Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting **30 July 2025**
Item No 05

THIS PAPER IS FOR DISCUSSION

BOARD QUALITY INDICATORS PERFORMANCE REPORT

Lead Director **Author**	Michael Dickson, Chief Executive Executive Directors
Action required	The Board is asked to discuss progress within the Service detailed through this Performance Report: - 1. Discuss and provide feedback on the format and content of this report. 2. Note performance against key performance metrics for the period to end June 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 June 2025 against our strategic plans for Clinical, Operational and Scheduled Care where this data is available. Patient Experience, Staff Experience and Performance, Health and Wellbeing and Financial Performance are reported in separate Board papers. <u>Clinical Performance</u> Clinical performance as related to the measures in this paper remain within control limits. There are detailed programmes of work underway in relation to our clinical workstreams and further information is also included within the 2030 update. Each of these workstreams has a significant element of internal and external engagement. In month the Scottish Cardiac Arrest Symposium took place and was very successful. The Service was also well represented within the recent NHS Scotland event both in poster presentations and

	sessions outlining a broad range of work underway covering a range of clinical topics. In June 2025 a total of 50% of patients were managed without 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 June 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'.

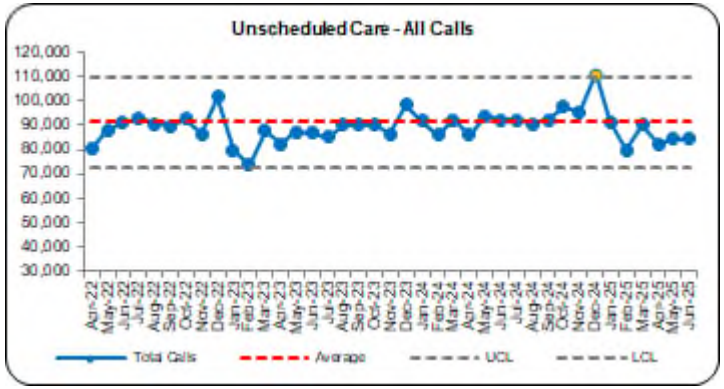
Control Charts

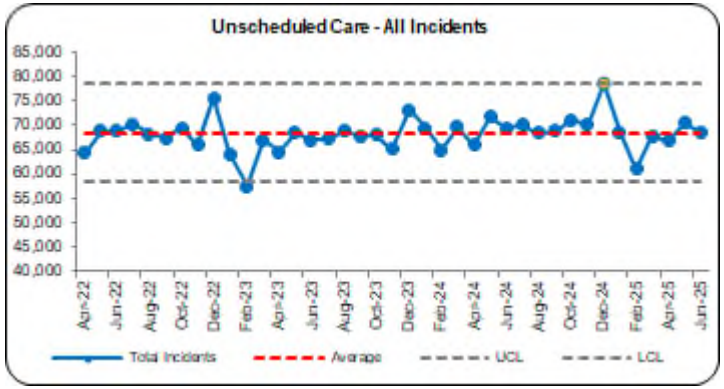
Rule 1: A run of eight or more points in a row above or below the mean (light blue)
Rule 2: Six or more consecutive points increasing or decreasing (green)
Rule 3: A single point outside the control limits (orange)

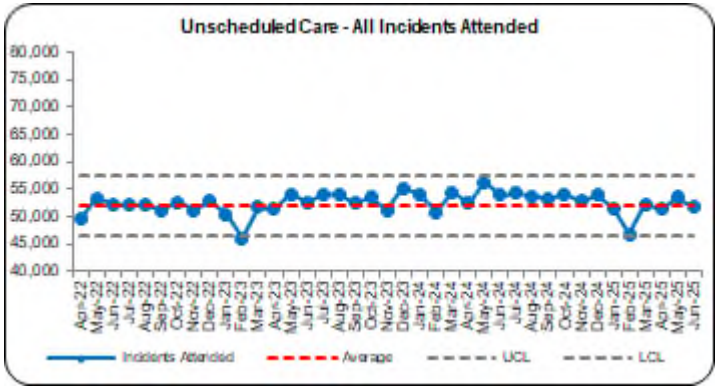
Run Charts

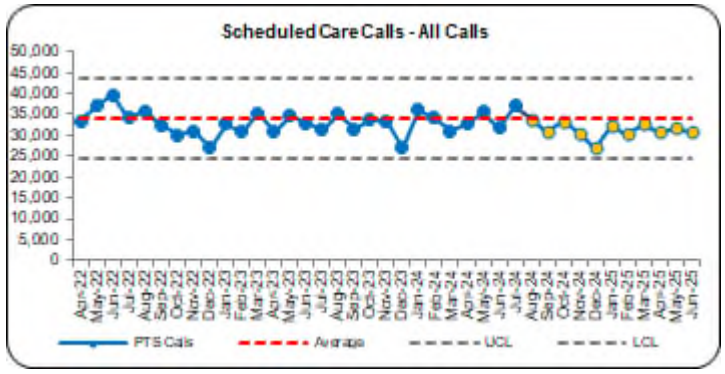
Rule 1: A run of six or more points in a row above or below the median (light blue)
Rule 2: Five or more consecutive points increasing or decreasing (green)
Rule 3: Undeniably large or small data point (orange)

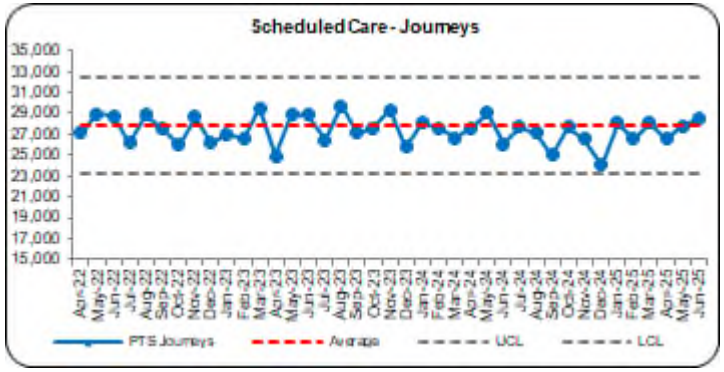
D: Demand Measures











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 June 2025, demand experienced across the month was an 8.1% decrease on the same period last year, with 84,512 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 June 2025, there was a decrease of 1.1% when compared against June 2024 with 68,663 incidents.

Why?

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

We continue working closely with a collaboration of data analysts from across the health and social care system, led by Public Health Scotland, to forecast demand for 2025/26 Our demand forecasts are regularly updated based on intelligence of changes in the multitude of variables and Scottish Government planning assumptions.

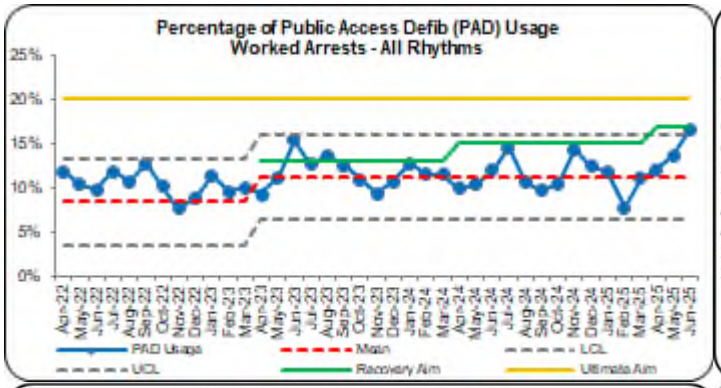
Our annual delivery plan for this year is focused on those priority areas highlighted by Scottish Government that we can influence, which will reduce pressures on the wider Health & Social Care system, support the stabilisation of services, accelerate recovery, and provide the most benefit to patients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

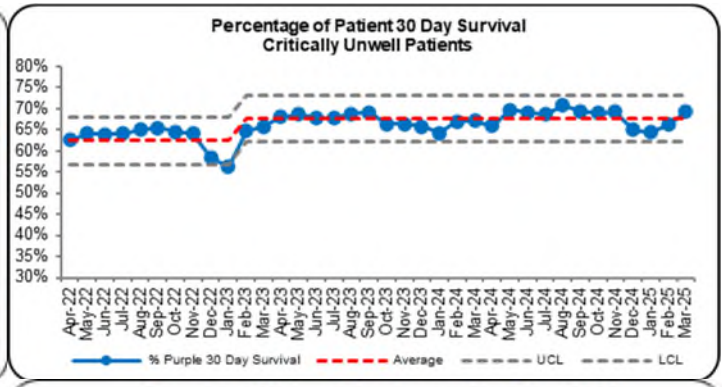
We have established several work streams to increase our workforce, to progress towards reduction in the working week assuming 36 hours by April 2026 to align with the 23/24 pay award agreement with Scottish Government, improve demand management, and increase capacity which include working collaboratively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

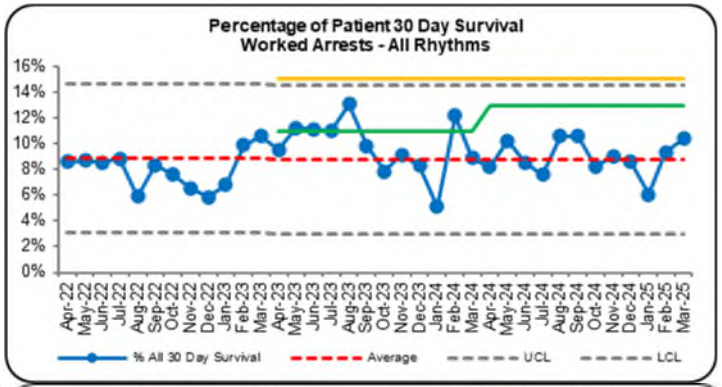
Significant work continues with hospitals to improve flow and reduce ambulance handover times. Details are included in the section of the paper specific to Hospital Turnaround.

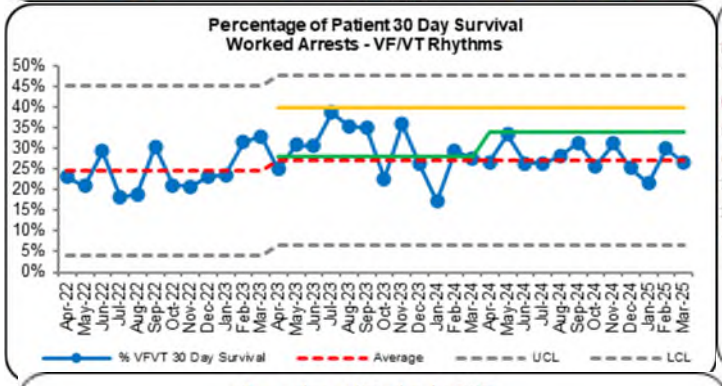
Our work to support staff health and wellbeing is detailed in a separate Staff Experience and Performance Report on the Board meeting agenda.

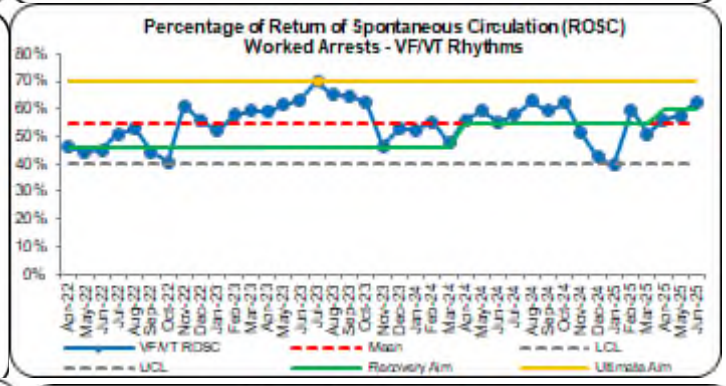
Purple Response Category: Critically Unwell Patients

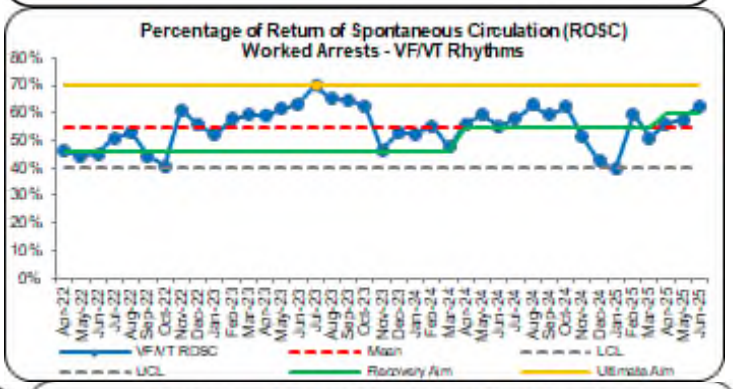


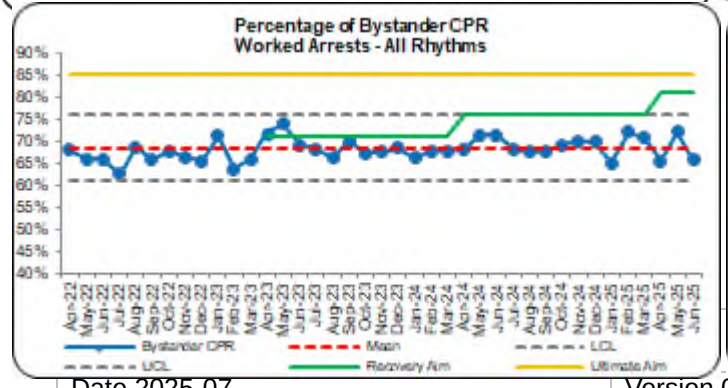


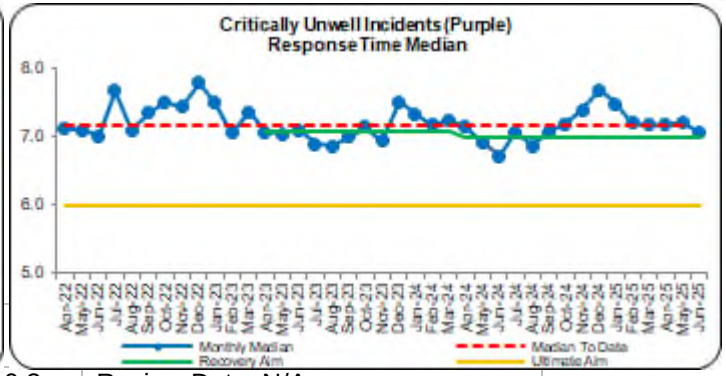


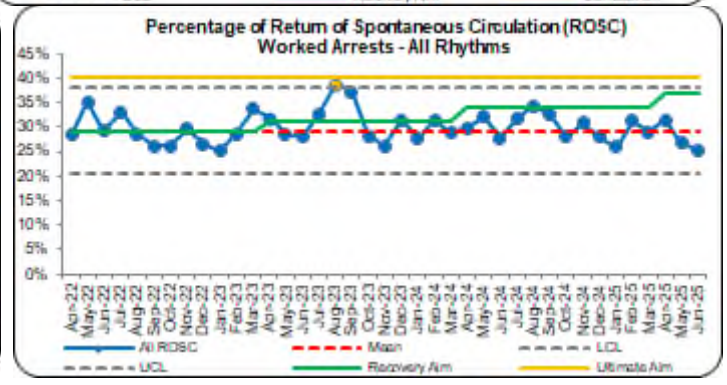


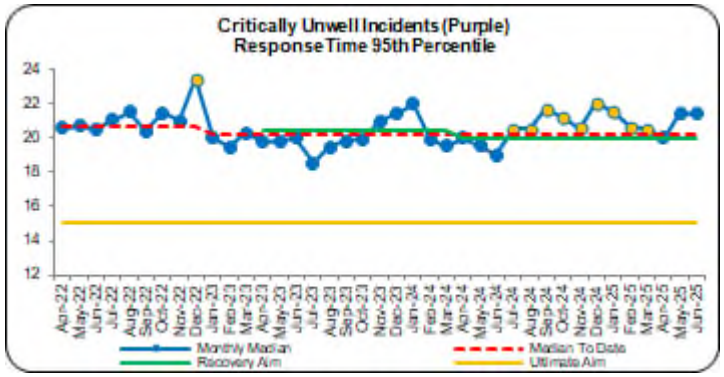












What is the data telling us?

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

Overall, the position is stable on outcome measures (Mortality) with 30-day survival measures within control limits. These figures relate to March and up to June 2025 time stamps. This is due to requirements for data linkage of the longer outcome EG 30-day survival.

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

Our ROSC rates for June 2025, VF/VT (Utstein) at 62.5% and ‘All Rhythms’ at 25.3%. The Business Intelligence Team are working on bringing the data from the updated Terrapace 3 software into the Data Warehouse, until this has been completed the ROSC data will be provisional as it will not include any areas using the updated software.

As the charts illustrate, Bystander CPR is reported at 65.8% and is within the control limits. Public Access Defibrillator (PAD) usage at 16.5%, is above the mean for June 2025. There are multiple workstreams in action in this area including the introduction of PADMap and further roll out of community cardiac responders which may be positively influencing this measure.

Our survival data for our most unwell patients as outlined in the above charts remains stable for both those in cardiac arrest and the purple category as a whole. These relate to March 2025 figures, however as the ROSC charts show, ROSC for VF/VT has saw a seasonal drop in December and January moving back above the mean in February.

As previously reported Cardiac Arrest Rescue Zones (CARe) are an initiative to strengthen and mobilise community response to OHCA across Scotland. The development of the CAReZones plan has been the key focus of the OHCA team in producing a high-quality engagement tool that will support successful delivery of this work. We continue to test this approach with one council area being a pathfinder site with good progress to date in terms of engagement and commitment to building this approach. This test of a localised optimisation of the system has the support of SG and will inform the next phase of the OHCA strategy due in 2026. As at this latest update we can confirm that the engagement from the council and local partners is generating good early progress against the aims. A measurement and reporting framework has now been developed in conjunction with all the partners, with SAS committing to progressing these on behalf of the project. Lesson learnt will also be captured as we look to take this plan to other local authorities.

The Cardiac Arrest Symposium took place in June 2025 with subject matter experts covering a broad range of topics relating to cardiac arrest improvement work and showcased some of the current research activities in Scotland. This was an excellent event which SAS were delighted to support, providing endowment funding to ensure the event was recorded and available for free, open access CPD. The full programme can be viewed at SCAS 2025 — SCAS.

Purple Median Times

Median response times to purple category in June 2025 was 7 minutes 3 seconds. We reached 95% of these patients in 21 minutes 25 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.

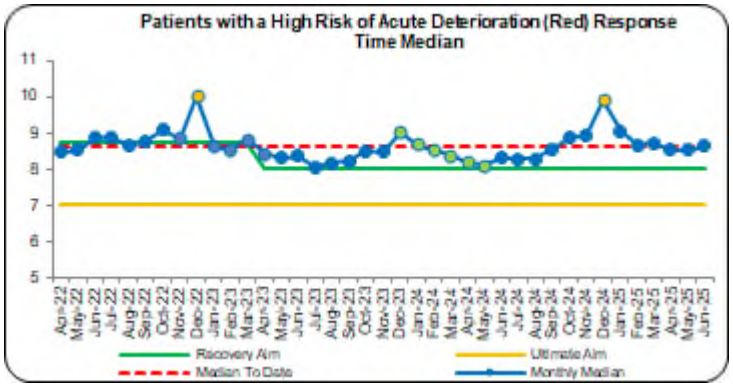
The Integrated Clinical Hub (ICH) and Pathways initiatives continue to support the principles of right care right place and the data for June 2025 shows that 50% of patients were managed without ambulance conveyance to hospital.

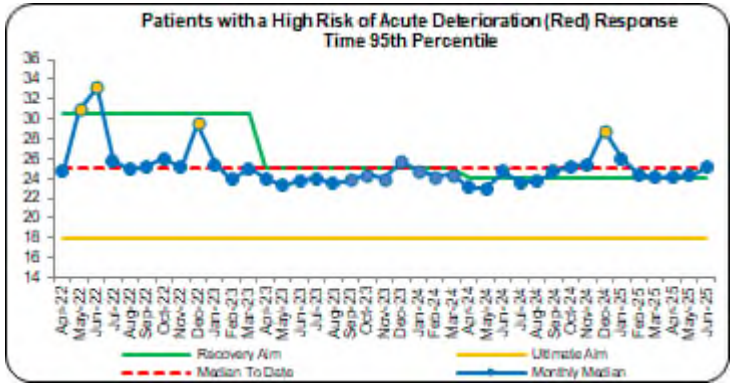
Community first responders and cardiac responders continue to play a valuable role in responding to immediately life-threatening calls across Scotland. As part of our programme of continuous improvement activity, we are exploring other opportunities and system changes to further enhance the impact of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

We are continuing to see extended hospital turnaround times in many hospital sites. This remains an area of significant concern. Extended hospital turnaround times are affecting ambulance availability, ambulance response times, staff rest periods, and shift over runs.

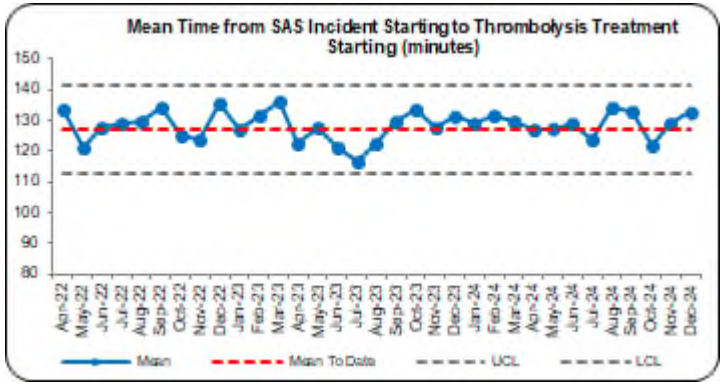
Health Boards continue to work with our regional management teams to produce site action plans in line with the Safe Handover at Hospital principles to support a reduction in delays and early escalatory actions.

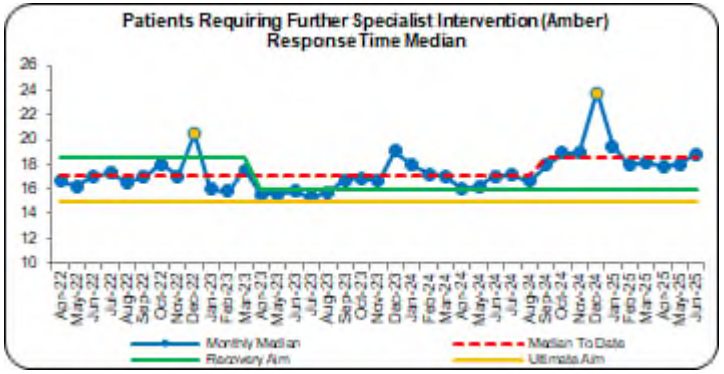
Red Response Categories: Patients at risk of Acute Deterioration

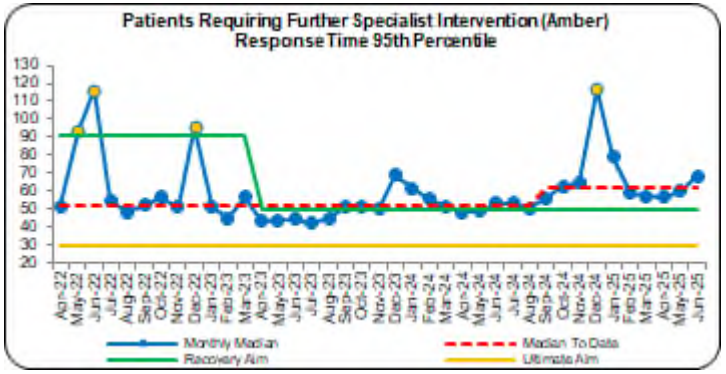




Amber Response Categories: Patients requiring Further Specialist Intervention







What is the data telling us?

The median and 95th percentile response times for both red and amber categories of call saw an increase in December 2024 after a period of relative stability throughout 2023 and 2024. Response times increased because of increased pressure on the Service and the wider Health and Social Care sector and returned close to median levels in February 2025. In June 2025 we attended 50% of red category incidents within 8 minutes 38 seconds and amber within 18 minutes 52 seconds.

Our Major Trauma workstream contributes to the successful delivery of the Scottish Trauma Network. As previously reported our Critical Care Desk was established in October 2022 and it has been agreed that it is now timely to review progress with the aim of developing a plan to further optimise the Critical Care Desk operations. The membership and terms of reference have been agreed, and the group have met for the first time with three distinct working groups identified to progress the review in a timely way. Further updates will be included in future reports.

We are also at the advanced stages of planning a peer review of the pre-hospital Major Trauma services and we are working with the STN and a UK ambulance trust to conduct this by the end of 2025. Further information will be provided as this progresses.

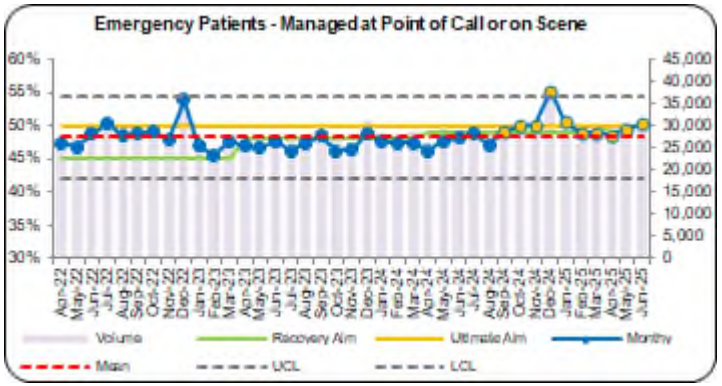
The partnership with the National Thrombectomy Planning Board and Territorial Health Boards, expansion of the National Thrombectomy Service continues to progress, and we continue to work closely with all partners to ensure the successful delivery of this programme. This includes working with individual Boards in reviewing specific cases and key areas of learning.

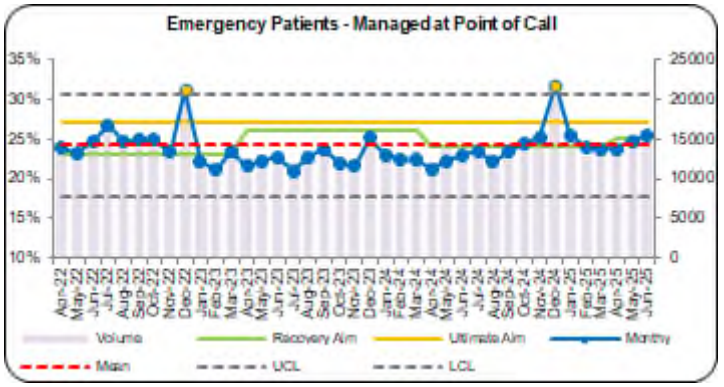
We have submitted a range of data and insight for the annual Scottish Care Stroke Audit due to be published in August 2025.

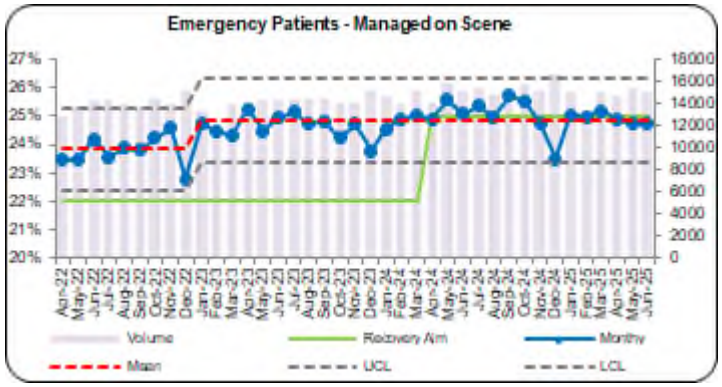
Board members will recall the recent presentation outlining the work underway within the Ambulance Control Centre to more effectively identify stroke patients. The feasibility study has now been formally evaluated and the findings shared with Scottish Government with a view to building on this learning in a more sustainable way.

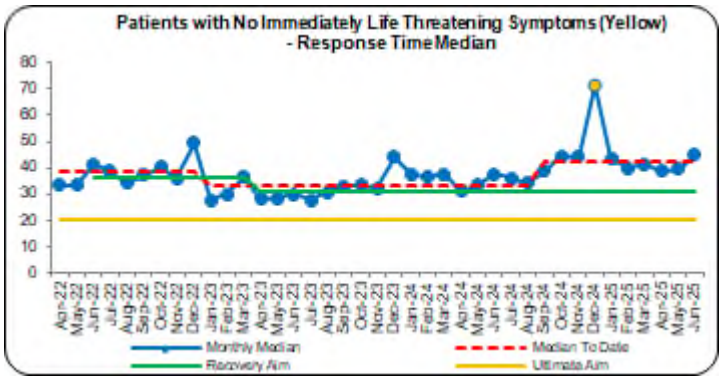
Our 999 to Thrombolysis time chart remains stable within control limits.

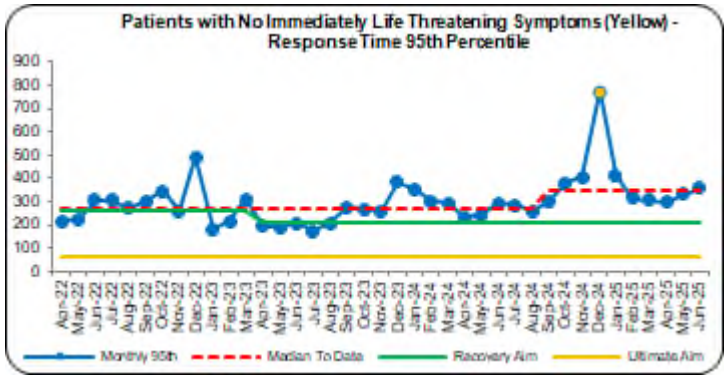
Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance











What is the data telling us?

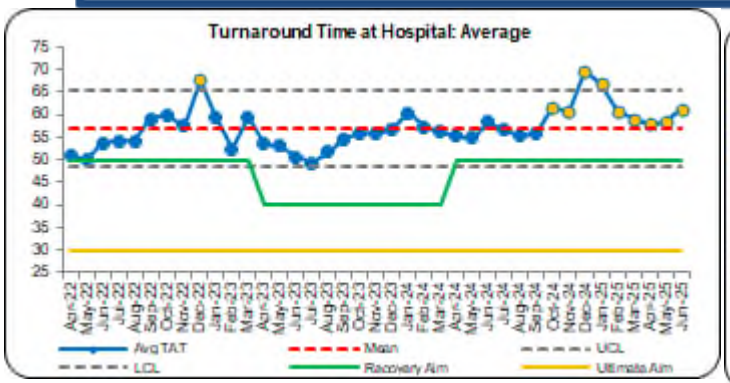
Since September 2024 we have continued to see the volume of patients managed without conveyance to the ED. In June 2025 this reached 50% of all calls and comprised 15530 (25%) managed at point of call and a further 15051 (25%) by clinicians on-scene following ambulance attendance.

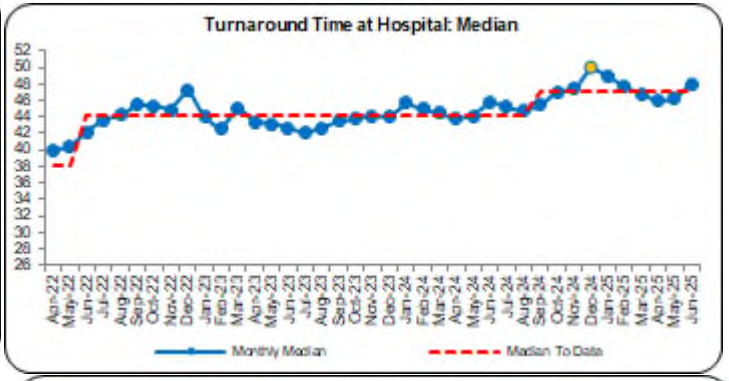
We continue to work closely with a range of partners in establishing and strengthening pathways including out of hours and Flow Navigation Centre developments. The recent NHS Scotland Event in June 2025 included a presentation by the Service outlining our work in managing patients through the Integrated Clinical Hub and Pathways initiatives and ambitions and are now progressing with new connections because of this session which was extremely well received.

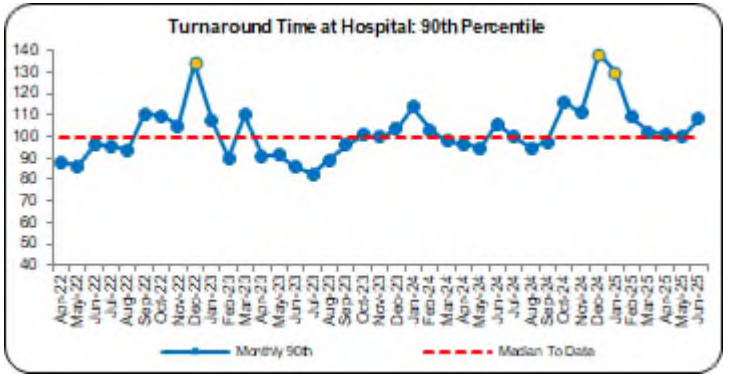
As the data illustrates, we are starting to see the benefits of improved stabilisation of the Integrated Clinical Hub and the building of both confidence by our frontline clinicians in the use of pathways as well as more accessible alternatives being available. There remain opportunities for the Service to manage more activity away from the Emergency Department and work is underway to further optimise our position in advance of winter 2025 including areas of focus as outlined in the regional reports noted in this paper in line with our Annual Delivery Plan including:

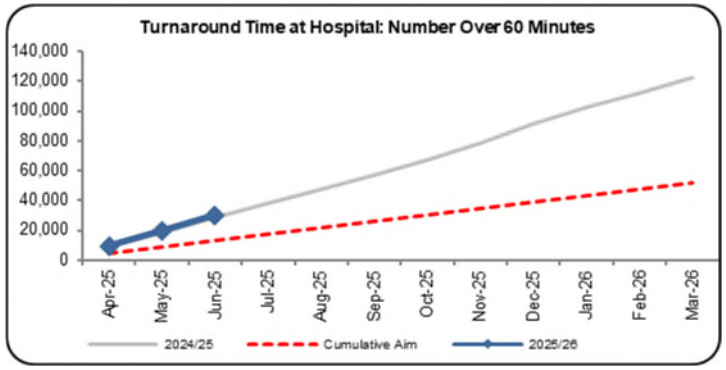
- NHS24 with the aim of improving patient experience and optimising flow - this remains a priority workstream
- Delivering Care Closer to Home – increase the numbers of patients managed in their own home/homely setting through the availability of senior decision support via Flow Navigation Centres, community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

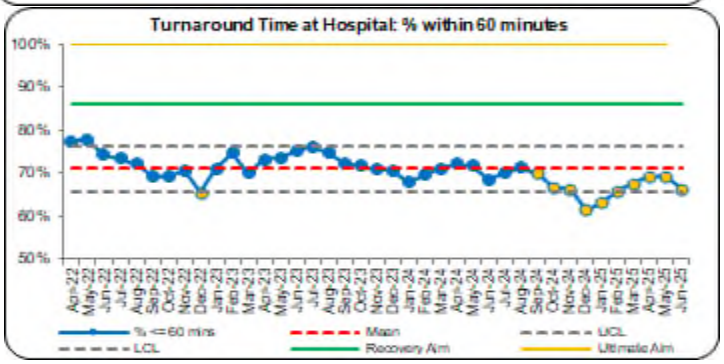
TT: Turnaround Time at Hospital











What is the data telling us?

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

The average turnaround time for June 2025 was 1 hour and 1 minute. Our crews are, on average, spending 2 minutes 49 seconds longer at hospital for every patient conveyed when compared to June 2024.

Why?

Hospital Turnaround Times for Ambulance Crews continue to be impacted by hospitals operating at or near full capacity with little change in the 'front door' operating models in some hospital sites. In particularly challenged hospital sites, patients continue to be cared for in the back of ambulances managed by ambulance staff for prolonged periods of time, delaying access to required care and increasing the potential for harm.

What are we doing and by when?

Hospital Ambulance Liaison Officers (HALOs) are established at the busiest hospital sites to ensure we are fully integrated in support of whole system hospital flow.

The agreed 'Principles for Safe Transfer to Hospital', outlines the target to achieve a safe handover of patient at hospital within 15 minutes. The Service's three Regions continue to undertake improvement work in collaboration with their respective Health Boards.

Other specific actions include:

- Regular executive level meetings at the most challenging sites.
- Increased use of Flow Navigation Centres and Call Before You Convey (CBYC) to explore all options for alternatives to ED.
- Increased use of 'safe to sit' practice to avoid patients waiting in ambulances where they can safely wait in waiting areas.
- Review of joint improvement plans in place with acute sites.

Regional specific actions include:

East:

- Regular engagement continues at Strategic and Tactical levels with all sites across the East Region with HALOs joining site safety and capacity and flow meetings
- 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.
- HALOs and wider leadership teams continue to support staff at key sites, particularly during periods of extended hospital turnaround.
- 'Fit to sit' is being promoted to ensure the safe handover of care and release of ambulance clinicians.
- A range of improvement activity is being taken forward focused on ensuring pathways are developed, implemented and their use is maximised.
- Working with sites to improve flow through the site including maximising discharging.
- Regional managers are engaged in Urgent and Unscheduled Care collaboration work across Territorial Board areas.

- Work is ongoing at each site to review escalation and cohorting plans in place for periods of peak pressure

West:

- Pathway development and improvements focussed on admission avoidance continue to be a focus within the Region which is supported by the SAS Pathways team. The development of the QEUH Discharge Hub should realise positive flow improvements and support wider regional dialogue to ascertain suitable models in other regional areas. Following further discussion with NHS GG&C it has now been confirmed that 3.5 new WTE AP posts will be secured to resource the FNC+ model in Glasgow.
- 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. The Regional Director has engaged with the Health Board with a view to making further improvements at the Wishaw site and a formal meeting with the Director of Acute Services has been facilitated.
- Stability within NHS Ayrshire & Arran recently has been welcome but we continue to engage with the senior team in NHS A&A. An improvement event is planned for June 2025 to establish joint pieces of efficiency work, including discharge, and re-evaluate the escalation plans we have in place. The Deputy Regional Director will be focussing on HTAT improvement in Ayrshire.
- Capacity issues in Campbeltown Hospital are proving to be challenging, impacting on journeys to Mid Argyll and Glasgow, however it has provided an opportunity to test an AP led community model with A&B HSCP with positive signs in supporting more patients in the community.

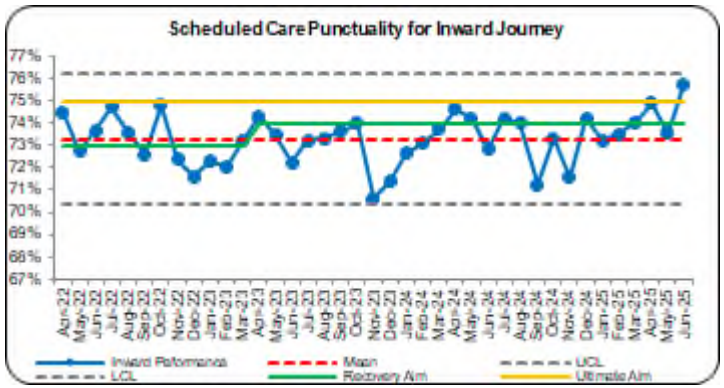
North:

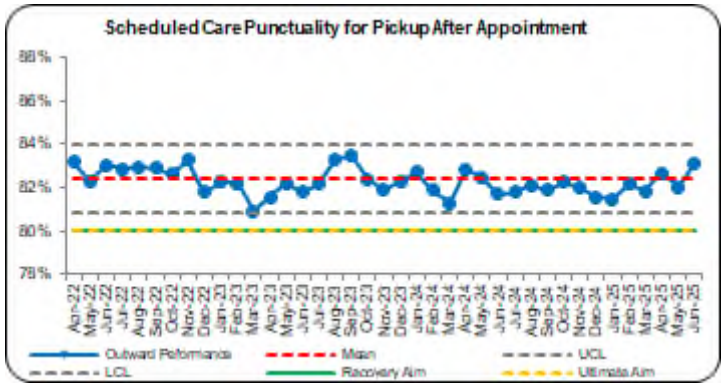
- Weekly Chief Executive meetings with NHS Grampian (Aberdeen Royal Infirmary) supported by Regional Director/Deputy at a Strategic level.
- Weekly ‘Tactical’ level meetings with NHS Grampian senior leadership.
- Daily ‘Operational’ level meetings with NHS Grampian leadership team.
- Daily SAS / NHS Highland engagement and joint working.
- Engaged in Urgent and Unscheduled Care collaboration work across Territorial Board areas.
- Implementation of NHS Highland Operations Pressure Escalation Level Framework (OPEL)
- Engagement with NHS Grampian to measure progress against Unscheduled Care Performance Improvement Plan.
- NHS Grampian and Scottish Ambulance Service Whole System Plan to Remove Ambulance Stacking’ [December 2024] has now been deemed unachievable and no longer being worked to, following an update that no new funding will be made available to underpin.
- 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:

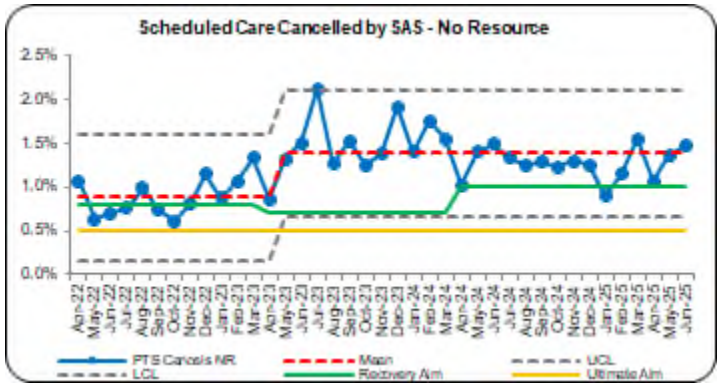
1. *The whole system board that oversees U & USC requires reorganisation to ensure strategy and operational reality are more closely aligned. (It does, though, go on to state within this aim that, "Reduction in turnaround times and elimination of stacking of ambulances has to be an explicit primary goal 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 ED for incoming high acuity patient
- Enhancement of HALO team based at ARI with extended hours of operation / coverage.
- HALO cover also provided at Dr. Gray's hospital in Elgin.
- Raigmore cover covered by local team leaders and ASM's.
- Use of 'Safe to Sit' Policy where available.
- Use of Rapid Access Clinic (RAC) connected to Acute Medical Admissions Unit.
- Hospital Arrival Screens in place at ARI, Dr. Gray's and Raigmore hospitals.
- Maximising utilisation of Flow Navigation Centre at Aberdeen Royal Infirmary and all other available alternative pathways of care.
- 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. A negative impact has also been that SAS do not have the space to initiate further cohorting at shift changeover time to negate against the risk of long shift over runs and compensatory rest. The ask on NHS Grampian to provide the additional space required or to scale up cohorting led by NHSG at those times to 6.
- 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.

SC: Scheduled Care







What is the data telling us?

The number of Scheduled Care calls remains stable at 30,911 in June 2025.

Journey demand in May and June 2025 has remained at a consistent level, taking account of seasonal variation, with 27,782 and 28,473 completed journeys respectively in those months.

Punctuality after appointment was 83.2% in June 2025 and punctuality for inward appointment was 75.8%. The percentage of Patient Transport Service cancellations by the Service in the ‘No Resources’ category was 1.5% in June 2025, which remains out with the revised recovery aim of 1% for 2025/26.

What are we doing and by when?

Gazetteer

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

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

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.

Peer to Peer Support

Scheduled Care has been working closely with our Engagement and Involvement Manager with both our Scheduled Care Coordinators and Supervisors. Our Engagement and Involvement Manager has been working with the Scottish Recovery Network around the establishment of training to help the Scheduled Care Co-ordinators and Supervisors to support patients and themselves through better communication, clear signposting and simple wellbeing techniques specifically tailored for their work. This training is still in development. In conjunction with this training there are plans to create informal peer support networks for both the Scheduled Care Co-ordinators and supervisors. All staff will be encouraged to shape these networks as they develop.

Scheduled Care Improvement Programme

The Project Board has been re-established with refreshed Terms of Reference and met on the 2 July 2025. The initial focus was on the approved re-prioritisation of the different workstreams. An updated New Project Proposal has been drafted and will be shared accordingly.

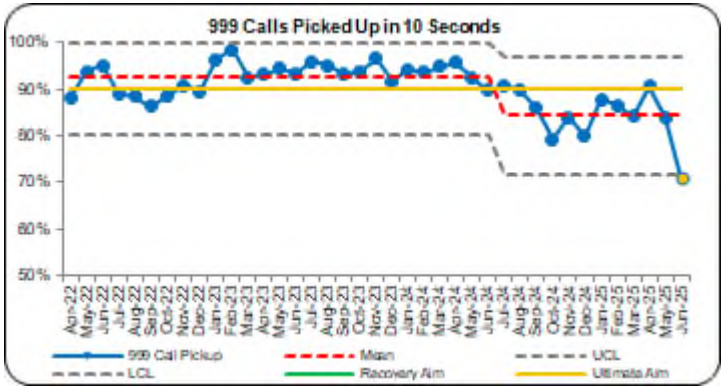
A presentation on the status of the Scheduled Care Programme was provided to the Staff Governance Committee on 5th June with an update report shared with all staff on 20th June. The savings target was confirmed and included in the draft financial plan for 2025/26.

Meeting held with St John Scotland to explore potential future collaboration where appropriate. At this stage, only initial discussions have taken place however, the primary focus thus far has been around Renal Transportation, Falls and supporting our Timed Admissions services. Further discussions planned in the coming weeks to explore this further.

Recruitment is underway and the re-rostering of scheduled care shifts will allow increased numbers of clinically appropriate timed admission patients to be safely and appropriately managed by scheduled care resources.

Detail being finalised for the trialling of a Transport Hub at The Queen Elizabeth University Hospital aimed at reducing delayed discharges and improving hospital flow.

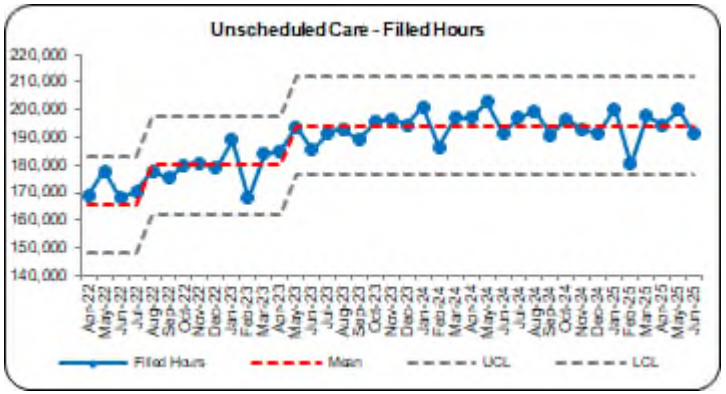
Other Operational Measures

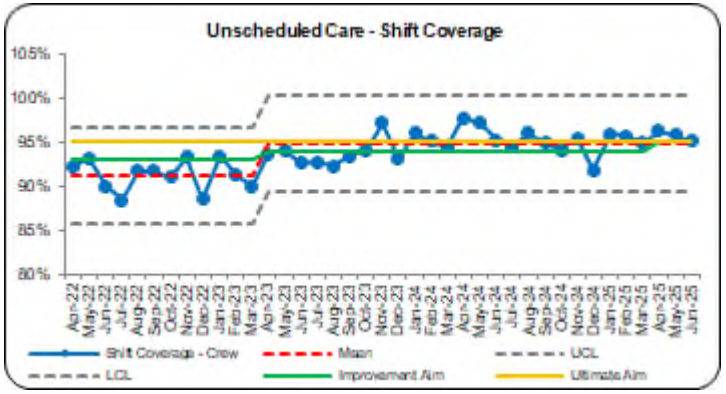


What is the data telling us?

The Unscheduled Care call demand has stabilised since January 2025 following demand out with the upper control limit in December 2024. In June 2025 there were 84,512 unscheduled care calls were offered with 58,063 being from public 999 lines. This was a reduction of 29 calls for unscheduled care call demand when compared to the previous June. Telephone Answering Standards (TAS) for public 999 calls saw a decrease in June to 70.9% which is below our aim of 90%. Call escalation has returned to a Business-as-Usual mode with operational teams utilising the Call Escalation plan as required in response to non-forecasted demand spikes.

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 this financial year this has been consistently met or exceeded in every month except for December 2024. In June 2025 the shift coverage was 95.1% with 191,782 crew hours filled.

Best practice for UK ambulance services is no more than 55% utilisation. Our utilisation rate in June 2025 was 64.7% 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:

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 NQPs are joining the Service throughout the autumn months and we are in the process to try to have successfully accommodate and offer positions to all those that have passed all elements of the recruitment process.

East Region:

Operational cover dipped slightly below 95% in June with a slight reduction in overtime uptake however sickness absence improved to within the recovery aim at 7.95%.

Recruitment across the East Region has been focused on Newly Qualified Paramedic recruitment with plans developing to maximise recruitment numbers over the coming months. 31 NQP offers have been made to date. ACA recruitment has continued, and shortlisting is taking place with 179 applicants for 12 vacancies across the region.

North Region:

In the North region, there is a continued focus to maximise recruitment and manage absence and abstractions appropriately to support our staff.

Absence for sickness reason has remained under the recovery aim of 8% since June 2024 and was 7.38% in June 2025.

Qualified and Newly Qualified Paramedic recruitment continues. Due to the geographical diversity within the Region, there are a small number of locations which are difficult to attract applications and in almost all cases, there is a lack of local interest with accommodation already in place. Therefore, the Region continues to consider ways in which we may need to deviate from the skill mix and current model to ensure that we can mitigate against single crewing risk.

The North is maintaining the region’s workforce plan, with the assumptions for attrition, reduction of the working week, and current vacancies to inform recruitment and training needs.

National:

Scottish Specialist Transport and Retrieval Service (ScotSTAR):

- Air Ambulance Efficiency Project Update: There are now three new clinical triage pathways currently in trial and they are already demonstrating very positive outcomes for inter-hospital transfers. Additional pathways are also in development, and we have started a review of our Helicopter Emergency Medical Service (HEMS) work. A new Service Level Agreement between ScotSTAR and Health Boards has been developed, with plans to begin rolling these out over the coming months. A new risk assessment is being developed specifically for mental health transfers. Additionally, the introduction of a new costing model for cross-board transfers last year has significantly improved the recovery of expenditure for these chargeable transfers. Overall, project progress continues to be strong, with measurable benefits being realised across several key areas.

- The Paediatric Retrieval Service review continues, and a final draft has been circulated to relevant parties for comment.

- As part of the Best Start programme the potential workforce models for the Neonatal Transport Service have been identified, and the stakeholder engagement process has been concluded. Work is on-going to provide the financial details for each model.

- Phase 2 of the Air Ambulance Re-procurement programme remains on course to deliver the new contract by the end of July 2026. The Project Team and Workstream Leads are working closely with Gama Aviation to progress the various elements of the implementation plans.

Ambulance Control Centres (ACC):

- Maintain stability across the leadership team and build capacity to improve and maintain 999 call Telephone Answering Standards (TAS). The new General Manager of ACC has recently started in post and completed induction. A new Head of Service was also recruited into a permanent role within the Senior Leadership Team.
- The drive to recruit and train call handlers in time for the winter period has begun and a Call Handler Business Case supporting Call Handler numbers over the coming 2 years is in late stages of maturity.
- Digital Patient Transfer between NHS24 and SAS is working well and there is a sustained and high use of the gateway. The project is due to formally end in the next few weeks.
- The work to scale up the Online booking process to other Boards has hit some significant obstacles during roll out which puts the continued viability of the project into doubt. Work is on-going to consider options and decisions on the future of Online Booking are expected in the next few weeks.

National Risk and Resilience Department (NRRD):

- Throughout 2024-2025 the Service developed a new Risk Management System – InPhase which went live on the 11 March 2025. The project has now officially closed with project documentation complete. Throughout 2025-2026 the system will continue to be developed, and feedback will be sought from frontline staff, managers and specialists in order to improve its functionality. A formal re-write of the Risk Management Policy is taking place following the implementation of InPhase. This will include reference to the system and the associated benefits of this and also reference the NHS Scotland review of the Risk Management Matrix which was published in January 2025. This is due to be completed by July and reviewed by the Integrated Governance Committee and then approved through the appropriate governance processes.

- The Multi-Agency Strategic Incident Management (MASIM) Course ran its first series of modules over 2 periods earlier in the year. There were several places on the course filled by Strategic Service Leaders. The course has received good feedback and is well on the way to becoming accredited. It is anticipated that accreditation will come later this year after completion of the final modules and will be backdated to this course. This means that the MASIM course will become the course of choice for all 3 emergency services in Scotland to 'qualify' for as a Strategic Commander. This will bring with it a real benefit in operational capability and cost reductions.

- The last elements of Phase 2 of the Civil Contingencies Response Programme (CCRP) are being progressed. This is the formation of the North Training Team which is planned to be based in Dundee. The CCRP team are in the process of securing the accommodation after which they can begin recruiting. The establishment of this team will give greater throughput of training and resilience. The Phase 3 Business Case is still being discussed with Scottish Government but currently there is no indication that it will be funded.