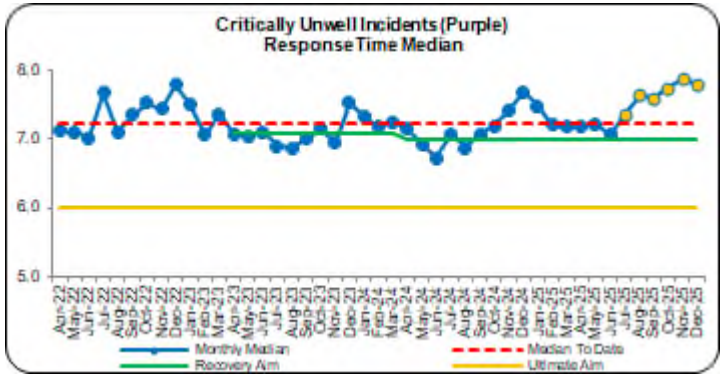


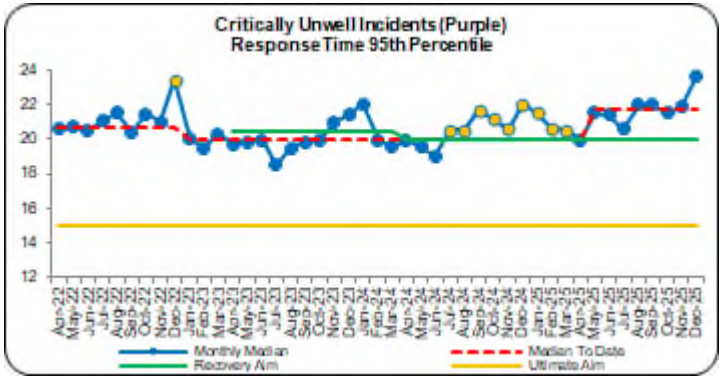












What is the data telling us?

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 September 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 December 2025. These measures remain stable, with the expected seasonal monthly variation, with some month-on-month upward trajectory overall in ROSC prior to December. The winter dip in ROSC is seen internationally with no real understanding in the literature of why this is the case.

The response time measures for December 2025 (process measures) were above median levels as they have been since July 2025 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. We have now completed our pilot with Dumfries and Galloway Council as a pathfinder site with a successful exit strategy implemented. Work has now turned to the drafting of the report which should be completed prior to the next reporting period, the development of a national spread plan and needs analysis and development of paper for publication about the process.

The OHCA team have continued the work 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. This has been an extensive piece of work, and it is anticipated these updates will be available in March and optimisation of the GoodSAM platform continues. We now hold enough data to better understand the behaviours of the public when they receive a GoodSAM alert, and so more opportunity to define how it is used in different locations. This will be a focussed piece of work in the coming months.

Purple Median Times

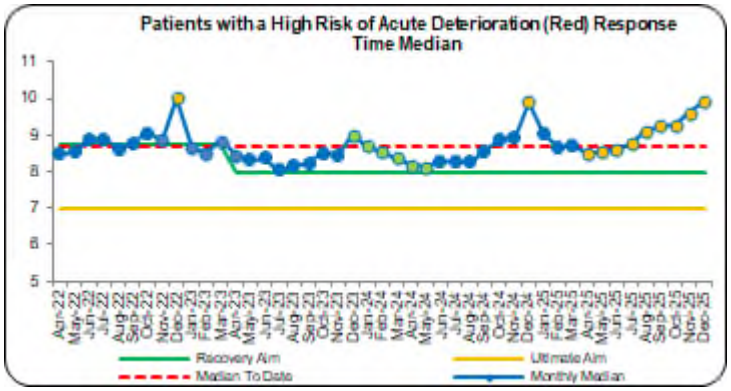
Median response times to purple category in December 2025 was 7 minutes 48 seconds. We reached 95% of these patients in 23 minutes 41 seconds (95th percentile). The key influencing factors on response times are service time (which includes hospital turnaround times), emergency demand, shift cover and staff availability during shift. Work is focused around the following priority areas.

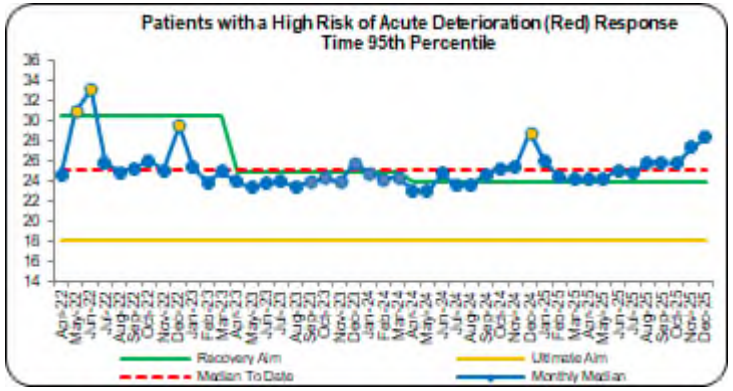
The Integrated Clinical Hub (ICH) and Pathways initiatives continue to support the principles of right care right place and the data for December 2025 shows that 55.5% of patients were managed without ambulance conveyance to hospital.

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.

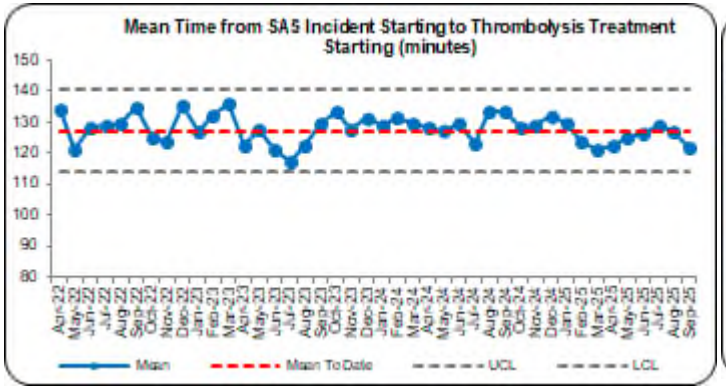
Health Boards continue to work with our regional management teams to produce site action plans in line with the Safe Handover at Hospital principles to support a reduction in delays and early escalatory actions.

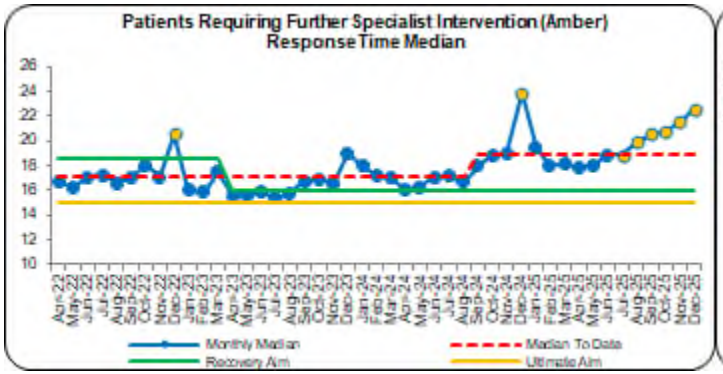
Red Response Categories: Patients at risk of Acute Deterioration

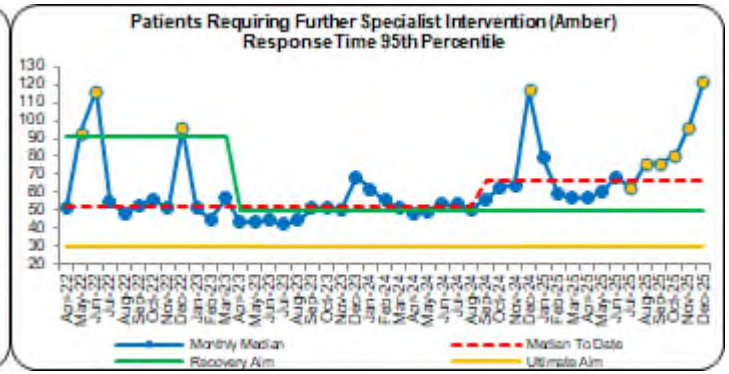




Amber Response Categories: Patients requiring Further Specialist Intervention







What is the data telling us?

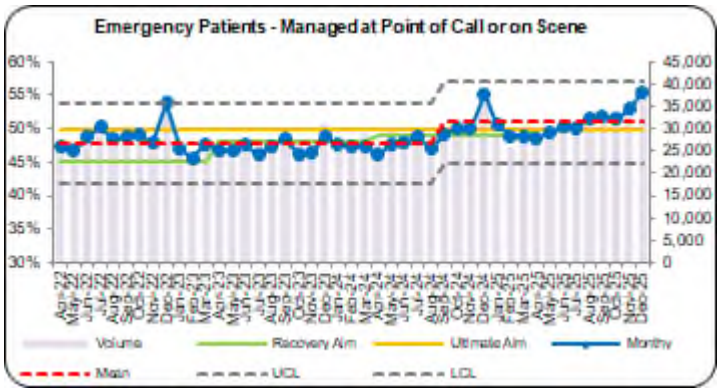
The median and 95th percentile response times for both red and amber categories of call have seen a period of increase since the early part of 2025 due to increased pressure on the Service and the wider Health and Social Care sector. In December 2025 we attended 50% of red category incidents within 9 minutes 56 seconds and amber within 22 minutes 37 seconds.

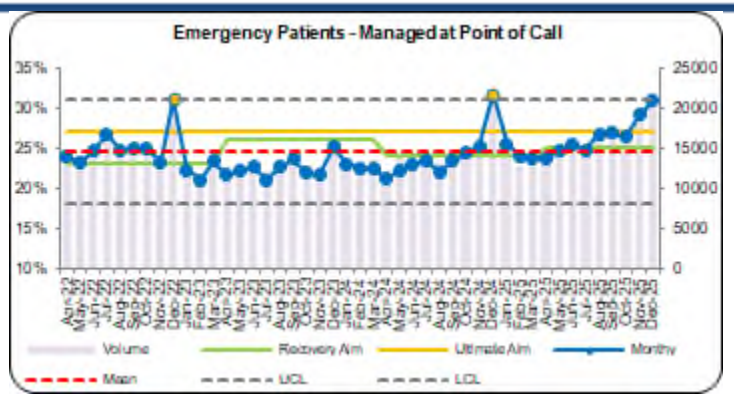
Our Major Trauma clinical workstream is a key partner in the Scottish Trauma Network. The review of our Critical Care Desk (CCD) which is focused on enhancing the underpinning processes for major trauma patients is progressing well and we anticipate having recommendations developed by end March 2026. Preparation of the evidence required for the Trauma Services Peer Review has been completed with the review taking place from January to March 2026.

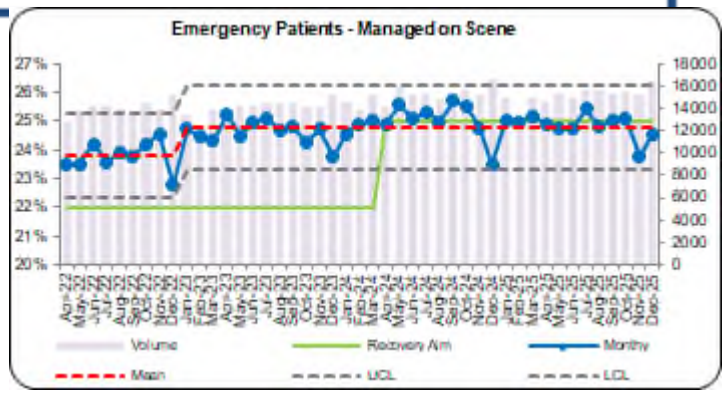
SAS continues to work closely with a range of partners through collaboration with SG health boards and the charity sector in a range of improvement work in relation to thrombolysis pathways continues with NHS Scotland Boards as does SAS support to planning the roll-out of the National Thrombectomy programme.

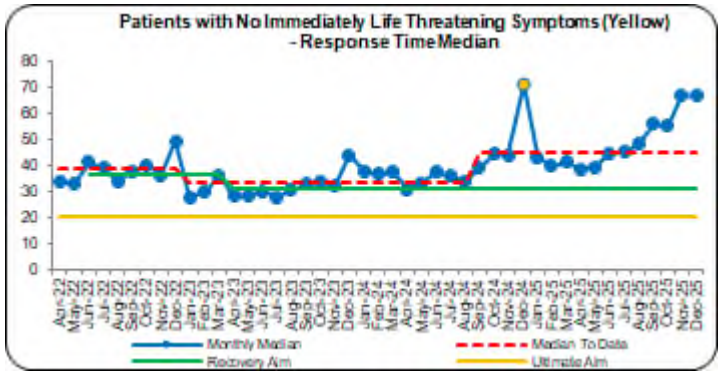
Our 999 to Thrombolysis time chart remains stable within control limits. see comment re chart timescales currently to March 25

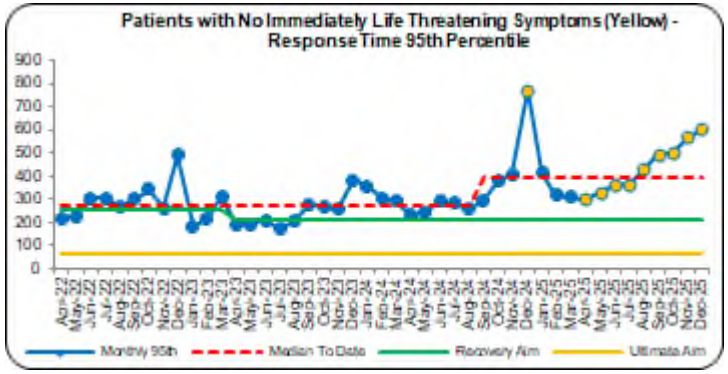
Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance











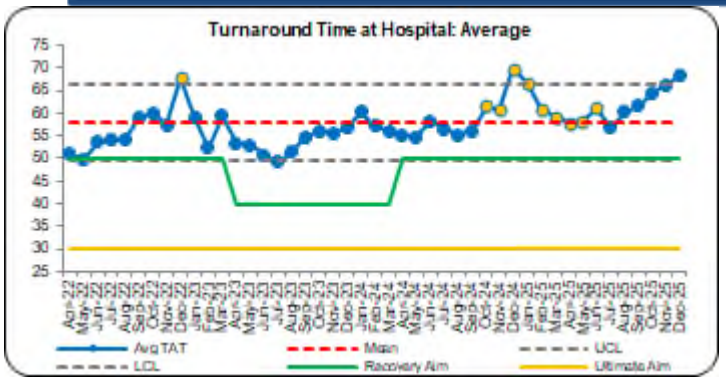
What is the data telling us?

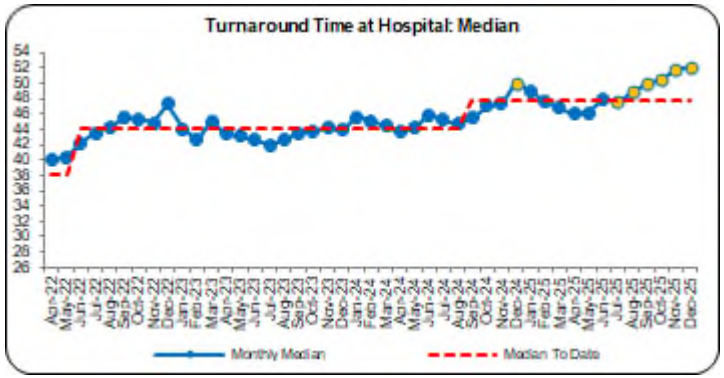
We continue to provide significant volumes of 'urgent care' in addition to our emergency response. These patients may often be better supported through clinical care out with a traditional ED pathway and to achieve this we are working in collaboration across NHS Scotland territorial health boards as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

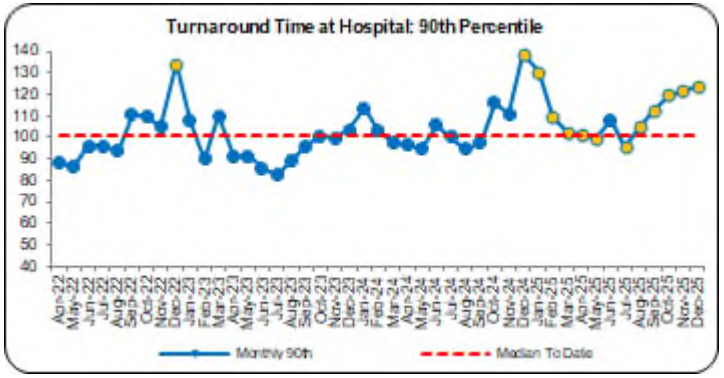
In December 2025 we managed 55.5% of all calls which comprised 20,605 (30.9%) managed at point of call and a further 16,386 (24.6%) by clinicians on-scene following ambulance attendance conveying only 44.5% of overall demand to hospital. This is enabled through:

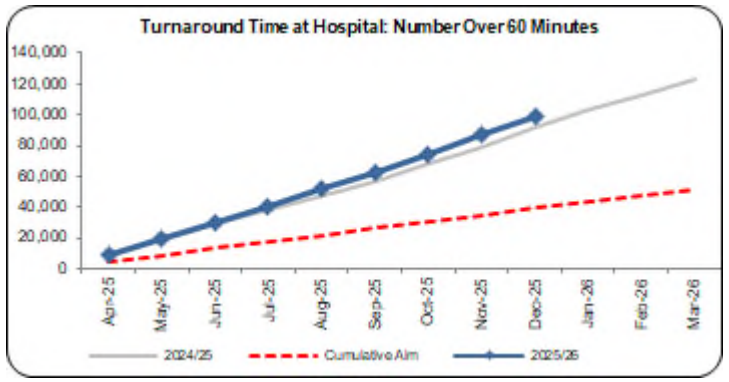
- As previously reported in advance of winter 2025 we focussed on strengthening the capacity within our Integrated Clinical Hub with the aim of increasing our ability to manage suitable calls through high quality remote clinical consultation and assessment without the need for an ambulance response with a particular focus on NHS24 demand. Our Integrated Clinical Hub includes a multidisciplinary clinical team consisting of Clinical Advisors, Advanced Practitioners and GP Advisers. As the data indicates we have seen the number of interventions and calls steadily increase and this has positively impacted our ambulance availability to respond to more acutely unwell patients. We continue to work closely with NHS24 on identifying areas of shared learning and opportunities for collaboration.
- We continue to work with the wider system to enable SAS frontline clinicians to effectively care for patients through navigation and referrals to primary care, GP Out of Hours and Flow Navigation Centres. Over winter we have ensured continual engagement with our frontline clinicians on delivering right care, right place and over all we continue to see a significant proportion of our patients managed without the need for ED attendance.
- Over the next couple of months, we will be seeking to evaluate the impact of our winter actions and that as well as quantitative data we will be looking to incorporate a range of qualitative data including patient experience.

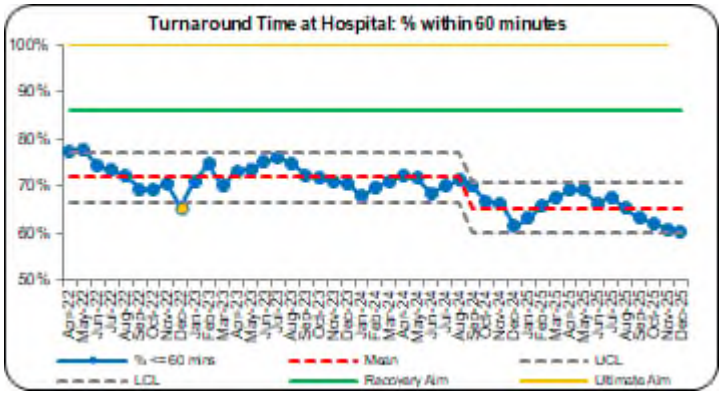
TT: Turnaround Time at Hospital











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 December 2025 was 1 hour, 8 minutes, 20 seconds. This is slightly lower than December 2024 however it remains that throughout 2025 there has been 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.

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 Director and Deputy Director programmed in across the winter period.

- 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 increase HALO capacity over the coming months with additional capacity planned for NHS Borders and NHS Fife. The HALO focus has continued to be on flow through sites with a view to supporting maximum discharging and efficient use of scheduled care 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.
- Additional short-term funding has been identified within the NHS Fife area to operate a Mental Health resource over December through to February to support effective management of patients experiencing mental health challenges out with the ED. This work is being supported locally by our Clinical and Scheduled Care Team Leaders.
- 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.
- Escalations plans in place have been reviewed with key sites across the Region. As part of wider escalation plans, a process to release ambulance resources to respond to ILT calls has been agreed with hospital sites.
- We continue to work closely with Flow Navigation Centres across the Region- a test of change is underway 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 has continued in all sub-regions.

West:

- 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. in Lanarkshire and Ayrshire HUB will go live the week of the 19th January. Following further discussion with NHS GG&C the FNC+ model have moved to a call to convey model
- 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 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.
- NHS Ayrshire & Arran sites have seen recently pressures. engagement with the senior team in NHS A&A continues. The Deputy Regional Director will be focussing on HTAT improvement in Ayrshire.

- Additional HALOS in place in Ayrshire and Lanarkshire, and Glasgow Royal sites working across seven days
- APs now in place in the Ayrshire and GG&C Flow Navigation centre
- Handover support and cohorting crews in place to allow staff to handover increasing availability within Lanarkshire and Ayrshire
- 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

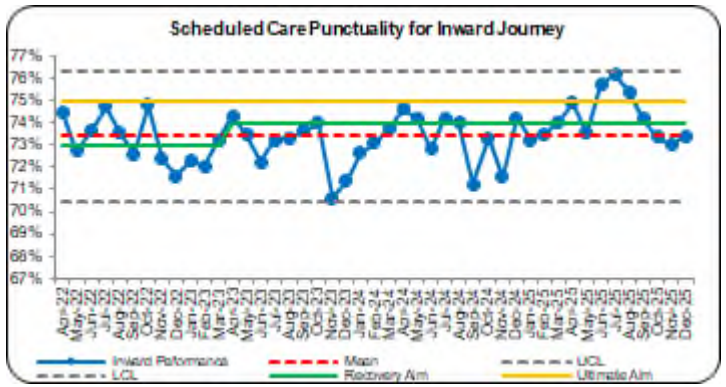
North:

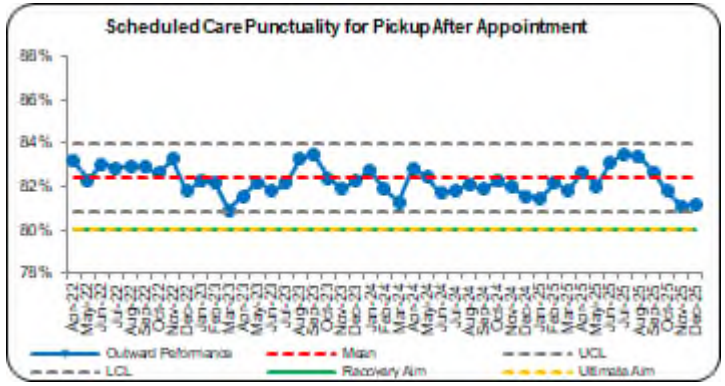
- Weekly strategic meetings with NHS Grampian (Aberdeen Royal Infirmary) supported by SAS CEO / Regional Director / Deputy Regional Director
- Weekly 'Tactical' level meetings with NHS Grampian senior leadership.
- Daily 'Operational' level meetings with NHS Grampian leadership team.
- Daily SAS / NHS 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

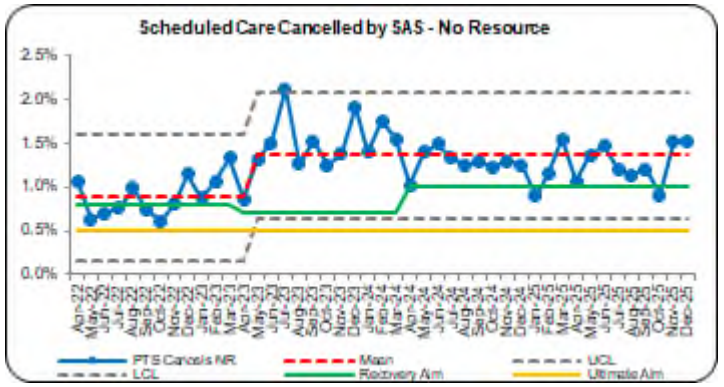
2. Escalation process for the deteriorating patient in stack
3. Process for pre-alerting Emergency Department for incoming high acuity patient

- 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 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.
- NHSG have implemented a plan to affect no ambulance waits over 11 hrs reducing to 10 hrs, and further to 9 hrs week to week etc until improvement is maintained to ensure that maximum wait for any ambulance crew should be under the 60 mins. 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.

SC: Scheduled Care







What is the data telling us?

The number of Scheduled Care calls remains stable with 28,673 in December 2025.

Journey demand in December remained at a consistent level considering usual seasonality and remains within the control limits (normal variation). We undertook 25,600 and 26,343 completed journeys respectively in November and December 2025.

Punctuality after appointment was 81.2% in December 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 1.5% in December 2025, which is within the above the 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 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 ACCs. 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 January Ambulance Care Assistant (ACA) course is currently underway and is due to be completed by the end of the month.

Progress continues on the Timed Admissions work. The current process has been mapped in collaboration with key stakeholders, and several areas for improvement have been identified. The project team is now finalising these recommendations, which will be presented at the next Scheduled Care Improvement Board for discussion. A staff engagement session has also been scheduled for April 2026.

Following engagement with St John Scotland, work is underway to develop a draft proposal outlining a potential collaboration that would utilise their volunteer workforce to support the Timed Admissions Service during periods of high patient demand. Data analysis has now been completed, with the Executive Paper finalised and an SBAR presented at the December Executive meeting. Approval has been granted to formally co-design a Target Operating Model with St John Scotland (SJS). To support next steps, a draft partnership proposition has been developed, and this concept paper outlines the operational opportunities and governance requirements needed to re-engage SJS and progress the co-design phase.

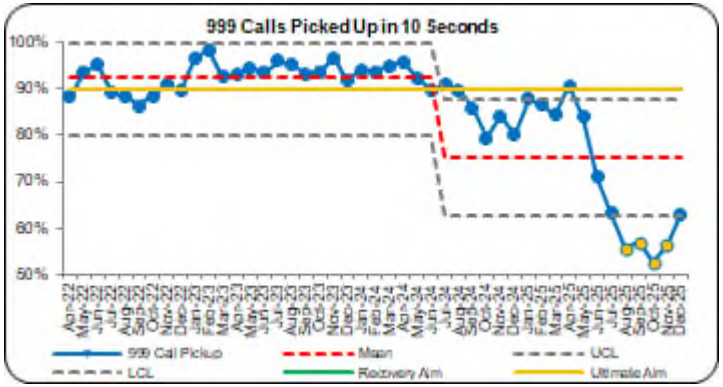
The initial draft of the Scheduled Care technology paper has been completed and circulated to key stakeholders for review. The accompanying SBAR has also been finalised, and the paper sets out the future technology capabilities and requirements for the Scheduled Care service. Its recommendations are now under consideration by the Scheduled Care Improvement Programme Board.

The QEUH Transport Hub has been operational for three months, focusing on enhancing patient movement, discharge timeliness, and transport efficiency within the hospital. A data analysis exercise has shown the hub has increased early patient movement, facilitated timely discharges, reduced late-day pressures, and optimised the use of the core Patient Transport Service (PTS) fleet while decreasing private ambulance reliance and journey cancellations. Coordination and communication among wards, SAS, and site teams have also improved, contributing positively to A&E flow and scheduled care capacity.

Work has commenced to accelerate the spread of the QEUH Transport Hub model focusing on NHS Lanarkshire, NHS Ayrshire and Arran and NHS Grampian. Given the time pressure to introduce additional capacity through 2025 winter, a blended resourcing model is being developed maximising opportunities for existing staff supported by bank workers.

An initial meeting has been scheduled for February to commence the review of the Ambulance Care Assistant job description. This work had previously been postponed and is now being restarted.

Other Operational Measures



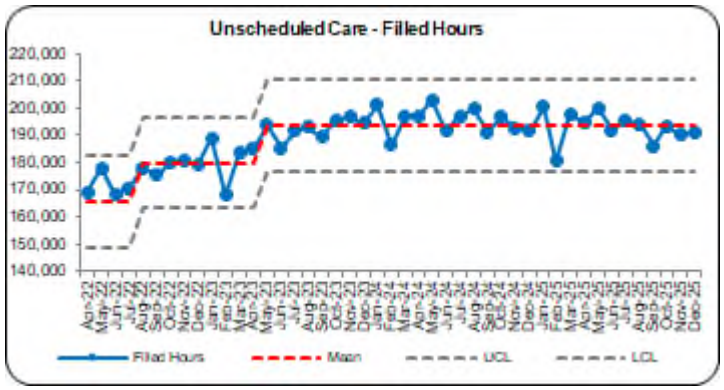
What is the data telling us?

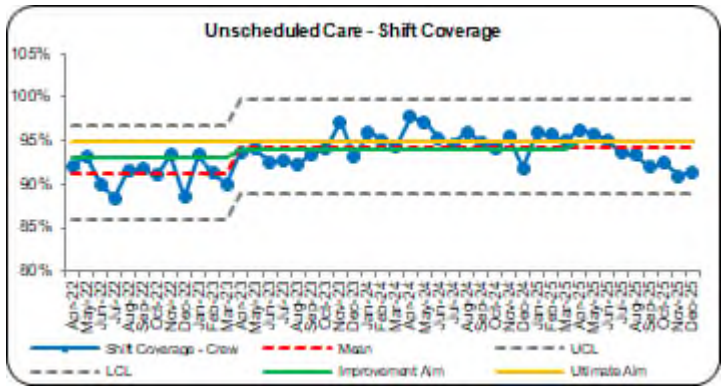
The Service saw steady 999 call demand in December 2025. We received 66,502 calls which was a 8.8% decrease compared to December 2024.

Our TAS remains challenging, and we have not met our aim (90%) since April 2025. The % of calls answered in 10 seconds dropped below the lower control limit between August and November 2025, recovering to within the limits in December to 63.1% against our aim of 90%.

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 December 2025 the shift coverage was 91.4% with 191,296 crew hours filled.

Best practice for UK ambulance services is no more than 55% utilisation. Our utilisation rate in December 2025 was 65.1% 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.

- 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:

Although showing some improvement in November and December, A&E shift coverage has been below the 95% aim since June 2025. There was a significant increase in the number of respiratory/ flu related absences in December which saw overall sickness absence in the East rise to 10.8%

Recruitment has continued to be focused on maximising recruitment of NQPs with offers being made to 86 applicants. 61 of these appointments already having taken up post. A further 11 commence in February 2026 with the remaining starting in March. The phased intake of these NQPs has created opportunities to maximise availability through additional hours which had a positive impact shift coverage.

Alternative duties abstractions continue to be monitored, as do all abstractions, and there has been a marked reduction from the previous figure of 21, down to 14 staff unavailable for their frontline role due to a variety of reasons. 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.

North Region:

The North Region A&E Shift Coverage has shown a deteriorating position since May 2025 as a result of vacancies through natural attrition and also an increase in sickness in December owing to respiratory illness. This is stabilising as the recently recruited Newly Qualified Paramedics (NQPs) recruited complete their 8 weeks of training and move into operational roles (4 weeks driving, 2 weeks clinical induction, 2 weeks third crewing). The NQPs will not all commence their 8 weeks of training at the same time and has been phased over a period of 3 months.

63 NQPs have been offered and accepted A&E positions although we have seen this number decrease from a higher number due to NQPs accepting posts in other regions.

Excluding the NQPs we have appointed, we have around **26** A&E Vacancies. A targeted recruitment campaign commences next 2-4 weeks advertising for NQPs, qualified Technicians and Qualified Paramedics. We will most likely need a Technician Course for May 2026 and a formal request for this will be submitted.

The main reason for reduced A&E shift cover in the North Region is that 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. 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 December which replicates similar trends in other regions owing to an increase in respiratory illness. 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):

- The new General Manager of ScotSTAR, Laura McOscar, joined the service at the end of October 2025.
- Air Ambulance Re-Procurement
    - Phase 2 of the Air Ambulance Re-procurement programme remains on course to deliver the new contract by the end of July 2026.
    - Representatives from SAS and Gama Aviation visited the Textron Factory at the beginning of November to see the first King Air 360 fixed wing aircraft on the final phase of production, prior to its delivery to the UK.
    - Also, in mid-November the first Airbus H145D3 helicopter was handed over to Gama Aviation at a brief ceremony at the Airbus Helicopters UK base in Oxford. The aircraft was then flown to Gama's rotary base at Gloucester Airport where the medical interior fit-out will be completed.
    - A small team of Operational staff visited Gama's facility at Bournemouth Airport in mid-December where Gama presented the initial prototype of the new fixed wing aircraft patient loading system. The system was well received by staff, and Gama will incorporate elements of feedback received during the visit in the final prototype for SAS review and approval prior to going into full production.
- In the Emergency Medical Retrieval Service (EMRS) team, we introduced the first of four new, bespoke response vehicles. When all of these vehicles are online, they will provide the teams with a significant improvement in reliability and capability and will deliver considerable improvements to team resilience. We also continue to work on drafting the EMRS East Business Case, as requested by Scottish Government.
- The business case for the ScotSTAR Paediatric Retrieval Service (SPRS) has received approval from the Executive team. Currently, we are finalising a service redesign plan to outline the implementation of this new model to health board colleagues. Additionally, we are collaborating with the finance team to develop a strategy for identifying potential funding sources.
- The activity for the SPRS has notably increased due to the anticipated rise in winter respiratory viruses. Concurrently, the SPRS, Scottish Neonatal Transport Service (SNTS), and the Air Ambulance have continued to provide support to the National Scottish Paediatric Cardiac Service during its temporary pause. This pause has necessitated the transfer of patients to cardiac centres in England, significantly adding to the workload of all involved teams. The newly developed costing models for cross-border charges have been instrumental in ensuring accurate cost calculations and billing to Greater Glasgow and Clyde (GGC).
- Under the Best Start programme, we have identified potential future delivery models for the SNTS that require thorough data validation and financial review. We have submitted the financial details of these models to the National Task and Finishing Group for their assessment of indicative costs. We continue to work within the timeline of the Best Start programme and collaborate closely with colleagues across Scotland to ensure a positive outcome and successful implementation of this programme and its recommendations.

Ambulance Control Centres (ACC):

- The ACCs continue to stabilise the structure and have recently appointed a third Dispatch Manager that will be undertaking a review of the whole dispatch function across ACC, including the unconventional element of SSD, CFR, BASICS and SORT.
- Call Handlers were successfully onboarded leading up to winter and recruitment of new staff continues into the new year. A number of HCP call hanlders are now being converted to take 999s and we are onboarding more HCPs to back fill the gap.
- The Digital Patient Transfer project between NHS24 and SAS has now stood down, whilst NHS24 complete their own digital project. There is no assumed date for this work to be stood back up.
- The online booking project for HCPs was also stood down, the project had issues around password creation and management. A request has been made to the suppliers to progress the development of a single sign on solution, similar to what is current available through MS365.

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.

- 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. Capital funding has been secured from SG EPRR to update the current National Command, Control and Coordination (NCCC) room. This will provide a resilient platform with full integration to partners across Government, Blue Lights Partners, Resilience and NHS for the Strategic Command and Coordinaation of complex and major incidents.