Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

PUBLIC BOARD MEETING **25 November 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 October 2026. 3. Discuss actions being taken to make improvements.
Key points	This paper brings together measurement for improvement as highlighted by the Scottish Government's Quality Improvement and Measurement for Non-Executives guidance. This paper highlights performance to end October 2026 against our strategic plans for Clinical, Operational and Scheduled Care where this data is available. Patient Experience, Staff Experience and Performance, Health and Wellbeing and Financial Performance are reported in separate Board papers. <u>Clinical Performance</u> Clinical performance as related to the measures in this paper remain in the main within control limits. There is a diverse range of activity underway across all clinical workstreams with both internal and external stakeholders. We are continuing to strengthen our focus on improving population health and this is evidenced across several areas with positive collaboration underway.

	The CareZone initiative as part of the Out of Hospital Cardiac Arrest programme is progressing with discussions planned/underway with three more potential partners. Our Pathways work continues to expand with significant activity underway to support winter planning including increased numbers of pathways, FNC integration and frontline engagement. We have continued to engage and positively contribute to the planned expansion of Thrombectomy across Scotland both in and out of hours. The continued strengthening of the Integrated Clinical Hub and Pathways programme is illustrated The Integrated Clinical Hub (ICH) and Pathways initiatives continue to support the principles of right care right place and the data for October 2026 shows that 55.2% of patients were managed without conveyance to the Emergency Department.
Timing	This paper is presented to the Board for discussion and feedback on the format and content of information it would like to see included in future reports.
Associated Corporate Risk Identification	Risk ID: 4636 – Health and Wellbeing of staff 4638 – Hospital Handover Delays 5062 – Failure to achieve financial target 5602 – Service's defence against a cyber attack 5603 – Maintaining required service levels (Business Continuity) 5651 – Workforce Planning and Demographics 5887 – Service Transformation (Change Management) 5891 – Collaborative Working
Link to Corporate Ambitions	We will • Work collaboratively with citizens and our partners to create healthier and safer communities. • Innovate to continuously improve our care and enhance the resilience and sustainability of our services. • Improve population health and tackle the impact of inequalities. • Deliver our net zero climate targets. • Provide the people of Scotland with compassionate, safe, and effective care when and where they need it. • Be a great place to work, focusing on staff experience, health and wellbeing.

Link to NHS Scotland's Quality Ambitions	This report highlights the Service's national priority areas and strategy progress to date. These programmes support the delivery of the Service's quality improvement objectives within the Service's Annual Delivery Plan.
Benefit to Patients	This 'whole systems' programme of work is designed to support the Service to deliver safe, person-centred, and effective care for patients, first time, every time. A comprehensive measurement framework underpins the evidence regarding the benefit to patients, staff, and partners.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	This paper highlights progress to date across a number of work streams and programmes. Each individual programme is required to undertake Equality Impact Assessments at appropriate stages throughout the life of that programme. In terms of the overall approach to equality and diversity, key findings and recommendations from the various Equality Impact Assessment work undertaken throughout the implementation of our 2030 Strategy are regularly reviewed and utilised to inform the equality and diversity needs.

SCOTTISH AMBULANCE SERVICE – BOARD PERFORMANCE REPORT

Introduction

The Board Performance Report collates and presents the Service's Key Performance Indicators. These measures are based on the Service's 2026/27 Measurement Framework. Following feedback from Board members, the format and content of this report has been revised and remains under review.

What's New

Following a review of the presentation of Board charts, the new Power BI Board Charts now provide a clearer and more consistent visual format. They strengthen trend analysis, make variation easier to identify, and support more focused discussion on key changes, emerging issues and areas requiring action.

Further information about the display and interpretation of these charts can be found on the following page.

Future Development

These charts will be available to Board members in Power BI, making them easier to access and interact with.

Notes

Board Performance Measures

These measures are presented in the form of Statistical Process Control (SPC) charts. This ensures that statistical rigour can be applied to determine any patterns or points of note throughout the time series presented.



How to interpret these charts?

SPC charts provide an understanding of whether a metric is **improving**, **deteriorating**, or **having no significant change.**

The dotted lines show the upper and lower control limits – this is the variation that can be "expected".

There are three reasons why a data point will change colour from grey. By hovering over a data point, the tooltip which appears will show if any of these three categories – including more than one – is causing a colour change.

Shift – Seven points above or below the centre line (following ten consecutive points above or below the centre line, the centre line is recalculated).
Trend – Where there are seven points consistently ascending or descending
Astronomical – statistical term for an "outlier", where the data point is above or below the control limit

What are the icons?

Summary icons have been included to provide an at-a-glance view for users looking to establish which metrics require attention or discussion.

Icon	Technical Description
	Common cause variation, NO SIGNIFICANT CHANGE.
H L	Special cause variation of a CONCERNING nature.
H L	Special cause variation of an IMPROVING nature.

Icon	Technical Description
?	This process will not consistently HIT OR MISS the target as the target lies between the process limits.
F	This process is not capable and will consistently FAIL to meet the target.
P	This process is capable and will consistently PASS the target if nothing changes.

Examples

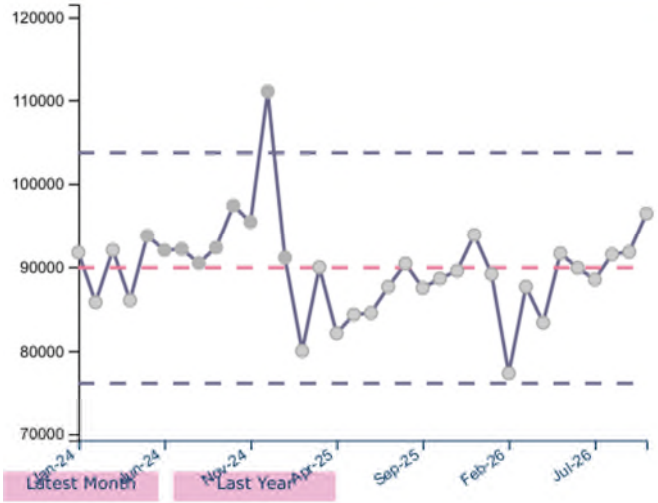
If a measure is showing the "orange HL" icons, and the orange "F" icon, then the measure is one to be concerned about and is likely to miss it's aim.

If a measure is is showing the "blue HL" icons and the orange "F" icon, then the measure is improving but still missing it's aim.

Created by Business Intelligence - Management of Information Team

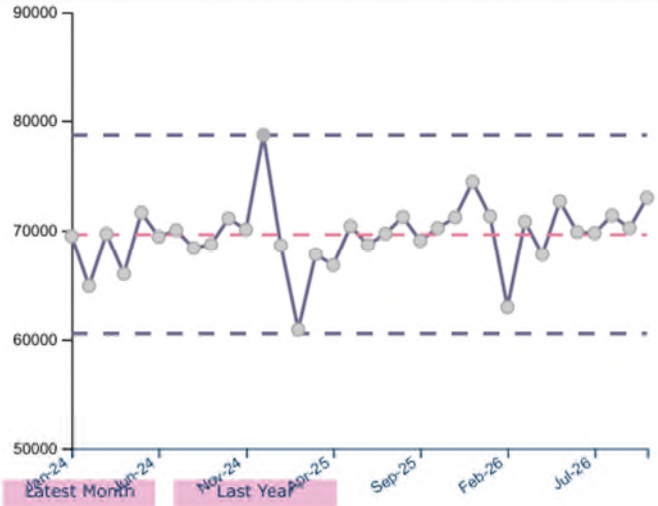
D: Demand Measures

Unscheduled Care - All Calls



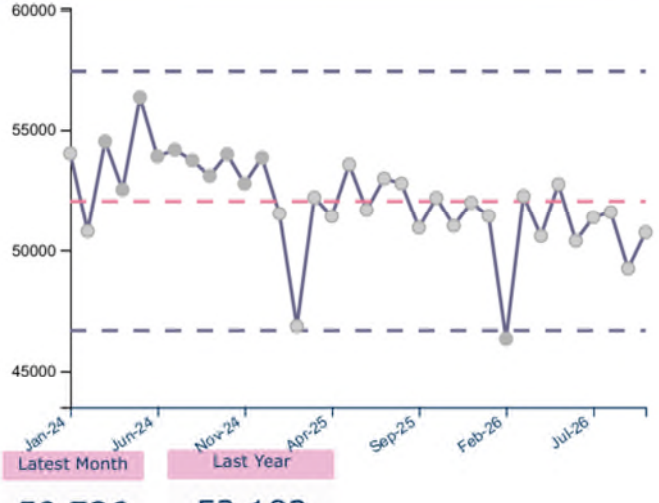
Latest Month	Last Year
96,442	88,607

Unscheduled Care - All Incidents

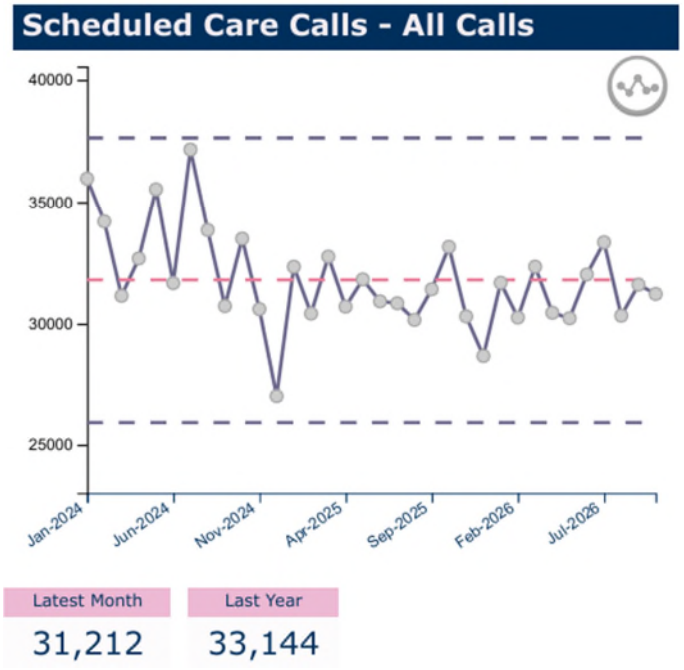


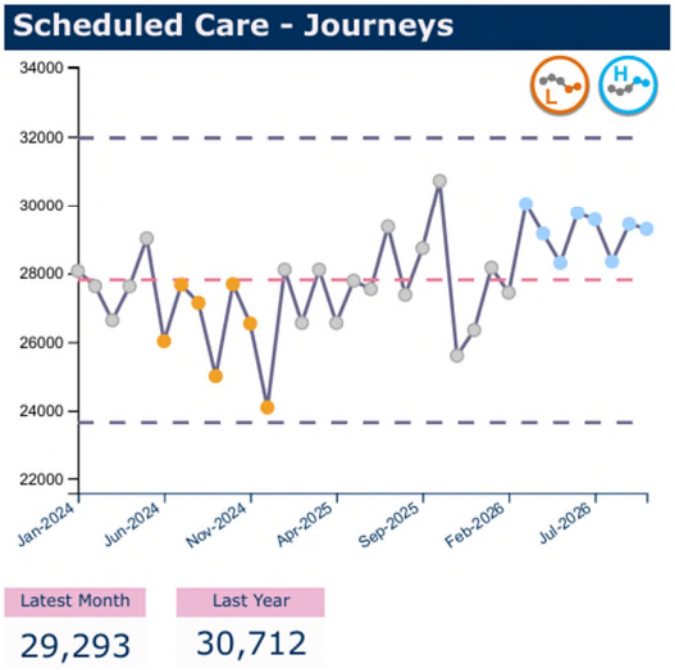
Latest Month	Last Year
72,997	70,211

Unscheduled Care - All Incidents Attended



Latest Month	Last Year
50,736	52,182





What is the data telling us?

Following unprecedented unscheduled call demand (out with upper control limit) in December 2024 it has returned to within the control limits. In October 2026, demand experienced across the month was an 8.8% increase on the same period last year, with 96,442 calls.

This year-on-year increase in call demand has resulted in a comparable pattern in the number of unscheduled care incidents recorded. In October 2026, there was a total of 72,997 incidents represented a 4.0% increase compared to October 2025.

Why?

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

We continue working closely with a collaboration of data analysts from across the health and social care system, led by Public Health Scotland, to forecast demand throughout 2026/27. Our demand forecasts are regularly updated based on intelligence of changes in the multitude of variables and Scottish Government planning assumptions.

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

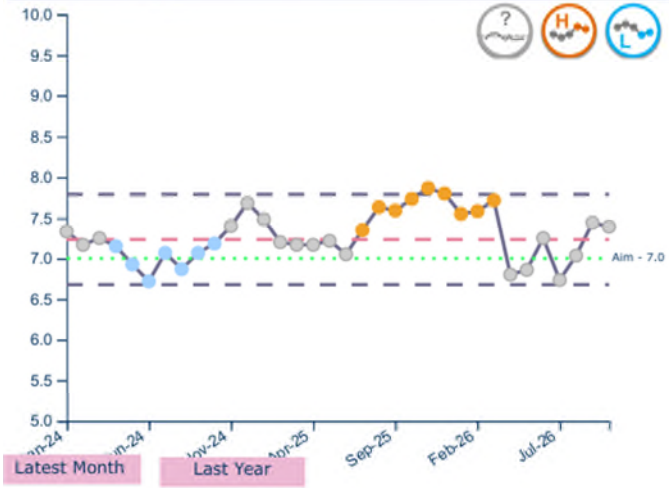
We have established several work streams to increase our workforce, to progress towards reduction in the working week assuming 36 hours by April 2026 to align with the 23/24 pay award agreement with Scottish Government, improve demand management, and increase capacity which include working collaboratively with our partners across the wider system, to reduce unnecessary Emergency Department attendance by ensuring patients receive care that meets their needs. A full update of progress against delivery of our plans is included in the 2030 Strategy Portfolio update.

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

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

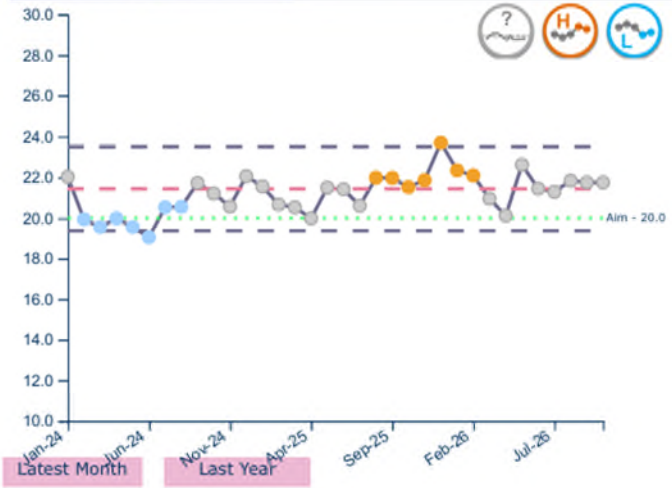
Purple Response Category: Critically Unwell Patients

Purple - Median Response Time Minutes (decimal)



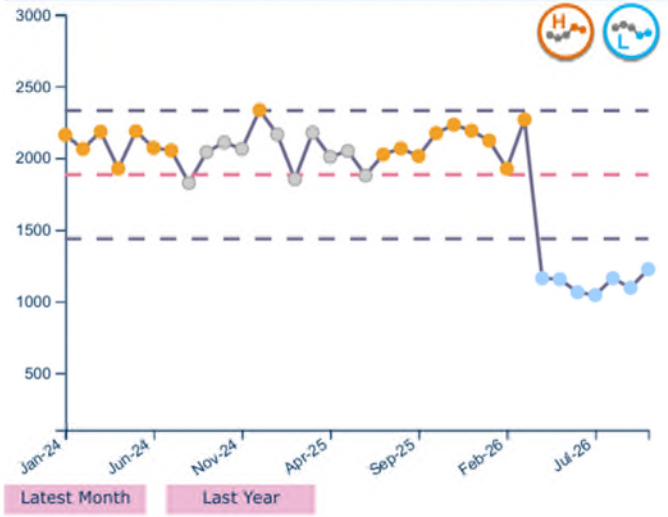
Latest Month	Last Year
7.4	7.7

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

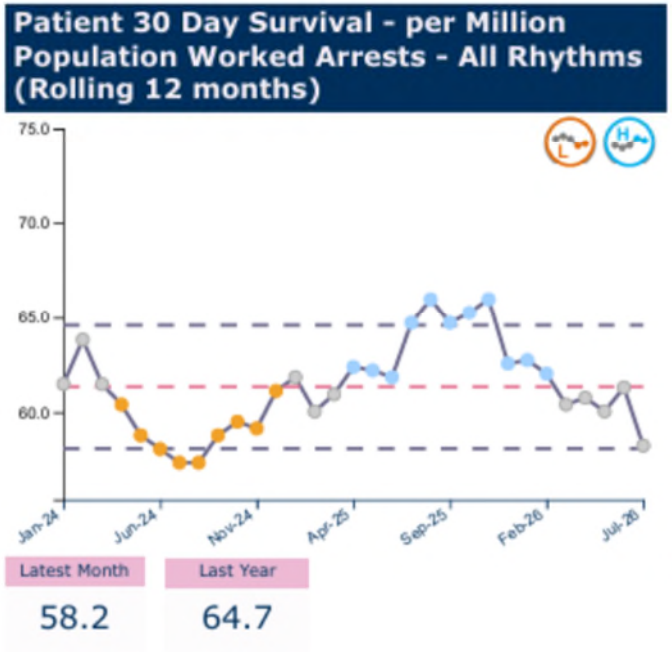


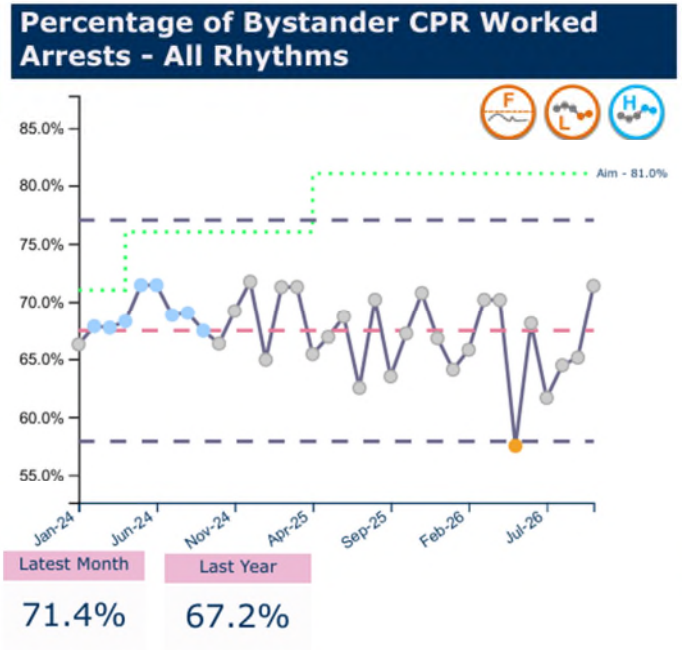
Latest Month	Last Year
21.7	21.5

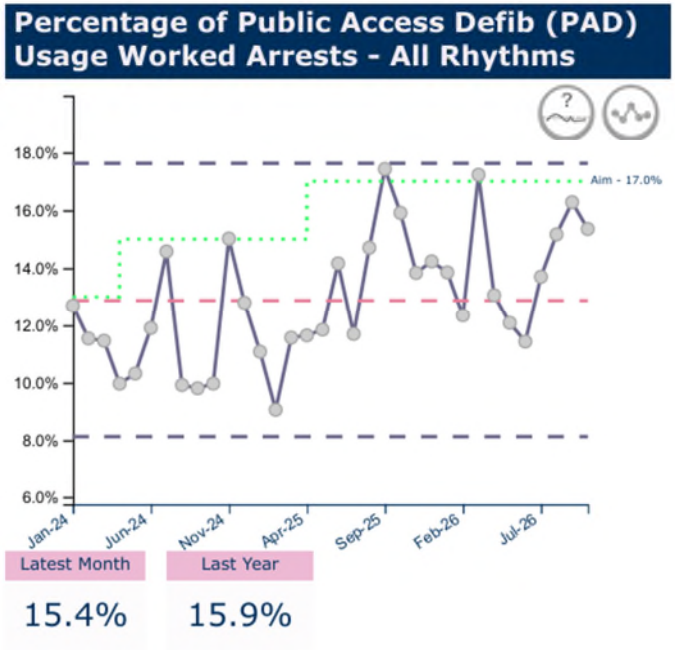
Purple Demand - Attendances



Latest Month	Last Year
1,224	2,171







What is the data telling us?

The data presented in the charts is referenced to different measurement points depending on the complexities of data linkage. The 30-day survival figures relate up to July 2026, this is due to requirements for data linkage of the longer outcome e.g. 30-day survival. Other cardiac arrest measures that do not depend on outcome data, such as Public Access Defibrillation (PAD) usage and Bystander CPR rates are reported until October 2026.

Overall, the position is stable on the worked arrest outcome measure (Mortality) with the 30-day survival measure remaining within the control limits since summer 2025 albeit with some variability and the latest month (July) dropping to close to the lower control limit.

The use of public access defibrillators has mostly been above the mean since summer 2025 showing an early indication of improvement however this has dropped below the mean in the last two months but within the lower control limit. The bystander CPR rate has remained fairly stable but briefly dropped below the lower control limit in May 2026 before returning to around average levels.

A further successful national Restart a Heart Live event reached over 100,000 viewers, predominantly school pupils, demonstrating significant national engagement in CPR awareness and public education.

We are continuing to progress the national CAReZone model and there is strong engagement with local authorities and partners which is enabling continued development of the CAReZones model, supporting community resilience through CPR training, defibrillator access, community responders and GoodSAM recruitment.

To support this, we have been supporting the development of a comprehensive multi-year GoodSAM strategy which is nearing finalisation. This provides a clear roadmap to improve volunteer responder recruitment, alert acceptance and community response capability across Scotland.

Purple Median Times

The median response time measure for four of the five months from April to August 2026 (process measures) fell below the mean levels. As of April 2026, after a regular review there has been a change to a single code and the colour to which it is assigned. SAS has undertaken a detailed clinical review of prioritisation through feedback from crews and data driven evidence that supports “06E - ineffective breathing” incidents being suitable for safe management as red.

Median response times to purple category in October 2026 was 7 minutes 24 seconds. We reached 95% of these patients in 21 minutes 45 seconds (95th percentile). The key influencing factors on response times are service time (which includes hospital turnaround times), emergency demand, shift cover and staff availability during shift. Work is focused around the following priority areas.

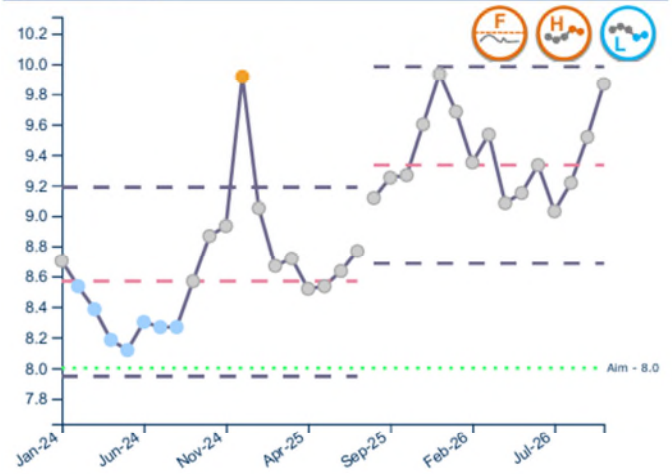
The Integrated Clinical Hub (ICH) and Pathways initiatives continue to support the principles of right care right place and the data for October 2026 shows that 55.2% of patients were managed without conveyance to the Emergency Department.

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

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

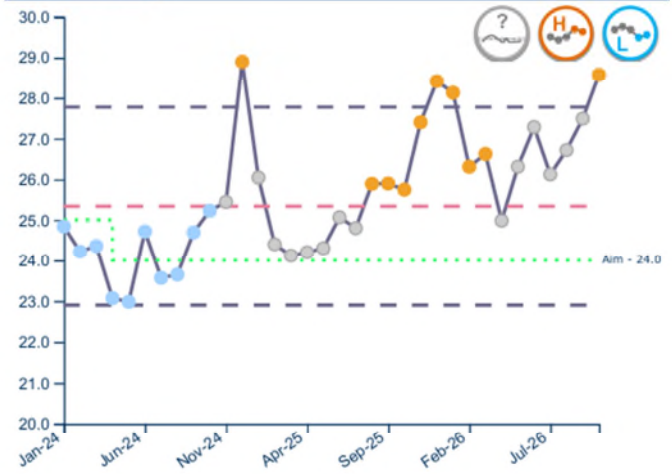
Red Response Categories: Patients at risk of Acute Deterioration

Red - Median Response Time Minutes (decimal)



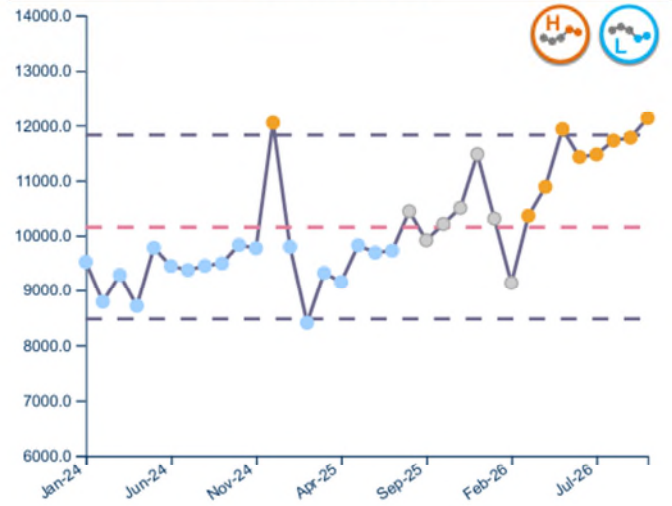
Latest Month	Last Year
9.9	9.3

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



Latest Month	Last Year
28.6	25.7

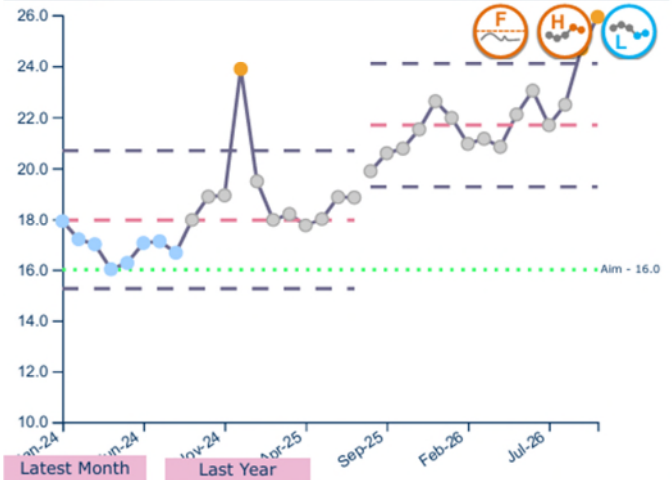
Red Demand - Attendances



Latest Month	Last Year
12,130	10,207

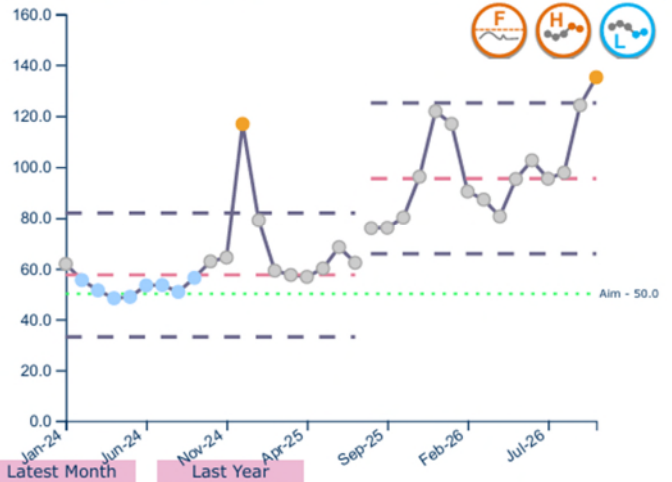
Amber Response Categories: Patients requiring Further Specialist Intervention

Amber - Median Response Time Minutes (decimal)



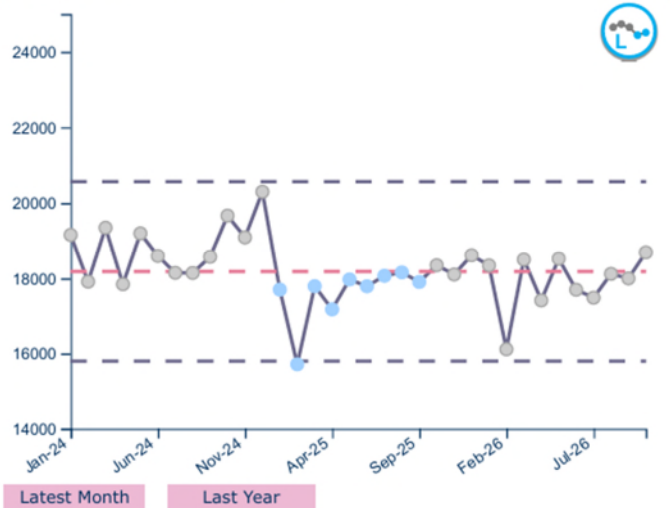
Latest Month	Last Year
25.9	20.8

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

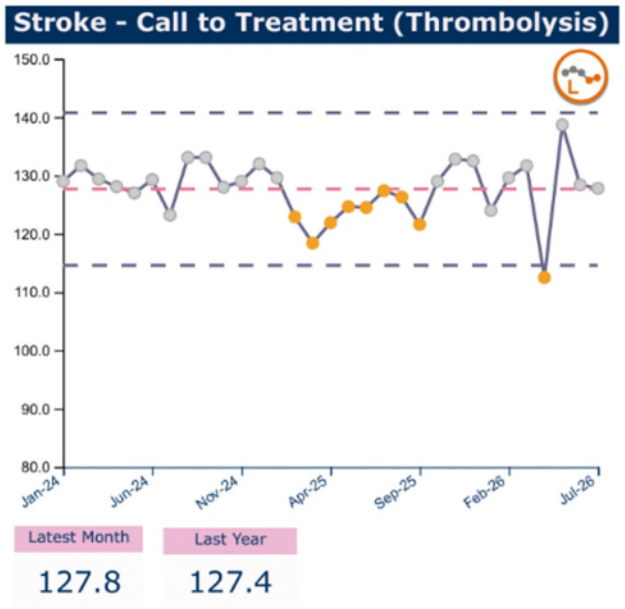


Latest Month	Last Year
135.1	80.2

Amber Demand - Attendances



Latest Month	Last Year
18,692	18,349



What is the data telling us?

In October 2026 we attended 50% of red category incidents within 9 minutes 52 seconds and 95% within 28 minutes 35 seconds. As noted on page 9 response time data from April 2026 is not comparable to previous data reported for purple and red category incidents.

The median and 95th percentile response times for amber categories of call have seen a period of increase since the early part of 2025 due to increased pressure on the Service and the wider Health and Social Care sector. In October 2026 we attended 50% of amber category incidents within 25 minutes 56 seconds and 95% within 135 minutes 5 seconds. Both of these measures are above the upper control limit indicating the increased pressure on the Service and wider NHS prior to the winter period.

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

We are strengthening our governance approach following the completion of a two-year review of the Critical Care Desk which has provided a clear evidence base and recommendations to inform future development of critical care coordination across Scotland.

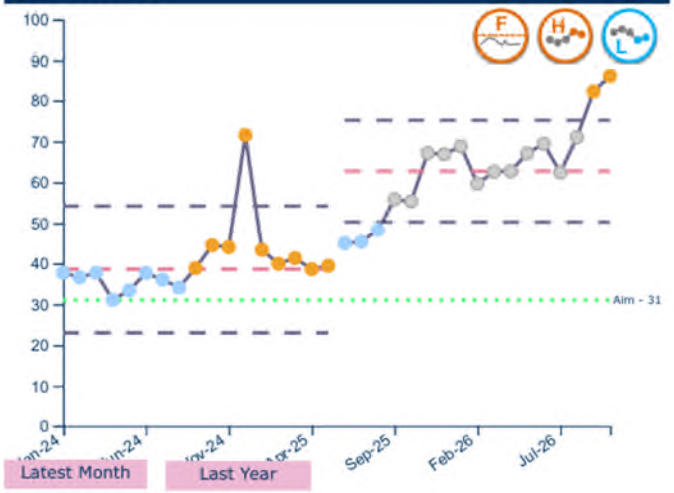
A national review of the Major Trauma Triage Tool has commenced, bringing together multidisciplinary stakeholders to optimise identification and routing of severely injured patients.

As part of our role in supporting the planned expansion of Thrombectomy we have been asked to participate in a detailed assessment of our anticipated requirements, and this has been drafted and submitted for consideration.

The call to Thrombolysis time chart was stable between September 2025 and March 2026. In April and May 2026, the data showed more variation, moving below the lower control limit before rising close to the upper control limit and then stabilising close to the mean.

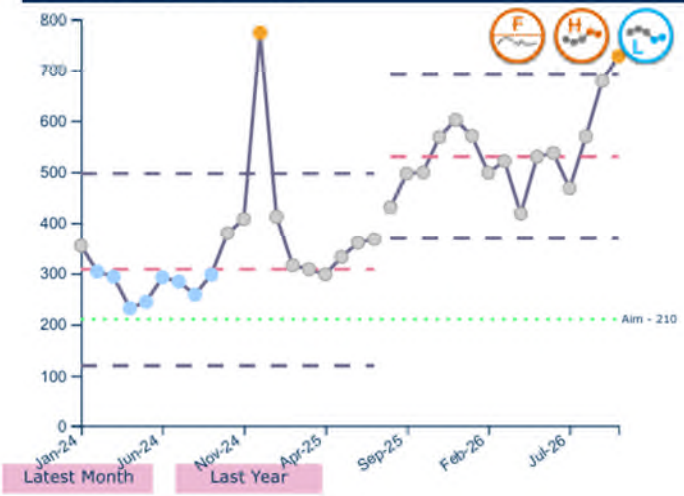
Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance

Yellow - Median Response Time Minutes (decimal)



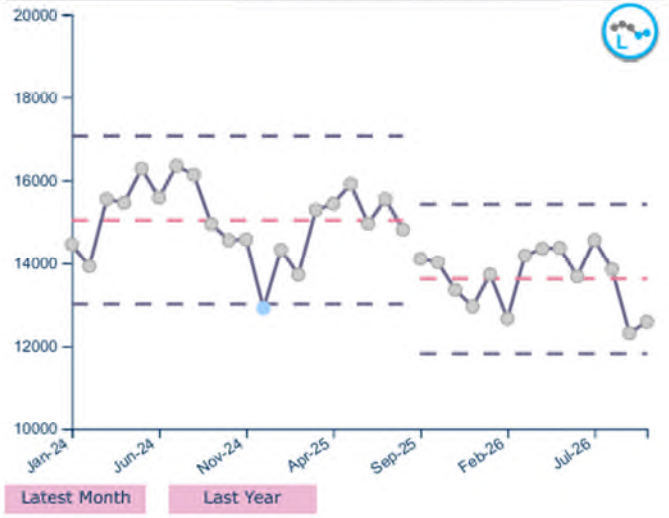
Latest Month	Last Year
86.0	55.3

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

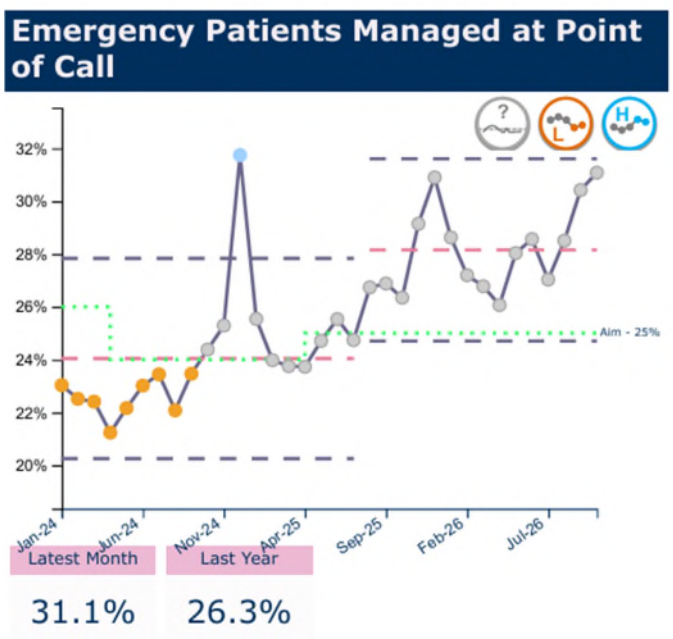


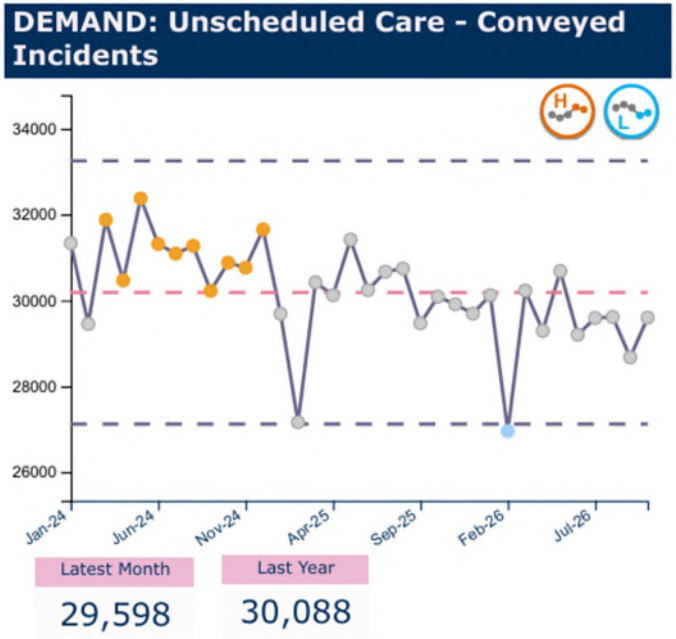
Latest Month	Last Year
727.8	498.9

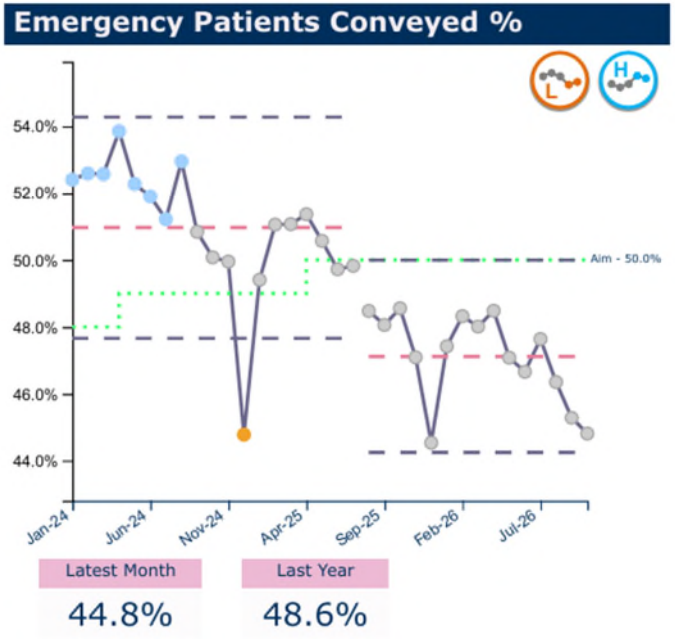
Yellow Demand - Attendances



Latest Month	Last Year
12,586	14,018







What is the data telling us?

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

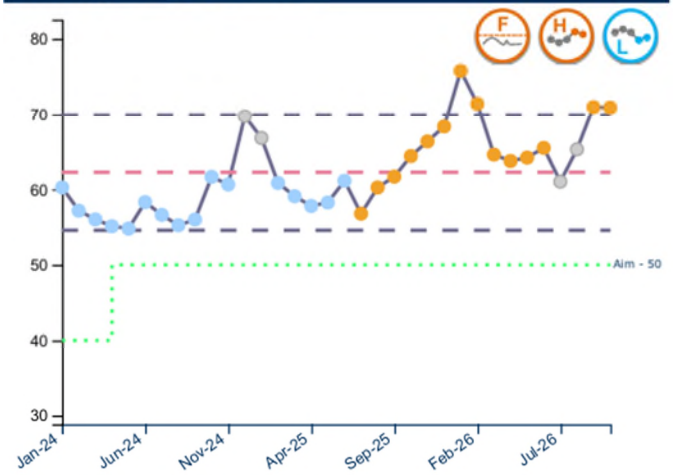
In October 2026 we managed 55.2% of all calls which comprised 20,532 (31.1%) managed at point of call and a further 15,933 (24.1%) by clinicians on-scene following ambulance attendance conveying only 44.8% of overall demand to hospital.

Extensive planning has been completed to deliver increased capacity within the Integrated Clinical Hub over winter which will include expanding our multidisciplinary team and increasing collaborations with NHS24, primary care and increasingly territorial NHS health Board Flow Navigation Centres. This is strengthened by our Pathways workstream supporting our frontline clinicians to navigate the system to Pathways of care via single points of contact such as FNCs but wider than this to hospice partners for palliative and end of life care patients, Hospital at Home and respiratory pathways. These combined efforts will support us in fulfilling our aims of safe, efficient and person-centred care particularly when the whole system is highly likely to be increasingly constrained due to demands over the winter period.

A detailed population health maturity self-assessment is being completed to support our ambition to become a Population Health Organisation. Completion will be supported by Public Health Scotland. We have also taken the opportunity to engage with other Health Boards progressing their self-assessment for peer-to-peer discussions. We are progressing discussions across a wide number of stakeholders with an increased focus on our clinical workstreams and how they contribute to improving population health.

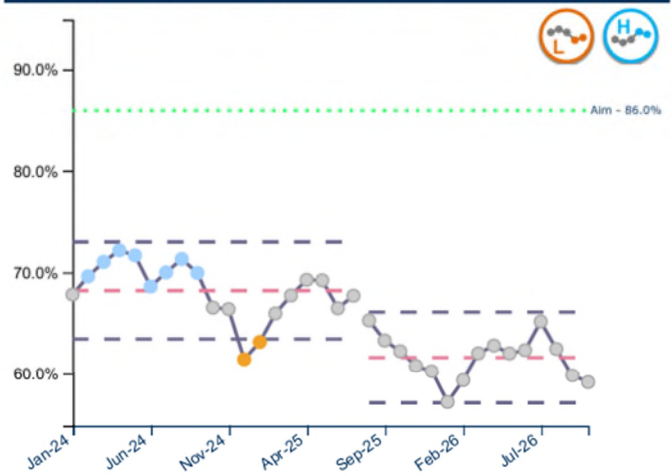
TT: Turnaround Time at Hospital

Average Turnaround Time at Hospital - Emergency Patients

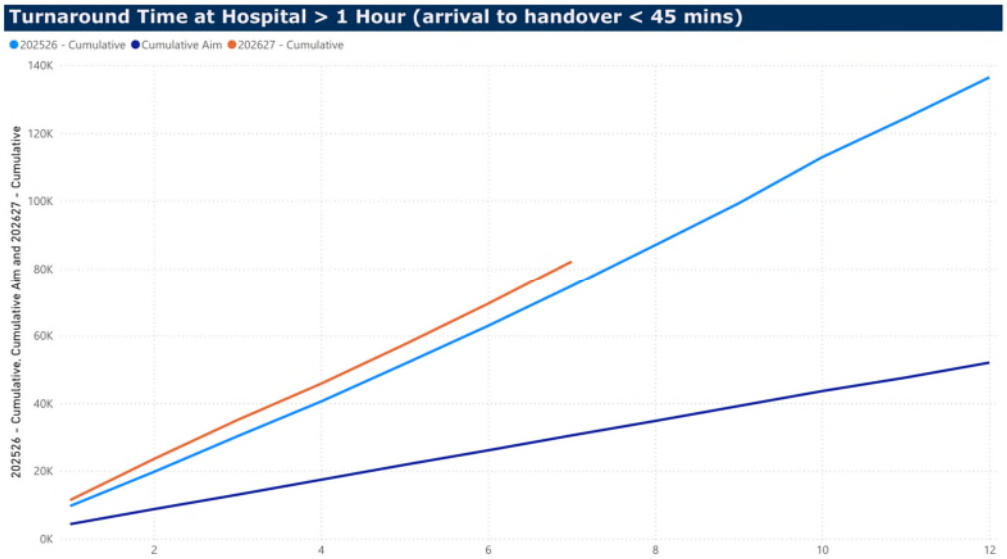


Latest Month	Last Year
70.9	64.4

% Turnaround Time at Hospital <= 1 Hour (arrival to handover < 45 mins)



Latest Month	Last Year
59.1%	62.2%



What is the data telling us?

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

The average turnaround time for October 2026 was 1 hour, 10 minutes, 55 seconds. This is 6 minutes and 31 seconds higher than October 2025 reflecting a sustained increase in the average time our crews are spending at hospital.

Why?

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

What are we doing and by when?

Hospital Ambulance Liaison Officers (HALOs) are established at the busiest hospital sites to ensure we are fully integrated in support of whole system hospital flow. The numbers are being further increased on a temporary basis by Health Boards in line with winter planning and unscheduled care funding.

The agreed ‘Principles for Safe Transfer to Hospital’, outlines the target to achieve a safe handover of patient at hospital within 15 minutes.

The NHS Scotland Operational Priorities Letter of 13 July 2026 requires a whole-system approach to urgent and emergency care and identifies ambulance turnaround times with a maximum of 45 minutes. It places this alongside hospital occupancy, delayed discharge, average length of stay, frailty services, Hospital at Home and mental-health pathways. This confirms that ambulance delay is a symptom of wider system flow and cannot be resolved by SAS action alone.

The Service’s three Regions continue to undertake improvement work in collaboration with their respective Health Boards and is coordinated through the SAS national workstream 'Improving Hospital Turnaround Times'.

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:

- Average turnaround time in September and October was 46:37 minutes and 46:50 minutes. All sites apart from Ninewells showed an increase from September into October.

- Regular operational, tactical and strategic level engagement takes place with sub-regional teams and local health boards. These discussions continue to have a focus on patient safety and shared risk regarding the impact on delayed patient handover times.
- HALOs continue to focus on supporting crews to turnaround efficiently and focus daily on reducing the longest waits and understanding the reasons and actions needing to prevent reoccurrence.
- In all sub regions focus continues on wider flow through sites to ensure effective, timely discharge of patients maximising use of available resources. An ASM is now based at ERI Monday-Friday and embedded within their command and control centre focusing on pressures at both the front and back door.
- A range of improvement activity is being taken forward focused on reducing turnaround and unavailable time to maximise responding resource availability. This 'Minutes Matter' campaign has been coproduced and is being jointly delivered in partnership commencing with senior team-partnership joint visits to hospital sites to gain staff input to improvement plans and identify opportunities for further improvements. A planned communication campaign has commenced to ensure crews are focused on minimising time to turnaround and will run across winter.
- Recruitment is underway for peer led welfare support to reduce turnaround times and support staff while on shift - these are 25 frontline staff, on shift who will deliver this peer support role.
- Focus on development and engagement with pathways continues in all sub-regions and following pathways feedback from staff we are working with the pathways leads to develop and refine our pathways.
- Work is underway to on board up to 40 NQPs earlier than planned along with increasing leadership capacity to support them with a focus on providing additional cohorting capacity and support to crews to turnaround in a timely manner.

West:

- Increased pressure and significant turnaround times in Glasgow, Ayrshire, Dumfries and Galloway and Lanarkshire have had a negative impact on Service delivery. Engagement with all boards included further discussion of revised escalation plans with updated plans in place for Glasgow and Lanarkshire and updated plans for Ayrshire and D&G.
- The QEUH Discharge Hub continues to see an increase in discharge activity with less cancellations and increased on the day requests. There have been overall positive flow improvements. Following further discussion with NHS GG&C the FNC+ model have moved to a call to convey model which is supported by an additional Advanced Practitioner and a Paramedic on a 7 day roster. Further engagement has taken place and additional ICH resources will be co-located as a test of change in late November/December.
- NHS Lanarkshire continues to experience challenges, particularly regarding ED Turnaround at Wishaw, but engagement remains positive with NHSL around the development of FNC+. In partnership with the pathways team the regional leadership team have developed a Pathways network who will lead peer to peer conversations to promote the use of FNC+ and reducing barriers. Regional Director continues to engage with the Health Board with a view to making further improvements at the Wishaw site and a formal meeting with the Director of Acute Services has been facilitated. A monthly performance meeting between SAS and NHSL is in place supported by the Clinical Pathways team. An ongoing project to deliver a discharge hub and improve hospital flow is also in development with a discharge hub central to the development.

- NHS Ayrshire & Arran sites continue to experience surge pressures. Engagement with the senior team in NHS A&A continues. Regional Director meets with the A&A senior team weekly to apply focus to the application of the joint escalation plan that has now been reviewed and updated. Escalation plan has been shared with the sponsor team at Scottish Government who are monitoring progress.
- Additional HALOs in place in Ayrshire and Lanarkshire, and Glasgow Royal sites working across seven days. HALO cover has been extended over the calendar year in NHS A&A and a case is being developed to extend the HALOs in situ in Glasgow. HALOs and wider leadership teams continue to support staff at key sites, particularly during periods of extended hospital turnaround.
- Site meetings are focussed on patient safety and risk associated with SAS resource being unavailable due to increase handover delays.
- A range of improvement activity is being taken forward focused on ensuring pathways are developed, with the FNCs accessed through a single point of contact. This includes the development of a Technician response car and a Paramedic in primary care model in Greater Glasgow which is still ongoing.
- The regional winter plan has been reviewed and as part of our wider winter preparedness and a winter debrief has taken place to learn of the impact of these measures that worked well over Winter. A winter planning exercise is planned for late Summer/early Autumn with staff side discussion around maintaining positive lessons learned from last winter and new ideas to take forward for this winter.
- The West Regional Director is now in place as co-chair of the Improving Access function of the Scot West sub national planning structure and supports the Flow working group as part of the same structure.
- Core shift coverage has decreased since the RWW go-live and robust recruitment is underway to recruit new NQPs in the next cycle.
- A revised winter delivery plan has been created and agreed with Executive colleagues to enhance the support for service delivery, staff welfare and patient safety. This plan has been shared with staff side. The regional management team will only be attending meetings that are critical over December and January to ensure that support is in place across seven days to manage ongoing hospital pressures and ensure robust application of the winter delivery plan.

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)
- Design / Implementation of NHS Grampian Operations Pressure Escalation Level Framework (OPEL)
- Engagement with NHS Grampian to measure progress against Unscheduled Care Performance Improvement Plan.

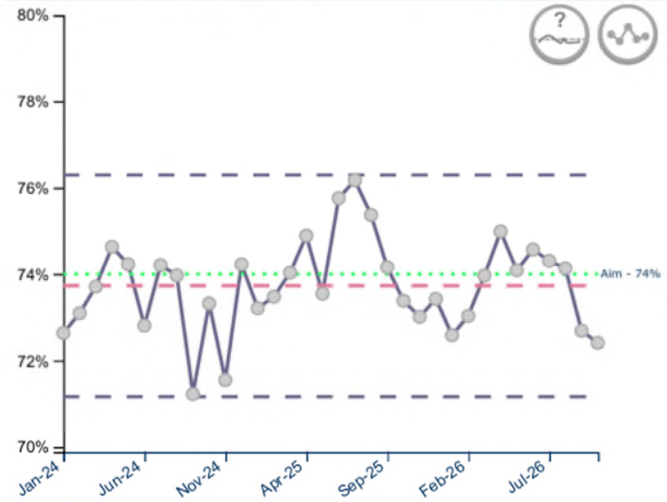
- Following a Centre for Sustainable Delivery visit to ARI to analyse the current systems in place, the report recommended 7 key actions, two of which refer specifically to ambulance turn around delays:
    1. *The whole system board that oversees U & USC requires reorganisation to ensure strategy and 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. (Fully NHSG Funded 2026/27)
- HALO cover also provided at Dr. Gray's hospital in Elgin.
- Introduction of HALO cover at Raigmore. (Engaged with NHSH regards the potential NHSH funding)
- Use of 'Safe to Sit' Policy where available.
- Use of Rapid Access Clinic (RAC) connected to Acute Medical Admissions Unit.
- Hospital Arrival Screens in place at ARI, Dr. Gray's and Raigmore hospitals.
- Maximising utilisation of Flow Navigation Centre as a 'Call before Convey' at Aberdeen Royal Infirmary and all other available alternative pathways of care. FNC currently subject of enhancement and expansion as part of NHSG Improvement Plan to increase the number of calls coming through the hub to maximise patients being managed through alternative pathways.
- SAS cohorting.
- NHSG are working to an improvement plan trajectory to affect no ambulance waits over 2 hrs, and until improvement is maintained. 76% within 30 mins by Mar 2027.
- NHSG are also planning to implement a Timely Handover Process (THP), which has been proven previously in South-western and London ambulance service operating areas. This will start at 90 mins, then 60 mins and finally 45 mins.
- **Example:** Week commencing 26/10/2026, SAS experienced 894 lost ambulance resource (double crewed) hours at Aberdeen Royal Infirmary (approximately 35% of the total planned resource for the Grampian sector for the week) to ambulance delays at hospital. To understand the positive impact which could have been realised by SAS within Grampian last week, it has been calculated that if:
    - Timely Handover Process 90 had been in place; 492 hrs would have been released back to SAS in Grampian over the week. (approx. 19% of planned resource)

    - Timely Handover Process 45 had been in place; 714 hrs would have been released back to SAS in Grampian over the week. (approx. 27% of planned resource)

- This is a NHSG aim to develop, build on and maintain appropriate behaviours and action to enhance flow and pull of patients through the system and away from current ‘pooling’ at hospital front doors. Unfortunately, breeches are still occurring on these aims when the hospital flow has ground to a halt.
- NHSG also currently testing their Transport hub to coordinate patient movements with the ultimate aim of enhancing opportunity to discharge. SAS are supporting with a dedicated SAS Patient Transport Resource and Transport coordinator embedded within hub. Funding secured to extend coordinator role until Sept 2027.

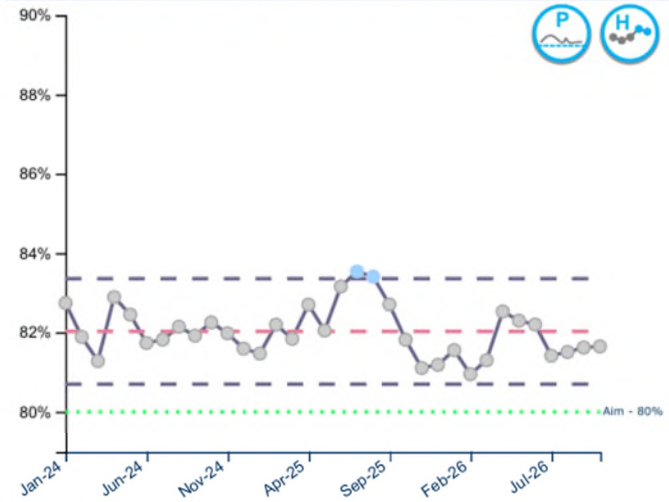
SC: Scheduled Care

PTS Punctuality for Inward Journey



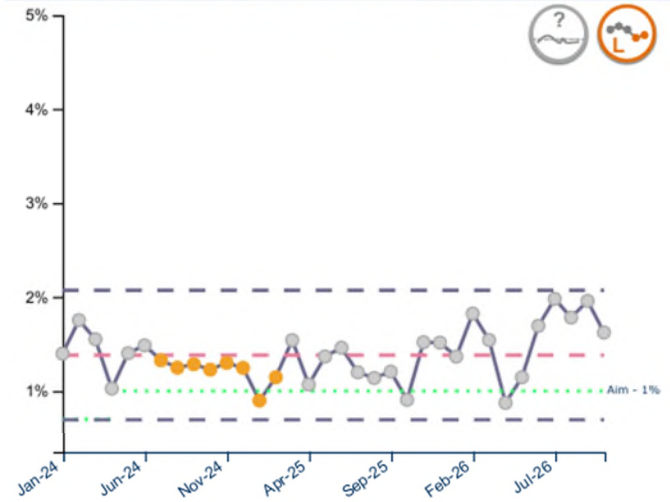
Latest Month	Last Year
72.4%	73.4%

PTS Punctuality for Outward Journey



Latest Month	Last Year
81.6%	81.8%

PTS Cancelled by SAS No Resource



Latest Month	Last Year
1.6%	0.9%

What is the data telling us?

The number of Scheduled Care calls remains stable with 31,212 in October 2026.

Journey demand since March 2026 has been above the mean showing an early indication of more journeys being undertaken. We undertook 29,293 completed journeys in October 2026.

Punctuality after appointment was 81.6% in October 2026 and punctuality for inward appointment was 72.4%. The percentage of Patient Transport Service cancellations by the Service in the 'No Resources' category was 1.6% in October 2026, which is above the recovery aim of 1% for 2026/27.

What are we doing and by when?

Performance Management

Scheduled Care has recently implemented the first stage of National Performance management, working on a rota basis a supervisor will have responsibility for managing not ready codes such as reflection, wrap up and assisting colleague. This is in place as a support action and the performance supervisor can identify issues quicker and check if the call taker requires some assistance or has any welfare concerns. Comfort breaks are not part of the monitoring, however if there is a concerningly long break the site supervisor will be alerted, again in case there is a welfare concern. The next stage of the performance management will be the introduction of an escalation plan which is currently being developed.

The December data demonstrates continued consolidation of the performance management, with overall national Not Ready time at 15.8%, broadly stable and within expected tolerance during winter pressures and seasonal leave.

At site level:

- East: Not Ready sits at 14.26%, the lowest nationally. This reflects improvement in wrap-up management.
- North: The highest site-level figure at 18.61%, driven primarily by increased amounts of assisting colleague time and some longer durations of wrap-up. However, the pattern remains consistent with North's call profile and does not suggest deviation from expected behaviour.
- West: Performance is stable at 16.72%, with a moderate rise in December linked to higher seasonal call flow and several prolonged support interactions. Coding accuracy has improved, reducing unexplained or default Not Ready usage.

Across all three ACCs, welfare triggers via extended comfort breaks were minimal and quickly checked, with supervisors monitoring both performance and wellbeing. Training-related Not Ready time remains proportionate to ongoing mentoring and development needs associated with the October intake

Recruitment

Recruitment activity remains on track and continues to build on the progress reported in November. All twelve Scheduled Care Coordinators recruited during the October intake are now in post, with their initial training successfully completed across both East and West

This marks the full implementation of the first phase of expansion described in the previous update.

Work is now underway to prepare for the January recruitment round, which will seek to appoint a further ten Coordinators. This cohort will be allocated across the regions as follows: East (four), North (two) and West (four). Training for this intake is scheduled to begin in March, with the expectation that all new starters will go live at the beginning of the new financial year. This phased approach ensures continuity from the October intake while supporting each ACC to build capacity in a managed and sustainable way.

Looking ahead, the programme remains aligned to our broader workforce plan, with continued focus on ensuring each cohort receives consistent training, appropriate support, and a smooth transition into live operations.

Scheduled Care Improvement Programme

The Timed Admissions workstream continues to progress, with staffing of the ACC support desk targeted to commence from 30th November to support winter pressures. A phased approach to staffing will be adopted by the ACC to align with available dispatch capacity to enable the support desk to target Timed Admission activity, utilising a Scheduled Care resource instead of an A&E resource.

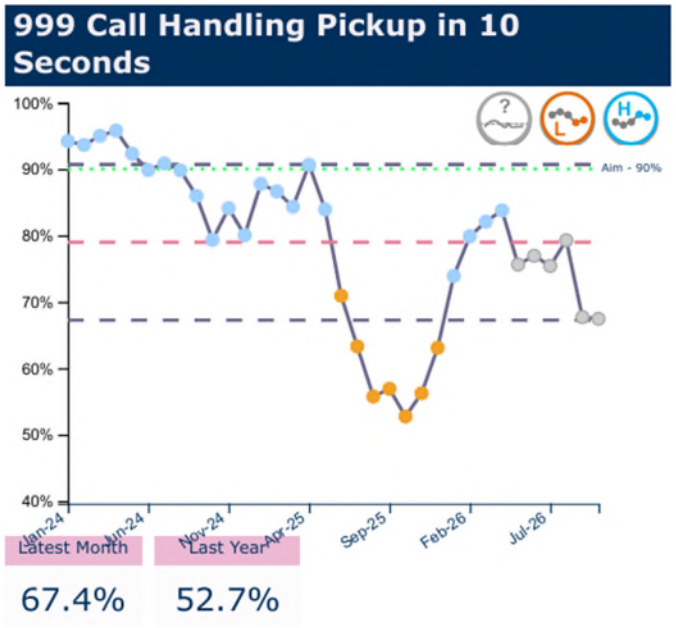
The national Renal Transport CivTech Challenge, jointly sponsored by the Scottish Government, Scottish Ambulance Service and NHS Greater Glasgow & Clyde, launched to market on 8th September 2026. The challenge seeks innovative, patient-centred digital solutions to improve the efficiency, patient experience and sustainability of renal transport services across Scotland. A high number of applications were received (selection period sift 1) and are currently being reviewed by the panel before progressing to the next stage (Interview period sift 2). The breadth and depth of applicant questions during the open call period demonstrated strong market interest in the challenge and a high level of engagement from organisations seeking to understand the complexity of renal transport.

Good progress continues across the SAS Transport Hub model, building on the Queen Elizabeth University Hospital approach (QEUH), with dedicated vehicles now established across QEUH, Ayrshire, Lanarkshire and Grampian. Communications have been adapted from the QEUH model and shared with Health Boards to support consistent regional implementation. Recruitment is progressing under the Invest to Save programme, covering 3 Scheduled Care Coordinators, 10 ACAs and 4 HALOs, which will strengthen operational resilience and support a more consistent Once for Scotland approach.

The Schedule Care Demand and Capacity Project continues to progress with the demand and capacity modelling work. Following the recent scenario workshop on the 29th October, various modelling scenarios have been discussed and developed alongside a detailed set of assumptions covering demand, workforce, vehicles, locations and future operational changes. The immediate focus is on initial analysis and baseline validation, with scenarios and assumptions to be finalised by mid-December.

The national Scheduled Care Data Review Group has been established to develop a consistent and reliable approach to Scheduled Care data and reporting across SAS. The group will review and agree key measures, definitions, data sources and reporting requirements. This will support effective performance monitoring, identification of variation and trends, evaluation of improvement activity, and informed operational and strategic decision-making across Scheduled Care.

Other Operational Measures



What is the data telling us?

In October 2026, 999-call demand rose by 17.2% compared to October 2025. The ACCs dealt with 69,230 999 calls in October compared to 59,052 in the previous year.

TAS in October was 67.4%, decreasing from 67.7% in September however was an improvement when compared to October last year. A Call Handling improvement plan is in place and will ensure that the identified actions for improvement are taken and the impact will be reviewed daily, weekly and monthly. The interdependencies with other factors are known and a programme of work has begun to ensure focus on Attendance Management, Wellbeing initiatives and Average Call Hanfling Times for example.

SAS recorded 3,634 delays of 2 minutes or more with BT. This was the 3rd highest (11th) recorded across the other UK Ambulance Services and was a slight decrease compared to September.

The recorded average time to answer with BT for public 999 calls was 25.7 seconds**,** and this placed SAS 11th out of 13 UK Ambulance Services. This is around a one second decrease compared to September.

What are we doing and by when?

ACC call performance is not expected to recover to the required level during December. Workforce availability, absence, schedule fit and the availability of experienced call handling, dispatch, supervisory and Duty Manager capacity mean that significant operational pressure will remain, particularly across the festive period. The immediate priority is patient and staff safety while maintaining the trajectory towards sustainable performance recovery. The winter recovery approach is focused on protecting access to 999, maintaining the greatest possible trained capacity, managing demand and queues dynamically, and ensuring operational risks are identified and escalated early. Performance will be managed through daily operational oversight, live performance information and weekly recovery review, recognising that December represents a period of containment and stabilisation rather than full recovery.

Five actions are expected to have the greatest impact:

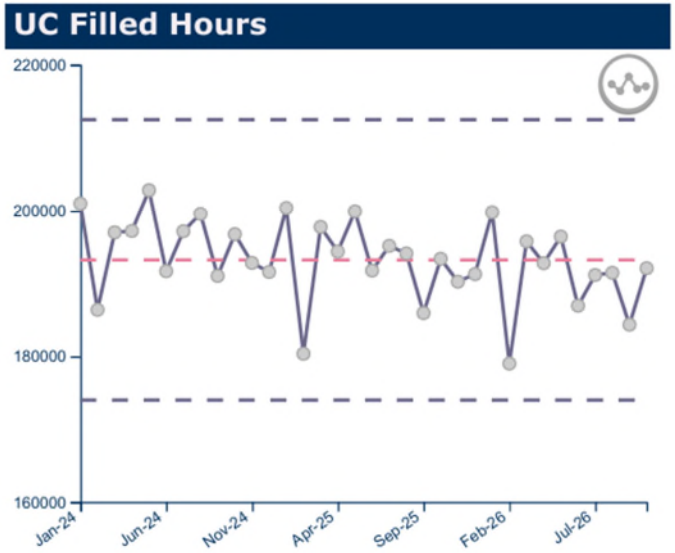
1. protecting trained 999 capacity by tightly controlling avoidable abstractions and movement from critical roles;
2. aligning rosters, relief and overtime more closely to forecast demand, targeting capacity at the highest-risk periods;
3. increasing available call-handling capacity through contingency call taking and deployment of appropriately competent staff during escalation;
4. strengthening real-time performance management through the Call Escalation Plan, active management of queues, adherence, availability and staff deployment; and
5. protecting dispatch, supervisory and Duty Manager resilience, recognising the direct impact these functions have on safe operational decision-making and patient flow.

These measures will not remove the December performance risk, but they provide a controlled framework to reduce harm, support staff working under sustained pressure and maintain the safest possible service while the wider call performance recovery programme builds capacity and resilience into 2027.

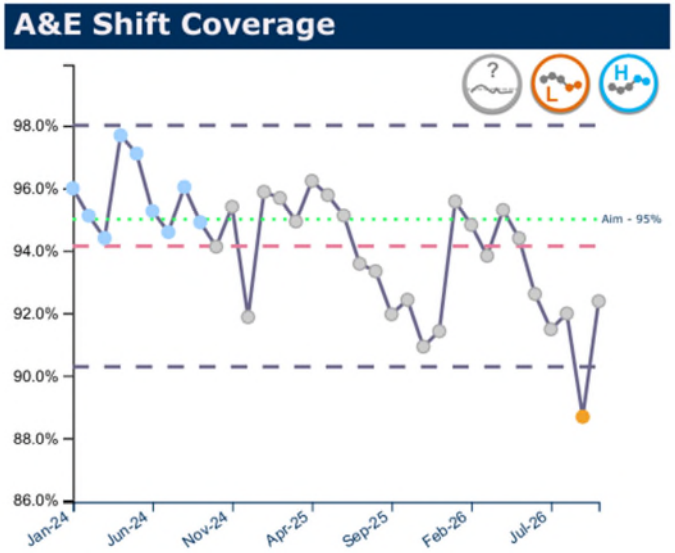
ACC winter planning is substantially progressed. With further workforce movement now locked down and no expected leavers, ACC is forecast to enter December with 167 to 169 WTE trained call handlers. Additional Support Services deployment increases effective call-handling capacity to approximately 175 to 176 WTE during the core winter period.

The position is stronger than previously assessed but remains one of managed operational risk rather than full assurance. Dispatch and Call Handling are the principal immediate staffing exposure.

Shift Coverage



Latest Month	Last Year
192,110	193,398



Latest Month	Last Year
92.4%	92.4%

What is the data telling us?

The Service recovery aim for 2026/27 is greater than 95% of accident and emergency shift coverage across the year. This was met or exceeded in January and April 2026 however since June has dropped below the mean with shift coverage in September dropping below the lower control limit.

However, the number of hours on the read has remained fairly stable around the mean and within the control limits. This is predominantly due to finalising the RWW recruitment which will continue through 2027.

Best practice for UK ambulance services is no more than 55% utilisation. Our utilisation rate in October 2026 was 64.1% 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.

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West Region:

Shift coverage has been stable and operating at 91.7% in October. Incremental improvements in sickness absence and focus on vacancy management is stabilising operational cover across Scheduled and Unscheduled Care.

Planning for the new intake of NQPs is underway with courses planned out to April 2027.

- 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 over December and early January

East Region:

Operational shift coverage in October was 92.6%. Operational shift cover continues to be impacted by a high sickness absence rate which reached 9.3% during October. NQP recruitment is ongoing which will support resilience in operational cover and we are working to maximise the NQP intake

and the numbers available for shift uptake in advance of winter. The region continues to review a random sample of absence cases each month to identify ongoing learning and improvement opportunities along with understanding the staff experience through the attendance management process.

The regional team continues to review and manage controllable abstractions minimising where possible balancing the requirement to ensure staff are appropriately trained and supported with ensuring safe levels of staffing.

The resource planning function is critical in planning and maintaining operational cover levels. 2 additional Resource Planners have been recruited to ensure resilience within the team.

Alternative duties abstractions, where staff are unavailable to undertake their operational duties for a variety of reasons, continue to be monitored and remains at a lower level than has previously been the case. The majority of these abstractions continue to be due to adjustments to support pregnant frontline staff.

The regional workforce plan has been reviewed and updated to and staff on the new transfer register have been accomodated. The Regional modelling highlights a recruitment requirement of 76.6WTE through to next March. These numbers may shift slightly as staff continue to make transfer requests. The modelling also highlights a requirement to balance skill mix across the recruitment year ahead. Recruitment of some of the NQPs planned into 2027 have been brought forward to December 2026 in order to support turnaround impacts.

North Region:

Workforce availability remained under pressure during October 2026. A&E shift coverage increased from 91.2% in October 2025 to 92.3% in October 2026., single crewing increased from 3.1% to 3.4%, and sickness absence decreased from 8.1% to 7.5%, remaining out with the organisational tolerance of 8%. These pressures continue to affect workforce flexibility and operational resilience, particularly across rural, remote and island communities where smaller staffing establishments provide less capacity to absorb short-notice absence or vacancies. Daily workforce monitoring, roster management, abstraction controls and targeted deployment decisions remain in place to manage uncovered shifts, fatigue, single-crewing exposure and geographical risk.

Recruitment activity continues to support workforce sustainability across the Region. To date, the North Region has recruited 13 Newly Qualified Paramedics, eight qualified Paramedics and Technicians, and 14 Trainee Ambulance Technicians. The current Trainee Ambulance Technician cohort comprises 3.89 WTE in Grampian, 6.00 WTE in Highland and 3.13 WTE across the Islands.

Recruitment and onboarding activity remains ongoing. Nine candidates were allocated to the Newly Qualified Paramedic course commencing on 26 October 2026, and all 10 North Region places allocated to the NQP course commencing on 9 November 2026 have now been filled. Offers are also

currently being progressed for this year's NQP applicants. A further five NQP courses are planned between January and May 2027. One North Region place has already been filled on the January course, and once all outstanding recruitment scores have been received, the Region will seek to maximise available places across the remaining courses. A further Trainee Ambulance Technician course is planned during 2027, providing an additional opportunity to maintain the workforce pipeline and address regional workforce gaps. Despite this progress, 30.35 WTE A&E vacancies remain, excluding Advanced Practice, including Remote, Rural and Workforce-funded posts, with recruitment challenges continuing to be concentrated particularly within rural, remote and island locations.

National:

Scottish Specialist Transport and Retrieval Service (ScotSTAR)

Air Ambulance

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

- The new contract commenced on 26 July 2026 as planned. All three new H145 D3 helicopters, comprising two operational aircraft and one back-up aircraft, are now in service.
- Fixed-wing delivery remains delayed. Certification of the first new aircraft has been delayed, with no confirmed entry-into-service date. The existing fixed-wing fleet remains operationally available to maintain continuity of service while the new aircraft are delivered. Commercial discussions with Gama Aviation in relation to the delays are continuing.

EMRS

- The EMRS East business case remains under consideration, with further clarification awaited on the appropriate route for funding and appraisal. Engagement with territorial Health Boards and regular senior SAS oversight continue, alongside work to identify further mitigations within existing resources.

SPRS

- The SPRS Service Redesign Business Case remains under consideration by Scottish Government. Interim staffing is now in place and has improved morale, consultant cover and mobilisation; however, longer-term sustainability remains dependent on the outcome of the business case.

- Paediatric activity increased during October as anticipated winter respiratory demand began to rise. Interim arrangements continue to support service resilience through this period

SNTS / Best Start

- Work on the Best Start programme has now resumed in earnest following receipt of a formal commission from the Scottish Government, requesting our business case is finalised by end Dec 2026 and changes implemented by end Dec 2027. This represents a challenging delivery timetable, and the associated business case is being progressed with support from the Strategic Planning team. Work also continues to resolve the future governance and ownership arrangements for ICS as part of the developing model
- The SNTS East team has been asked to vacate its current Royal Infirmary of Edinburgh accommodation by the end of December 2026. Alternative options continue to be progressed through the Property Forum, with no replacement site yet confirmed.

Other

- Winter resilience remains under active review, including driver capacity supporting neonatal and paediatric transfers. A further funding request is being progressed for temporary driver resource to reduce the risk of transfer delays, staff fatigue and reliance on frontline ambulance resources.

Ambulance Control Centres (ACC):

- Rest Break SOP progress: There is a plan to take effect from 19th November 2026 for additional shift codes to be added to the system to allow crews on 11-hour shifts or longer to choose a single rest break at the start of their shift. An updated SOP will be circulated once agreed in partnership.
- Dispatch review initiative has been placed on hold in order to focus on the FourNet recommendations: all of which will form part of the ACC transformation programme which is currently being scoped out. Engagement sessions for staff and staff side will commence early in the new year once the programme of work has been agreed and signed off by the board.
- An improvement plan is in place to recover the underperformance within Call Handling: specifically, TAS but will focus on a number of items including recruitment training and retention, performance reporting live time inc. AHT and TAS, escalation processes, 999 and HCP capacity balance and Dispatch supervisory and management resilience.
- The Timed Admissions Desk will go live at the end of November as part of the Scheduled Care Programme.

- Staff and training updates: Call Handling recruitment is progressing as expected and we anticipate a fully trained workforce of 160 by year end. The team intend to develop a rolling programme to be presented early in the new year to ensure that recruitment and retention requirements are visible to everyone and there are no last-minute planning pressures experienced prior to winter moving forward. This has been attempted previously and lessons learned will be part of the focus this time around.
- Wellbeing and support initiatives continue, including CBT training, Positive Mental Health discussions and signposting to support. Additional hours have been agreed with the wellbeing team to provide support over the winter. In addition to this we are reviewing rosters within the ACC given the feedback from staff and although this will form part of the wider ACC transformation programme, we have an opportunity to implement some part-time rosters covering weekends due to the additional staff availability.

National Risk and Resilience Department (NRRD):

- During October 2026, all SORT PDA incidents were allocated within the 15-minute standard, providing assurance against the core specialist-response measure. Further work is required to strengthen support arrangements for non-PDA deployments; SORT attended **326 non-PDA incidents**. Of these, **44 incidents (13.50%)** were not backed up by another ambulance resource as required in the SLA. Continued work with ACC dispatch review to try and address this.
- Community resilience activity continues to make a significant and growing contribution to patient care. During October, Community First Responders attended 921 calls and Community Cardiac Responders attended 160 calls. Indicative of the sustained increase in call allocation over the last 12 months, across the period Aug to Oct 2026, volunteers supported 3,021patients, an increase of 63% compared with the same period last year.
- Scottish Government are now progressing the Phase 3 capability programme through their governance processes. This work is intended to strengthen the tiered SORT and CCRT response model. Phase 3 funding and delivery timescales remain key dependencies. The NCCC programme is also at an important delivery stage, with further work ongoing to agree the operating model, ownership and procurement route and to protect the remaining delivery window.
- Development of the Urban Search and Rescue (USAR) capability continues in close partnership with the Scottish Fire and Rescue Service (SFRS). The supporting digital learning package is undergoing final review, with completion anticipated before Christmas 2026. Practical training is being finalised, with joint delivery planned for March 2027. Work continues to align clinical and operational procedures, training requirements and safety arrangements to support the introduction of this specialist capability.
- Winter preparedness activity is progressing across specialist operations, command and coordination, workforce resilience and business continuity. Core SORT training and recruitment activity have been reviewed to reduce peak-period abstractions, while REAP, adverse-weather

and continuity arrangements have been refreshed. Exercise Mammoths Tusk 7 enabled the organisation to test their consequence management plans and Exercise White Sentinel provided a platform for ACC and NHS24 to examine interoperability during the consequence management episodes expected this winter.