



**Scottish  
Ambulance  
Service**

Working in Partnership with Universities



## NOT PROTECTIVELY MARKED

### PUBLIC BOARD MEETING

**28 May 2025  
Item No 05**

### THIS PAPER IS FOR APPROVAL

### SAS MEASURES – 2025/26 IMPROVEMENT AIMS

<b>Lead Director</b>	Paul Bassett, Chief Operating Officer and Deputy Chief Executive
<b>Author</b>	Katy Barclay, Head of Business Intelligence & Data Protection Officer
<b>Action required</b>	The Board is asked to <b>review and approve</b> the proposed improvement aims for 2025/26.
<b>Key points</b>	<p>The aims detailed in section 4 were presented to the Board Development Session on 30 April 2025 and where possible, have been incorporated into reporting from April 2025.</p> <p>Aims and/or measures which are yet to be defined will be done so by the Business Intelligence Team in conjunction with the measurement owner and lead. This will ensure that each measure, definition and aims is fit for purpose and correctly captures the requirements.</p>
<b>Timing</b>	This paper is presented annually for approval.
<b>Associated Corporate Risk Identification</b>	<p>Risk ID: -</p> <p>4636 – Health and Wellbeing of staff 4638 – Hospital Handover Delays 5062 – Failure to achieve financial target 5603 – Maintaining required service levels (Business Continuity) 5651 – Workforce Planning and Demographics</p>
<b>Link to Corporate Ambitions</b>	<p>We will</p> <ul style="list-style-type: none"><li>• Work collaboratively with citizens and our partners to create healthier and safer communities.</li><li>• Innovate to continuously improve our care and enhance the resilience and sustainability of our services.</li><li>• Improve population health and tackle the impact of inequalities.</li><li>• Deliver our net zero climate targets.</li></ul>

	<ul style="list-style-type: none"> <li>• Provide the people of Scotland with compassionate, safe, and effective care when and where they need it.</li> <li>• Be a great place to work, focusing on staff experience, health, and wellbeing.</li> </ul>
<b>Link to NHS Scotland's Quality Ambitions</b>	Performance reporting highlights the Service's national priority areas and strategy progress to date. It supports the delivery of the Service's quality improvement objectives within the Service's Annual Delivery Plan.
<b>Benefit to Patients</b>	Robust measurement across all areas of the Service provides intelligence and assurance of the Service processes and activities.
<b>Climate Change Impact Identification</b>	This paper has identified no impacts on climate change.
<b>Equality and Diversity</b>	<p>This paper highlights how the Board will measure progress to date across several work streams and programmes. Each individual programme is required to undertake Equality Impact Assessments at appropriate stages throughout the life of that programme.</p> <p>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.</p>



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## **SCOTTISH AMBULANCE SERVICE MEASURES**

### **2025/26 IMPROVEMENT AIMS**

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#### **SECTION 1: PURPOSE**

This paper sets out the proposed aims for 2025/26 for the measures which are reported to the Scottish Ambulance Service Board and sub committees.

These measures were approved by the Scottish Ambulance Service (SAS) Board in September 2022 and this paper set out the proposed improvement aims for 2025/26 on the journey to reaching the ultimate aims.

SAS has been engaged throughout with Scottish Government regarding our collective aim to develop clinical process and outcome measures that meaningfully reflect the role played by SAS in responding to people faced with a range of clinical conditions.

#### **SECTION 2: RECOMMENDATIONS**

These measures and the associated aims were presented to the Board Development Session on 30 April 2025 and, following this, it is recommended that the measures are approved by the Board. Once approved these will be submitted to the Scottish Government as part of the SAS Annual Delivery Plan (ADP).

Measures or aims which are yet to be defined will be done so by the Business Intelligence Team in conjunction with the measurement owner and lead. This will ensure that each measure and definition is fit for purpose and correctly captures the requirements.

Data is currently presented to the Board in the form of Statistical Process Control (SPC) charts which take the form of control or run charts. Charts of this type are used to identify variation within a process over time.

As we move to using Data Visualisation software the method for displaying information will be kept under review to ensure it meets the needs of the Board, Committees, and other audiences.

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## SECTION 3: BACKGROUND

This measurement framework sets out the key measures to provide assurance to the organisation. This forms part of the Service's Board Assurance Framework which details the roles.

This is with the aim of reflecting the impact of SAS interventions in communities, and to provide data that enables scrutiny of quality of care and performance providing assurance to a range of audiences within and beyond SAS.

In developing these measures, we have:

- aligned them to Scotland's strategic health and care aims,
- mapped these to our clinical response categories,
- framed them within our overarching 2030 Strategy aims to save more lives, reduce health inequalities, and improve the health and wellbeing of Scotland's population. As we progress our 2030 objectives we will develop and report on further quality measures.

The improvement aims have been proposed using several different methods, the method used depends on the measure, for example:

- aims for clinical measures are set in conjunction with the Clinical Team taking account of planned work which is expected to lead to improvements.
- aims for response times are set using the weekly utilisation models. The known relationship between utilisation and response times is used to predict these.

## SECTION 4: DISCUSSION

The proposed measures and audiences are detailed below. The columns are as follows:

- 2024/25: performance for full year from April 2024 to March 2025 unless otherwise stated.
- 2024/25 Recovery Aims: the aims the Service worked towards in 2024/25.
- 2025/26 Improvement Aims: the proposed aims for 2025/26.
- Ultimate Improvement Aim: assumes Demand and Capacity programme of work is fully funded and baseline assumptions are met.

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## 4.1. People

These measures are currently under review and additional measures will be added as they are scoped, defined, and built. These are likely to include establishment, vacancies, and staff turnover.

The aim of refining our internal and external reporting arrangements for all people measures is developing internally and with collaboration with other Boards who have similar systems but more mature measurement frameworks. As outputs arise from the workforce data reporting developments, we will consider further scope for integration into our core work and present back to the appropriate as these aims are realised.

The sickness absence aim is set out in the NHS Scotland Board Delivery Plan 2025/26. This has set a recovery driver of a year-on-year reduction in sickness absence for all Health Boards.

	2024/25	2024/25 Improvement Aim	2025/26 Improvement Aim	Ultimate Improvement Aim	Time period of 2024/25 data
Sickness Absence - Total	9.6%	8.0%	<8.0%	<5.0%	Apr 2024 to Mar 2025
A&E Shift Coverage	95.3%	≥94%	≥95%	≥95%	Apr 2024 to Mar 2025

## 4.2. Ambulance Control Centre

	2024/25	2024/25 Improvement Aim	2025/26 Improvement Aim	Ultimate Improvement Aim	Time period of 2024/25 data
999 Call Handling Pickup in 10 Seconds	87.0%	≥90%	≥90%	≥90%	Apr 2024 to Mar 2025

## 4.3. Critically Unwell Patients

This response category represents the highest acuity codes, generated following 999 call triage within SAS' response model. As an outline, codes within this category have a cardiac arrest rate above 10% with the actual cardiac arrest rate being around 35%. These patients are critically ill and, in most cases, required active resuscitation.

In terms of measurement reporting, we are aligning these measures to the actions specified in Scotland's Out of Hospital Cardiac Arrest (OHCA) strategy (2015 and 2021), a key element of NHS Scotland's efforts to save more lives.

The high-level aim of this strategy is to improve OHCA survival levels to 15% by 2026.

The process measures which include increasing bystander CPR rates, increasing use of Public Accessible Defibrillators, improving response times and achieving Return of Spontaneous Circulation are all outlined with trajectories towards increasing overall survival.

Significantly, we are linking data with Public Health Scotland (PHS) and now report 30-day survival, the gold standard, for all patients in the purple category, all cardiac arrests, and as a subgroup, for those patients in cardiac arrest who present with a 'shockable' rhythm. (This measure is an international comparator allowing Scotland to benchmark itself with other health systems).

	2024/25	2024/25 Improvement Aim	2025/26 Improvement Aim	Ultimate Improvement Aim	Time period of 2024/25 data
Critically Unwell Patients - survival @ 30 days	68.5%	≥58%	≥58%	58% by 2026	Apr to Dec 2024
Worked Arrests - All Rhythms - survival @ 30 days	9.6%	≥13%	≥14%	15% by 2026	Apr to Dec 2024
Worked Arrests - VF/VT Rhythms (Utstein Comparator) - survival @ 30 days	29.0%	≥34%	≥36%	40% by 2026	Apr to Dec 2024
Worked Arrests - All Rhythms - ROSC	30.0%	≥34%	≥37%	40% by 2026	Apr 2024 to Mar 2025
Worked Arrests - VF/VT Rhythms (Utstein Comparator) - ROSC	54.9%	≥60%	≥65%	70% by 2026	Apr 2024 to Mar 2025
Bystander CPR rates	69.2%	≥76%	≥81%	85% by 2026	Apr 2024 to Mar 2025
Pre SAS arrival PAD use	11.3%	≥15%	≥17%	20% by 2026	Apr 2024 to Mar 2025
Median time Purple incidents responded to from identification & dispatch	00:07:09	≤00:07:00	≤00:07:00	≤00:06:00	Apr 2024 to Mar 2025
95th Centile time Purple incidents responded to from identification & dispatch	00:20:41	≤00:20:00	≤00:20:00	≤00:15:00	Apr 2024 to Mar 2025

#### 4.4. Patients at High Risk of Acute Deterioration

This response category represents codes where people affected have a considerable risk of acute deterioration. Although this code affects patients with different clinical conditions, one high profile subgroup that we are reporting on are those affected by Major Trauma.

Scotland has invested heavily in its four major trauma centres and the associated pre-hospital care network. This pre-hospital care provision sits with SAS and includes core ambulance responses, response by pre-hospital critical care paramedics and by pre-hospital medical resources. In addition, support from Police Scotland and the Scottish Fire and Rescue Service are often needed for such incidents.

When available and verified, a range of measures reflecting these pre-hospital processes will be reported to the Scottish Ambulance Service Board, contextualising the red category response times with clinical parameters and crucially decision measures re definitive care options. Collectively these generate a compelling narrative of how well we manage people affected by major trauma in the pre-hospital context, a crucial pre-requisite to an ultimate positive outcome.

SAS will report on clinical and process measures focussed on pre-hospital major trauma care, to complement the established reporting by the Scottish Trauma Audit Group (STAG), who provide annual overviews of the national quality of the totality of the major trauma care network.

The major trauma measures are currently in the process of being verified and will be added as this process is completed and the measures are built.

	2024/25	2024/25 Improvement Aim	2025/26 Improvement Aim	Ultimate Improvement Aim	Time period of 2024/25 data
Median time Red incidents responded to from identification & dispatch	00:08:40	≤00:08:00	≤00:08:00	≤00:07:00	Apr 2024 to Mar 2025
95th Centile time Red incidents responded to from identification & dispatch	00:24:59	≤00:24:00	≤00:24:00	≤00:18:00	Apr 2024 to Mar 2025

#### 4.5. Patients Requiring Further Specialist Intervention

This response category represents those patients who require rapid prehospital assessment and care, and whose definitive care must be delivered in the acute hospital setting. This includes patients affected by stroke and heart attack.

The condition reflected by our reporting in this category is stroke. Stroke is one of the major causes of mortality and disability in Scotland. These end points can be mitigated by improvements in the diagnosis and response to hyper acute stroke and the subsequent optimisation of pathways to definitive care.

Improving stroke outcomes, with a particular focus on the pre-hospital care quality requires both an analysis of Scottish Ambulance Service clinical care from 999 call, on scene care and timely conveyance to definitive care. Linking data in partnership with PHS,

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we can articulate the key measure which is from the 999 call to definitive care in hospital, 'call to needle' time.

This data is now being reported report at a national level to the SAS Board and reflects the aggregated effect of multiple work streams within SAS and territorial Boards, to optimise these pathways across the country.

This work also provides a focus for SAS' pre-hospital role in the national roll out of Scotland's Thrombectomy Network.

	2024/25	2024/25 Improvement Aim	2025/26 Improvement Aim	Ultimate Improvement Aim	Time period of 2024/25 data
Stroke - Call to Treatment (thrombolysis)	02:08:05	N/A	N/A	TBC	Apr 2024 to Mar 2025
Median time Amber incidents responded to from identification & dispatch	00:18:04	≤00:16:00	≤00:16:00	≤00:15:00	Apr 2024 to Mar 2025
95th Centile time Amber incidents responded to from identification & dispatch	01:02:32	≤00:50:00	≤00:50:00	≤00:30:00	Apr 2024 to Mar 2025

#### 4.6. Emergency Incidents with the Highest Potential for Non-ED Management

This response category represents a cohort of patients who have a range of undifferentiated clinical presentations. The unifying elements identified at triage is that not immediately time critical or definitive care requirements have been identified but clinical need has been established.

Many of these patients present with 'urgent care' needs and benefit from further clinical input by telephone or video consultation, post initial triage, such as interventions by our APs (Advanced Practitioners) or our GPs, in the Integrated Clinical Hub within our Ambulance Control Centre. Often patient need can be best met without a traditional ambulance response, either providing advice or signposting to other parts of the system.

These interventions are captured within this reporting category.

For those patients who we attend, and Emergency Department conveyance is not indicated, management in communities is also captured within this reporting section.

The work of SAS Integrated Clinical Hub and Pathway Navigation initiatives significantly support the impact of these measures on SAS activity and crucially on the wider health and care system.

As more patients are managed at the point of call through the integrated clinical hub this reduces the opportunity for patients to be managed at scene. This relationship is reflected in the ultimate improvement aim, increasing the aim for patients managed at point of call and reducing the aim for patients managed on scene.

	2024/25	2024/25 Improvement Aim	2025/26 Improvement Aim	Ultimate Improvement Aim	Time period of 2024/25 data
Emergency patients managed at point of call or on scene	49.3%	≥49%	≥50%	≥50%	Apr 2024 to Mar 2025
Emergency patients managed at point of call	24.3%	≥24%	≥25%	≥27%	Apr 2024 to Mar 2025
Emergency patients managed on scene	25.0%	≥25%	≥25%	≥23%	Apr 2024 to Mar 2025
Emergency patients conveyed	50.7%	≤51%	≤50%	≤50%	Apr 2024 to Mar 2025
Median time Yellow incidents responded to from identification & dispatch	00:39:14	≤00:31:00	≤00:31:00	≤00:20:00	Apr 2024 to Mar 2025
95th Centile time Yellow incidents responded to from identification & dispatch	05:44:02	≤03:30:00	≤03:30:00	≤01:00:00	Apr 2024 to Mar 2025

#### 4.7. Turnaround Time Measures

Turnaround time measures are a joined aim for both SAS and Territorial Health Boards. The safe handover for patients' guidance issued by the Scottish Government stated that, by September 2023 no ambulances should wait more than 1 hour.

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The turnaround time is made up of 2 time periods, time to handover and time from handover to crew clear. The measurement of turnaround time is well established and is published on a weekly basis. However, there are currently challenges in measuring the 2 parts of the journey independently from each other due to the dependency on both SAS crews and hospital staff to accurately record the time the patient was handed over to the hospital.

The turnaround time aims are set out in the NHS Scotland Board Delivery Plan 2024/25. This has set a recovery driver for territorial Health Boards of 100% of patients turned around within 60 minutes.

	2024/25	2024/25 Improvement Aim	2025/26 Improvement Aim	Ultimate Improvement Aim	Time period of 2024/25 data
Average Turnaround Time at Hospital - Emergency Patients	00:59:27	<00:50:00	<00:50:00	<00:30:00	Apr 2024 to Mar 2025
Turnaround Time at Hospital > 1 Hour (arrival to handover < 45 mins)	122,747	52,000	52,000	0	Apr 2024 to Mar 2025
% Turnaround Time at Hospital <= 1 Hour (arrival to handover < 45 mins)	67.9%	≥86%	≥86%	100%	Apr 2024 to Mar 2025

## 4.8 Planned Care

The Scheduled Care service is undergoing a review of the demand and capacity now and in the future. The output of this program is envisioned to be a realignment of existing Scheduled Care staff rosters to better meet the needs of patients.

	2024/25	2024/25 Improvement Aim	2025/26 Improvement Aim	Ultimate Improvement Aim	Time period of 2024/25 data
PTS Punctuality for Inward Journey	73.4%	≥74%	≥74%	≥75%	Apr 2024 to Mar 2025
PTS Punctuality for Outward Journey	82.0%	≥80%	≥80%	≥80%	Apr 2024 to Mar 2025
PTS Cancelled by SAS No Resource	1.3%	≤1.0%	≤1.0%	≤0.5%	Apr 2024 to Mar 2025

## 4.9. Other Areas

Monitoring of complaints helps identify areas for improvement and helps us develop changes in our services and check that changes made are improving the patient experience.

It is also important that we are following the NHS Complaints Handling procedure and that every effort is made to find as early a resolution as possible that our complainants are happy with.

The greenhouse gas emissions aim is set out in the NHS Scotland Board Delivery Plan 2025/26. This has set a recovery driver of a year-on-year reduction in total greenhouse gas emissions for all Health Boards.

	2024/25	2024/25 Improvement Aim	2025/26 Improvement Aim	Ultimate Improvement Aim	Time period of 2024/25 data
Stage 1 Complaints Compliance	94.7%	≥90%	≥90%	≥90%	Apr 2024 to Mar 2025
Stage 2 Complaints Compliance	90.9%	≥70%	≥70%	≥70%	Apr 2024 to Mar 2025
Greenhouse Gas Emissions (tCo2e)	TBC	23,420 0.5% reduction	23,303 0.5% reduction	Ongoing reduction	N/A