Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

PUBLIC BOARD MEETING **27 May 2026**
Item 06

THIS PAPER IS FOR DISCUSSION

BOARD QUALITY INDICATORS PERFORMANCE REPORT

Lead Director **Author**	Michael Dickson, Chief Executive Executive Directors
Action required	The Board is asked to discuss progress within the Service detailed through this Performance Report: - 1. Discuss and provide feedback on the format and content of this report. 2. Note performance against key performance metrics for the period to end April 2026. 3. Discuss actions being taken to make improvements.
Key points	This paper brings together measurement for improvement as highlighted by the Scottish Government's Quality Improvement and Measurement for Non-Executives guidance. This paper highlights performance to end April 2026 against our strategic plans for Clinical, Operational and Scheduled Care where this data is available. Patient Experience, Staff Experience and Performance, Health and Wellbeing and Financial Performance are reported in separate Board papers. <u>Clinical Performance</u> Clinical performance as related to the measures in this paper remain in the main within control limits. Our broad range of clinical workstreams have continued to progress over the reporting period with highlights noted within both this report and within the 2030 strategy update. Across each of the clinical workstreams a key focus is on collaboration and engagement to improve clinical quality and improve outcomes for patients – this includes our frontline clinicians. As we take a more population health approach, we are seeking opportunities to better utilise data and insights

	that may be unique to the Service. Additionally, we are strengthening the range of alternative pathways available to address both the health and social care needs of patients.
Timing	This paper is presented to the Board for discussion and feedback on the format and content of information it would like to see included in future reports.
Associated Corporate Risk Identification	Risk ID: 4636 – Health and Wellbeing of staff 4638 – Hospital Handover Delays 5062 – Failure to achieve financial target 5602 – Service's defence against a cyber attack 5603 – Maintaining required service levels (Business Continuity) 5651 – Workforce Planning and Demographics 5887 – Service Transformation (Change Management) 5891 – Collaborative Working
Link to Corporate Ambitions	We will • Work collaboratively with citizens and our partners to create healthier and safer communities. • Innovate to continuously improve our care and enhance the resilience and sustainability of our services. • Improve population health and tackle the impact of inequalities. • Deliver our net zero climate targets. • Provide the people of Scotland with compassionate, safe, and effective care when and where they need it. • Be a great place to work, focusing on staff experience, health and wellbeing.
Link to NHS Scotland's Quality Ambitions	This report highlights the Service's national priority areas and strategy progress to date. These programmes support the delivery of the Service's quality improvement objectives within the Service's Annual Delivery Plan.
Benefit to Patients	This 'whole systems' programme of work is designed to support the Service to deliver safe, person-centred, and effective care for patients, first time, every time. A comprehensive measurement framework underpins the evidence regarding the benefit to patients, staff, and partners.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	This paper highlights progress to date across a number of work streams and programmes. Each individual programme is required to undertake Equality Impact Assessments at appropriate stages throughout the life of that programme.

	In terms of the overall approach to equality and diversity, key findings and recommendations from the various Equality Impact Assessment work undertaken throughout the implementation of our 2030 Strategy are regularly reviewed and utilised to inform the equality and diversity needs.

SCOTTISH AMBULANCE SERVICE – BOARD PERFORMANCE REPORT

Introduction

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

What's New

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

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

Future Development

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

Notes

Board Performance Measures

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

How to interpret these charts?

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

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

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

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

What are the icons?

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

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

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

Examples

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

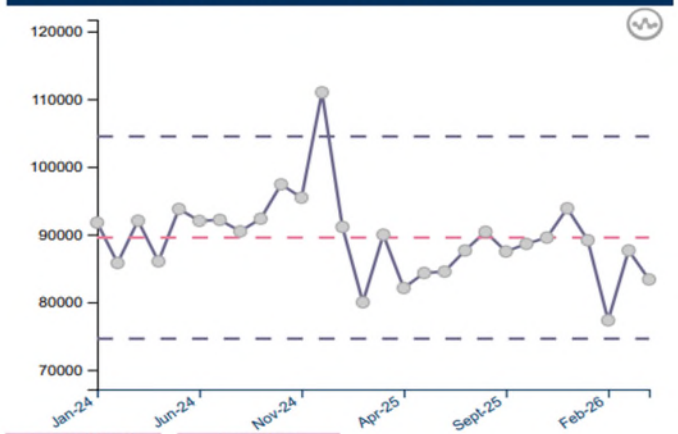
If a measure is is showing the "blue HL" icons and the orange "F" icon, then the measure is improving but still missing it's aim.

Created by Business Intelligence - Management of Information Team

D: Demand Measures

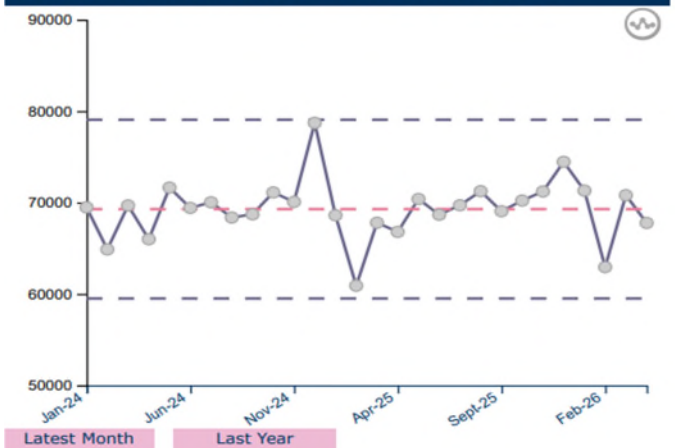
4

Unscheduled Care - All Calls



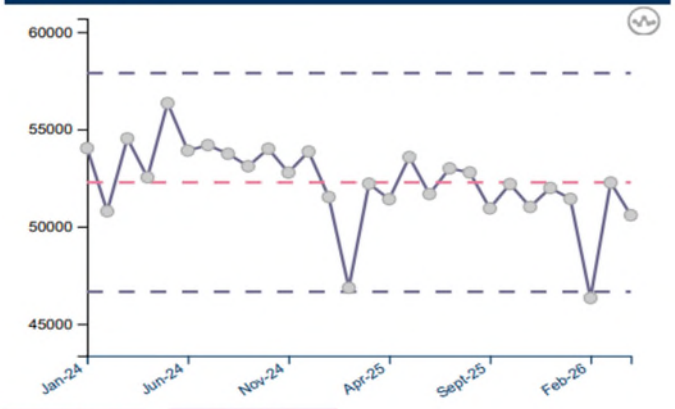
Latest Month	Last Year
83,348	82,088

Unscheduled Care - All Incidents



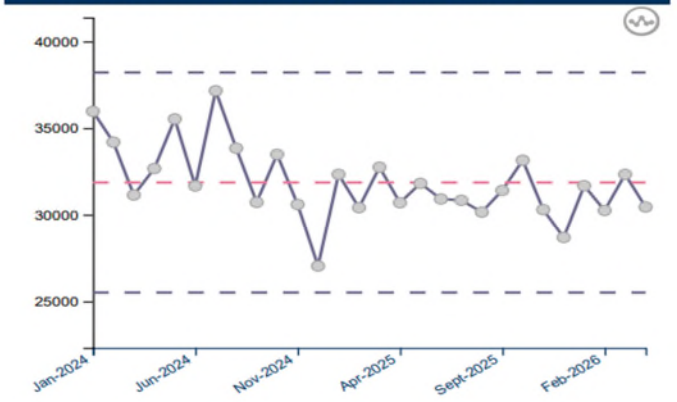
Latest Month	Last Year
67,762	66,786

Unscheduled Care - All Incidents Attended



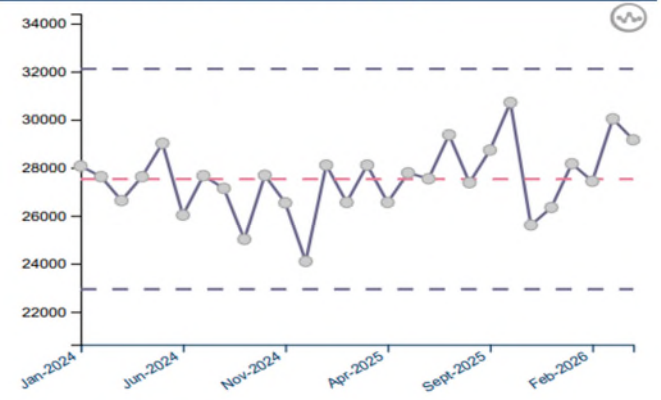
Latest Month	Last Year
50,582	51,405

Scheduled Care Calls - All Calls



Latest Month	Last Year
30,444	30,693

Scheduled Care - Journeys



Latest Month	Last Year
29,159	26,552

What is the data telling us?

Following unprecedented unscheduled call demand (out with upper control limit) in December 2024 it has returned to within the control limits. In April 2026, demand experienced across the month was a 1.5% increase on the same period last year, with 83,348 calls.

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

Why?

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

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

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

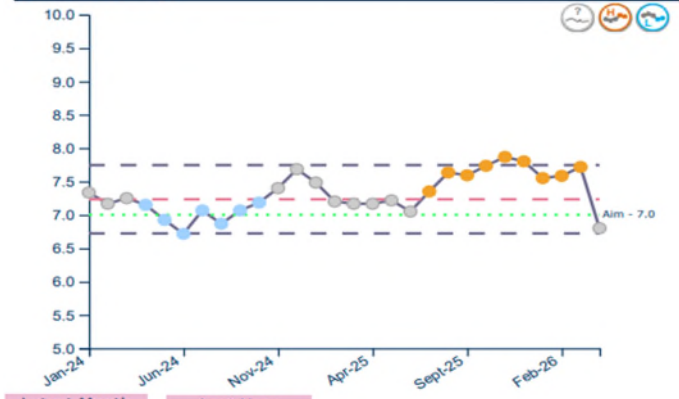
We have established several work streams to increase our workforce, to progress towards reduction in the working week assuming 36 hours by April 2026 to align with the 23/24 pay award agreement with Scottish Government, improve demand management, and increase capacity which include working collaboratively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

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

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

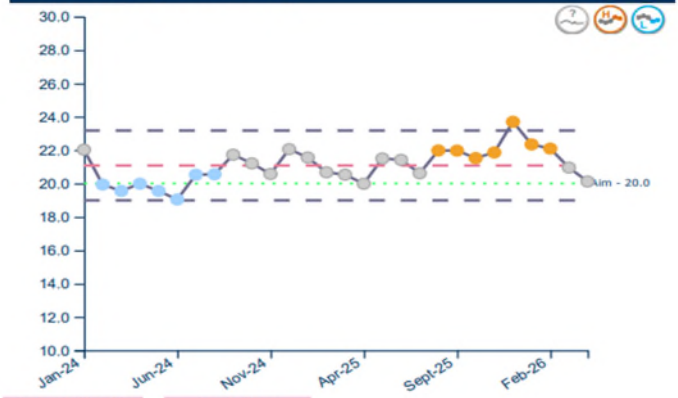
Purple Response Category: Critically Unwell Patients

Purple - Median Response Time Minutes (decimal)



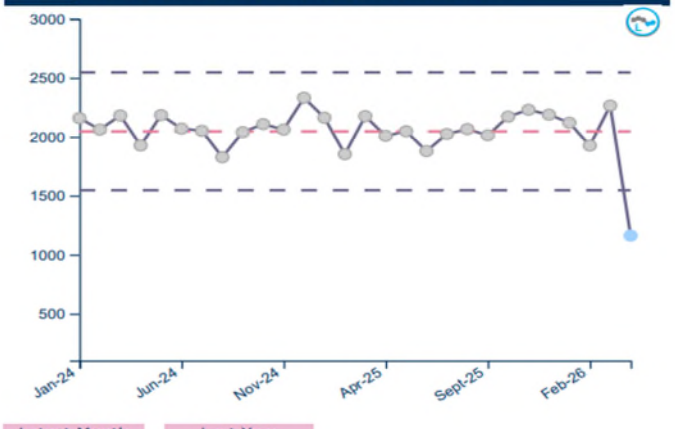
Latest Month	Last Year
6.8	7.2

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

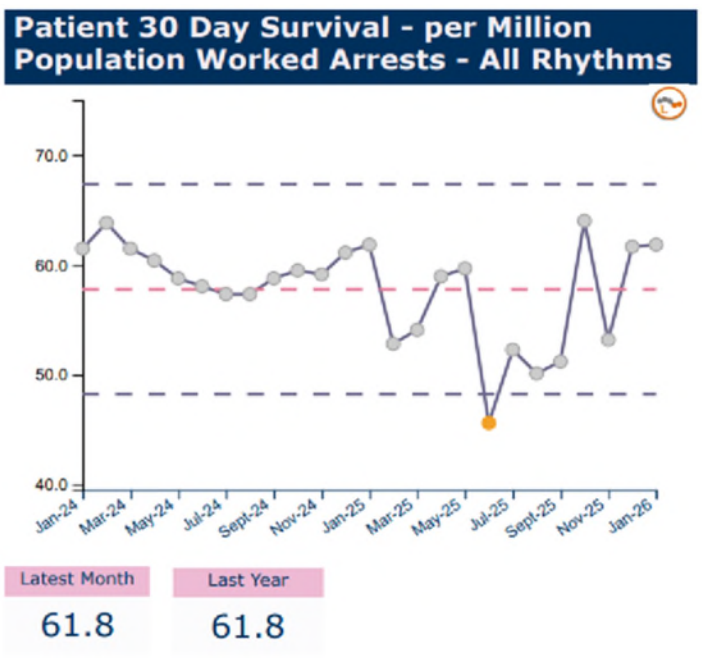


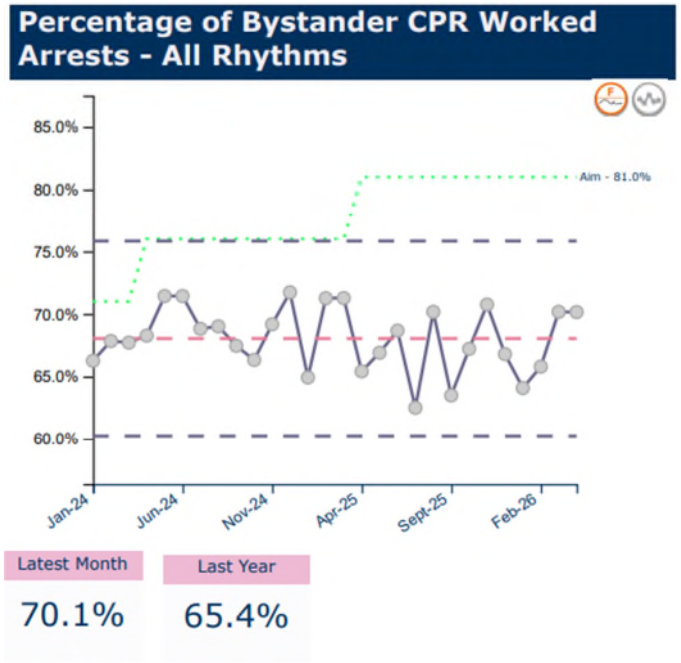
Latest Month	Last Year
20.1	20.0

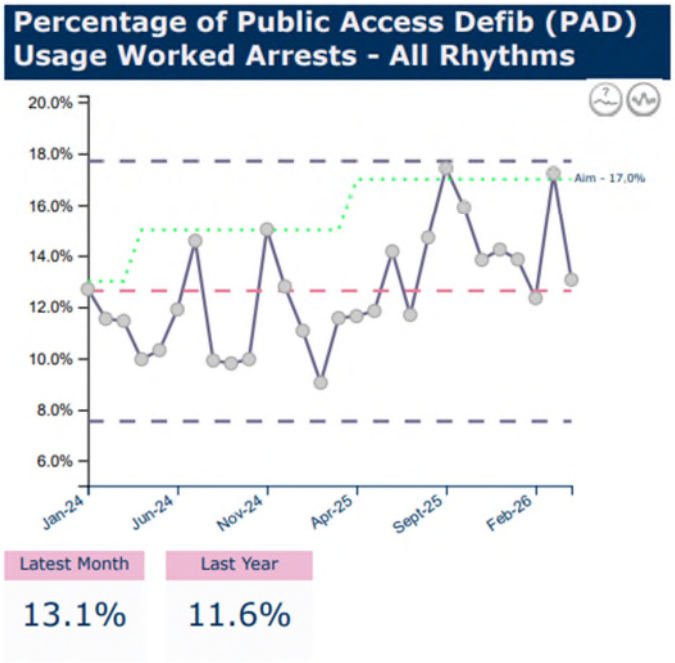
Purple Demand - Attendances



Latest Month	Last Year
1,161	2,007







What is the data telling us?

The data presented in the charts is referenced to different measurement points depending on the complexities of data linkage. Overall, the position is stable on the worked arrest outcome measure (Mortality) with the 30-day survival measure remaining within the control limits since summer 2025 albeit with some variability. The use of public access defibrillators has mostly been above the mean since summer 2025 showing an early indication of improvement. These figures relate up to January 2026 time stamps, this is due to requirements for data linkage of the longer outcome e.g. 30-day survival.

Other cardiac arrest measures that do not depend on outcome data, such as Public Access Defibrillation (PAD) usage and Bystander CPR rates are reported until April 2026. These measures remain stable, with the expected seasonal monthly variation, with peaks in PAD usage in September 2025 (17.4%) and March 2026 (17.2%).

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

This accounts for a significant percentage of purple incidents. Due to these changes, it is advised that response time data from April 2026 is not comparable to previous data reported for purple and red category incidents.

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

Following the successful test of change of the CareZone initiative with Dumfries and Galloway Council and the allocation of funding from Scottish Government to Save a Life for Scotland (SALFS) we are working to develop an implementation strategy to support collective leadership and shared accountability as indicated in the national Population Health Framework as a principle of a prevention focussed system.

The national Out of Hospital Cardiac Arrest Strategy 2026-2031 is being developed establishing a patient centred, whole system approach with a clear link to opportunities to address healthcare inequalities.

The annual Scottish Cardiac Arrest Symposium is due to take place in May 2026 with a wide range of subject matter experts from the UK and internationally due to present at the event.

Purple Median Times

Median response times to purple category in April 2026 was 6 minutes 48 seconds. We reached 95% of these patients in 20 minutes 07 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.

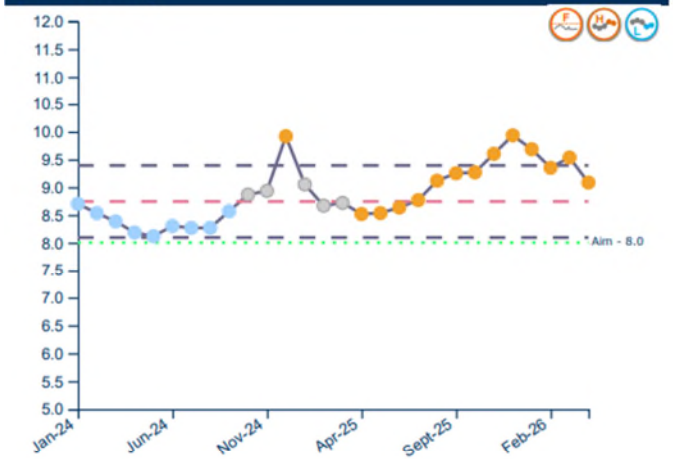
The Integrated Clinical Hub (ICH) and Pathways initiatives continue to support the principles of right care right place and the data for April 2026 shows that 51.5% of patients were managed without ambulance conveyance to hospital.

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

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

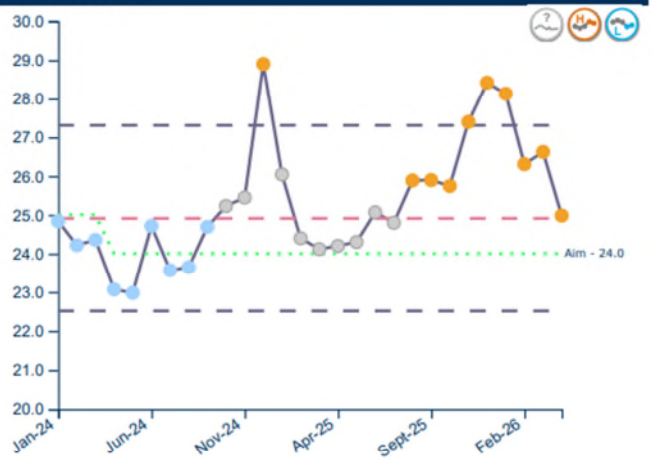
Red Response Categories: Patients at risk of Acute Deterioration

Red - Median Response Time Minutes (decimal)



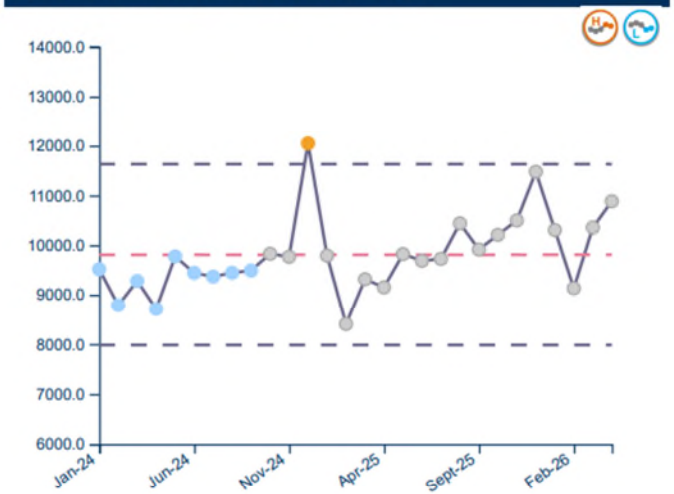
Latest Month	Last Year
9.1	8.5

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



Latest Month	Last Year
25.0	24.2

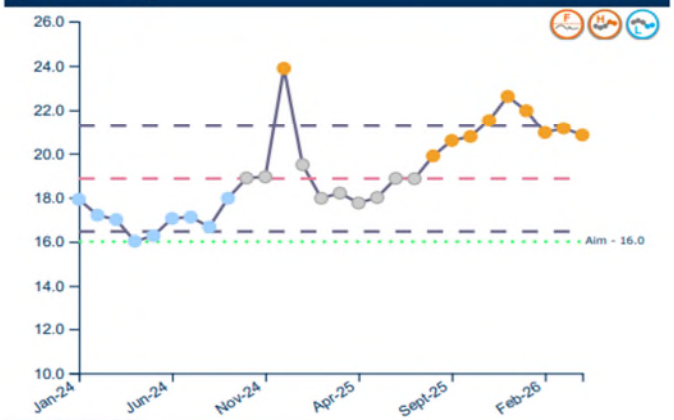
Red Demand - Attendances



Latest Month	Last Year
10,882	9,150

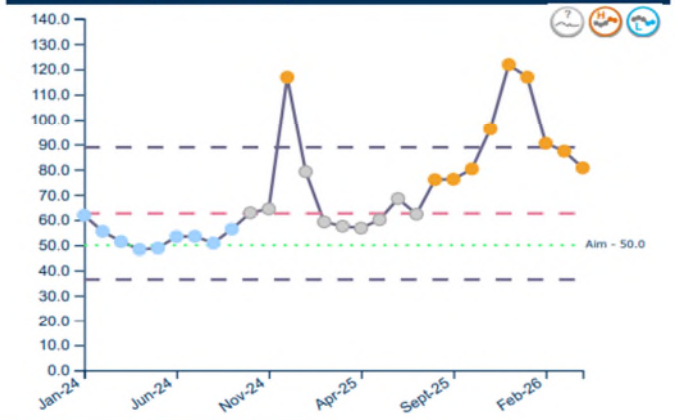
Amber Response Categories: Patients requiring Further Specialist Intervention

Amber - Median Response Time Minutes (decimal)



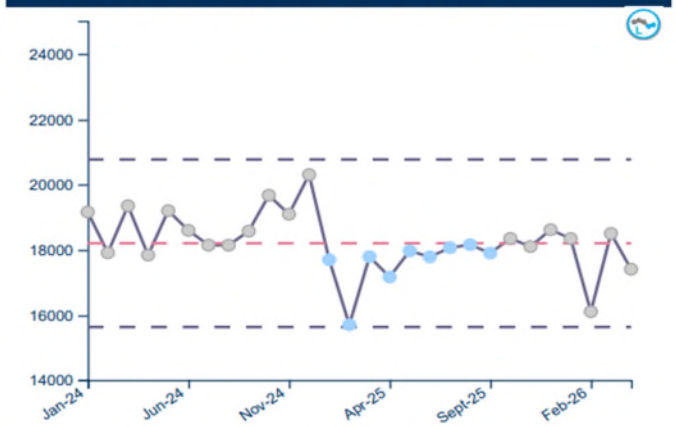
Latest Month	Last Year
20.8	17.8

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

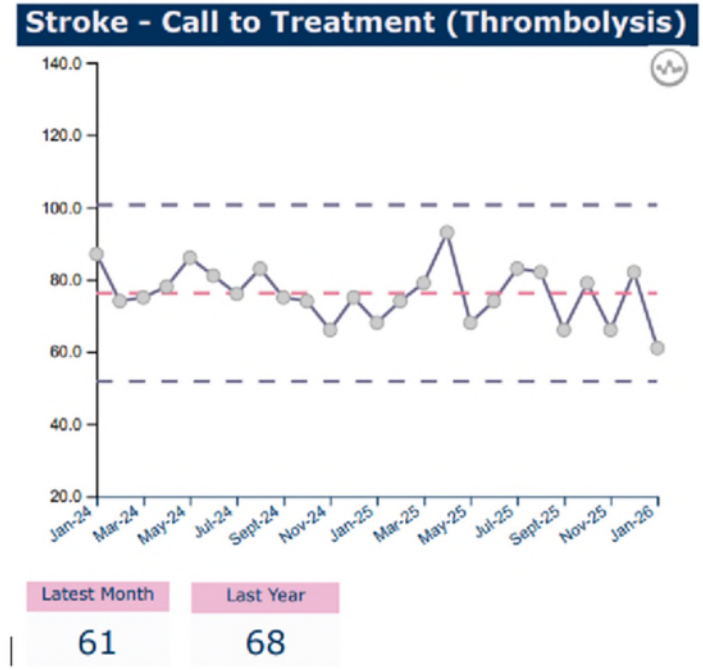


Latest Month	Last Year
80.6	56.7

Amber Demand - Attendances



Latest Month	Last Year
17,412	17,175



What is the data telling us?

In April 2026 we attended 50% of red category incidents within 9 minutes 05 seconds and 95% within 24 minutes 59 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 April 2026 we attended 50% of amber category incidents within 20 minutes 50 seconds and 95% within 80 minutes 37 seconds.

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

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

As part of the role of the Major Trauma workstream in the Scottish Trauma Network we have contributed to the move from STN minimum requirements to a Service Specification model. In addition, we have provided leadership further development of more robust national clinical governance processes for major trauma incidents.

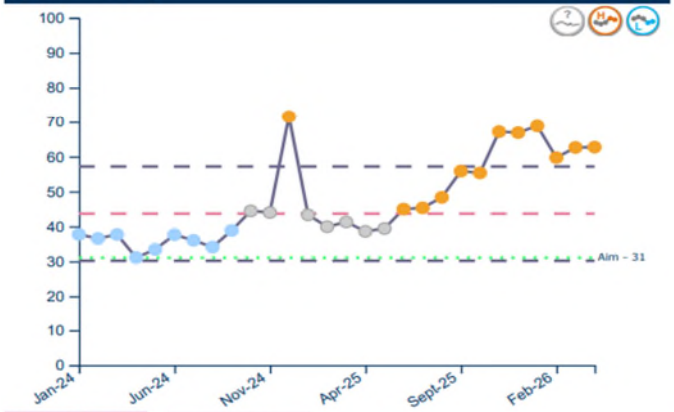
Our frontline clinicians are a key element of the delivery of major trauma care, and this will continue to be a focus for the coming year with face-to-face and online CPD, training and engagement events.

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

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

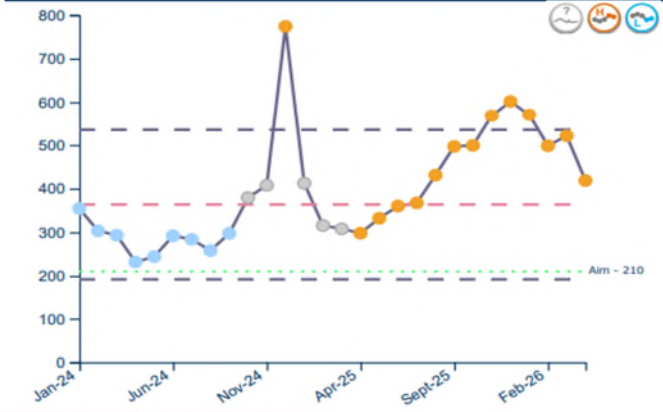
Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance

Yellow - Median Response Time Minutes (decimal)



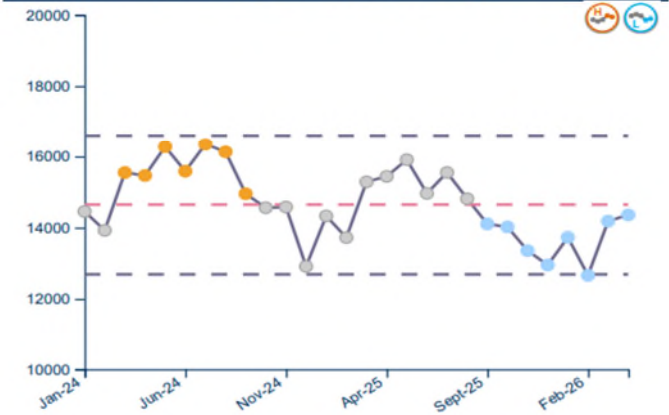
Latest Month	Last Year
62.7	38.6

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

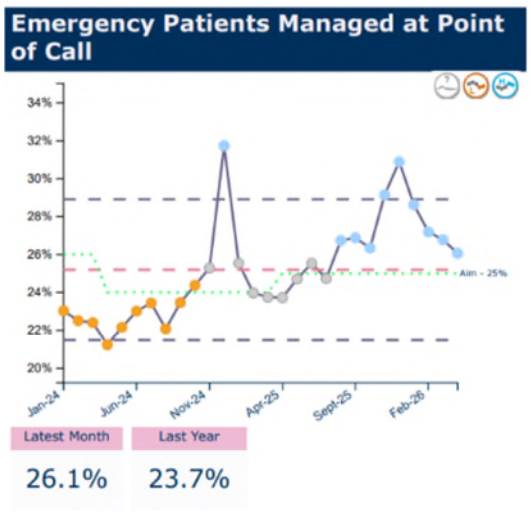


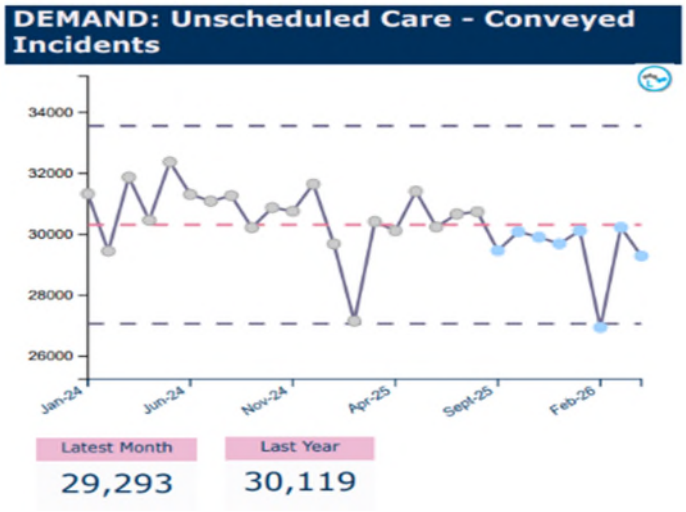
Latest Month	Last Year
418.4	297.8

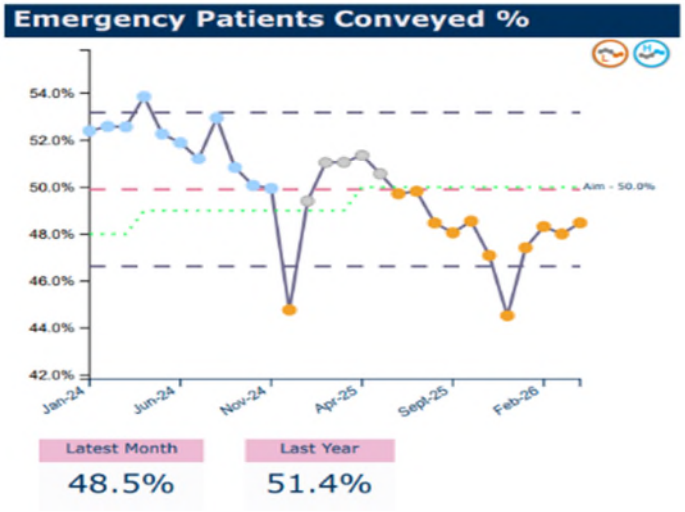
Yellow Demand - Attendances



Latest Month	Last Year
14,355	15,436







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 April 2026 we managed 51.5% of all calls which comprised 15,750 (26.1%) managed at point of call and a further 15,380 (25.4%) by clinicians on-scene following ambulance attendance conveying only 48.5% of overall demand to hospital.

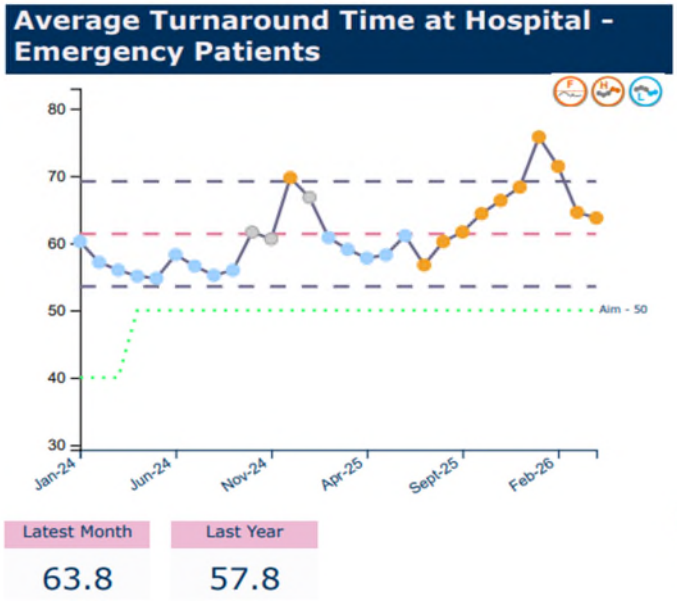
Due to a system parameter change, there is a reported drop in Managed at Point of Call incidents. This is a reporting issue only and is currently being investigated and resolved by the BI team. The data within the chart above is therefore not accurate and will be remedied as soon as possible.

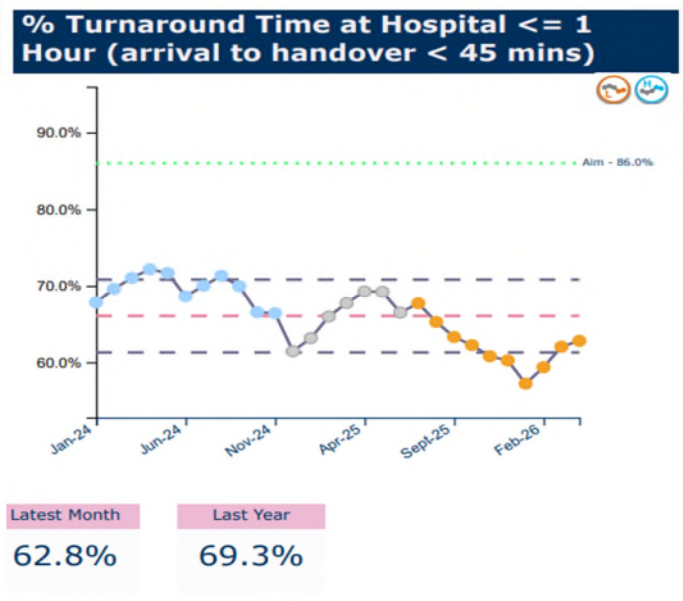
- The Integrated Clinical Hub (a multidisciplinary clinical team) has continued to strengthen its provision of remote clinical assessment and triage over the winter period with new initiatives including the NHS24 Test of Change which saved over 6,000 ambulance journeys over the 8 week, period on top of the normal ICH public 999 workload. In addition to this the Hub has also increased its role in the provision of senior decision support to frontline clinicians where access to local professional to professional advice may be limited. Another area of focus over winter has been raising the strategic profile of the Integrated Clinical Hub in terms of the volume of patient journeys avoided through this pre-dispatch intervention through discussions with health board partners and showing the value across NHS Scotland and wider than SAS. The ICH now

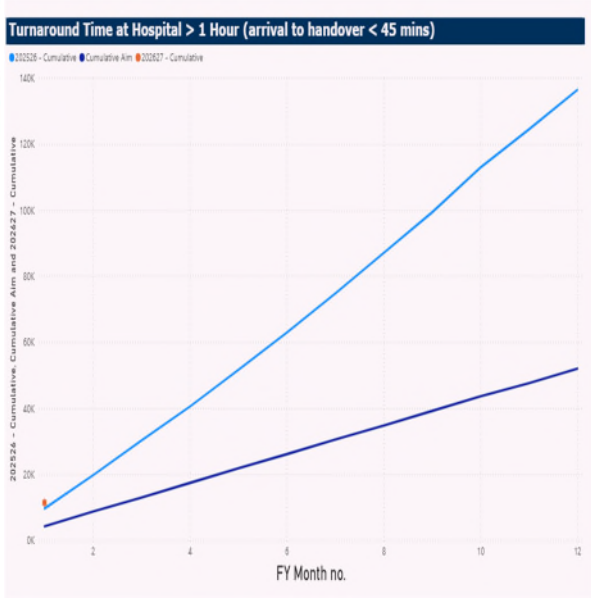
moves into the final evaluation phase for hopeful progression to permanency within SAS ahead of its formal conclusion of the 2-year test of change in August 26.

- We are continuing to work closely with a broad range of stakeholders to increase the volume and availability of alternative pathways for patients. Increasingly Boards are focussing on enabling their Flow Navigation Centres to be the “front door” of the hospital and the Service is contributing to discussions about the most effective ways to achieve this. This approach is being supported by ongoing engagement and training sessions with frontline clinicians to improve the delivery of person-centred care. A series of improvement initiatives that were tested over winter have provided useful insights that will support the ongoing delivery of this work into 2026-27.
- As part of the wider work to improve Population Health and as part of the Service’s focus on reducing health inequalities, we have been sharing insights from our data with selected health board and health and social care partners to explore collaboration opportunities and this is a key priority for 2026-27. Through our Pathways Hub we are developing our proactive and preventative pathways with a number of partners to enable us to connect patients with services that can best meet their needs where these may not be purely health related such as Age Scotland, Ask and Act for those at risk of homelessness and charities supporting individuals and families with issues related to poverty.

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 April 2026 was 1 hour, 03 minutes, 45 seconds. This is 5 minutes and 57 seconds higher than April 2025 reflecting a sustained increase in the average time our crews are spending at hospital.

Why?

Hospital Turnaround Times for Ambulance Crews continue to be impacted by hospitals operating at or near full capacity with little change in the ‘front door’ operating models in some hospital sites. In particularly challenged hospital sites, patients continue to be cared for in the back of ambulances

and in some cases in cohorting spaces coordinated and managed by ambulance staff for prolonged periods of time, delaying access to required care and increasing the potential for harm.

What are we doing and by when?

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

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

Other specific actions include:

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

Regional specific actions include:

East:

- 2 of the 6 major hospitals in the region saw decreases in turnaround times with the regional median turnaround time being 45 minutes and 55 seconds, down again from the previous month.
- Regular operational, tactical and strategic level engagement takes place with sub-regional teams and local health boards. These discussions continue to have a focus on patient safety and shared risk regarding the impact on delayed patient handover times.
- HALOs and wider leadership teams continue to support staff at key sites, particularly during periods of extended hospital turnaround. There is a focus on wider flow through sites with support being provided to ensure discharges are identified early and managed as efficiently as possible.
- The HALO role continues to be tested within NHS Borders with significant improvements noted in on the day discharge activity with an associated reduction in out of hours discharge activity.
- In all sub regions focus continues on wider flow through sites to ensure effective, timely discharge of patients maximising use of available resources.

- A range of improvement activity is being taken forward focused on ensuring pathways are developed, implemented and their use is maximised. This work includes reviewing current access arrangements for pathways ensuring as far as possible that all available pathways can be accessed through a single point of contact.
- SAS is represented on the East Sub-national planning group focused on urgent care and flow- the group is developing a clear plan setting out how Flow Navigation Centres and urgent care flow will evolve across Scotland East with Short, Medium and longer term actions focused on reducing unwarranted variation and improving navigation to the right place, first time.
- A regional debrief from winter has been undertaken with lessons learned being built into the regional Capacity Management plan which will be subject to further testing and refinement moving towards winter 2026.
- The region continues to work closely with Flow Navigation Centres across the Region- a test of change continues in Lothians with Paramedics based within the Flow Navigation Centre supporting decision support and optimising pathway navigation as part of the wider team. Initially this was rolled out to a small number of station locations but now covers all Edinburgh, East and Mid-Lothian station.
- Focus on development and engagement with pathways has continued in all sub-regions.

West:

- The QEUH Discharge Hub continues to see an increase in discharge activity with less cancellations and increased on the day requests. There have been overall positive flow improvements. 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 development with Call to Convey is currently underway with a go live date for North Glasgow of the 1st of June 2026.
- NHS Lanarkshire continues to experience challenges, particularly regarding ED Turnaround at Wishaw, but engagement remains positive with NHSL around the development of FNC+ and the new Monklands Hospital site development. In partnership with the pathways team the regional leadership team have developed a Pathways network who will lead peer to peer conversations to promote the use of FNC+ and reducing barriers. Regional Director continues to engage with the Health Board with a view to making further improvements at the Wishaw site and a formal meeting with the Director of Acute Services has been facilitated. A monthly performance meeting between SAS and NHSL is in place supported by the Clinical Pathways team. An ongoing project to deliver a discharge hub and improve hospital flow is also in development with a discharge hub central to the development.
- NHS Ayrshire & Arran sites continue to experience surge pressures. Engagement with the senior team in NHS A&A continues. The Deputy Regional Director will be focussing on HTAT improvement in Ayrshire.
- Additional HALOS in place in Ayrshire and Lanarkshire, and Glasgow Royal sites working across seven days. 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.

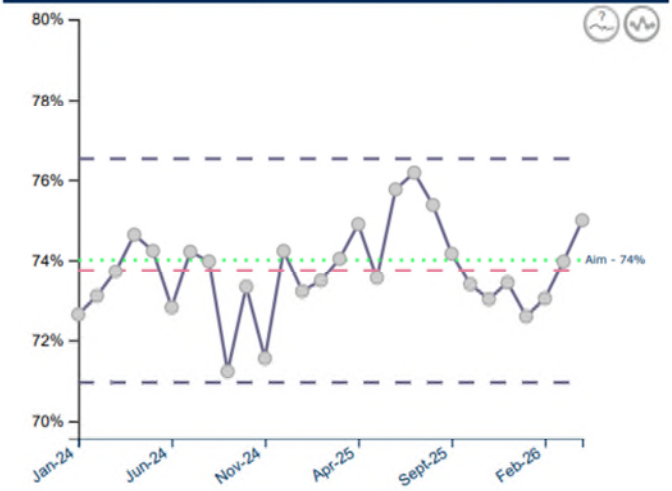
North:

- Weekly strategic meetings with NHS Grampian (Aberdeen Royal Infirmary) supported by SAS CEO / Regional Director / Deputy Regional Director
- Weekly 'Tactical' level meetings with NHS Grampian senior leadership.
- Daily 'Operational' level meetings with NHS Grampian leadership team.
- Daily SAS / NHS Highland engagement and joint working.
- Engaged in Urgent and Unscheduled Care collaboration work across Territorial Board areas.
- Implementation of NHS Highland Operations Pressure Escalation Level Framework (OPEL)
- Engagement with NHS Grampian to measure progress against Unscheduled Care Performance Improvement Plan.
- Following a Centre for Sustainable Delivery visit to ARI to analyse the current systems in place, the report recommended 7 key actions, two of which refer specifically to ambulance turn around delays:
    1. *The whole system board that oversees U & USC requires reorganisation to ensure strategy and operational reality are more closely aligned. (It does, though, go on to state within this aim that, "Reduction in turnaround times and elimination of stacking of ambulances has to be an explicit primary goal for leaders from across the system who are members of the board. This will only be achieved by reducing occupancy in acute services."*
    2. *The USC Board should aim to reduce occupancy in acute services to improve flow and therefore reduce turnaround times for the ambulance service.*
- Collaborative 'Joint Escalation Framework' between NHS Grampian and SAS ensuring appropriate internal escalations. Also focussing on:
    1. Rapid release of ambulance resource for ILT calls in the community
    2. Escalation process for the deteriorating patient in stack
    3. Process for pre-alerting Emergency Department for incoming high acuity patient
- Enhancement of HALO team based at ARI with extended hours of operation / coverage. (Part NHSG Funded)
- HALO cover also provided at Dr. Gray's hospital in Elgin.
- Introduction of HALO cover at Raigmore.

- Use of ‘Safe to Sit’ Policy where available.
- Use of Rapid Access Clinic (RAC) connected to Acute Medical Admissions Unit.
- Hospital Arrival Screens in place at ARI, Dr. Gray’s and Raigmore hospitals.
- Maximising utilisation of Flow Navigation Centre at Aberdeen Royal Infirmary and all other available alternative pathways of care. FNC currently subject of enhancement and expansion as part of NHSG Improvement Plan to increase the number of calls coming through the hub to maximise patients being managed through alternative pathways.
- NHS Grampian cohorting complimenting SAS cohorting.
- NHSG are working to an improvement plan trajectory to affect no ambulance waits over 3 hrs reducing to 2 hrs, and until improvement is maintained to ensure that maximum wait for any ambulance crew should be under the 60 mins by end of September 2026. This is a NHSG aim to develop, build on and maintain appropriate behaviours and action to enhance flow and pull of patients through the system and away from current ‘pooling’ at hospital front doors. Unfortunately, breeches are still occurring on these aims when the hospital flow has ground to a halt.
- NHSG also currently forming their Transport hub to coordinate patient movements with the ultimate aim of enhancing opportunity to discharge. SAS are supporting with a dedicated SAS Patient Transport Resource and Transport coordinator embedded within hub.

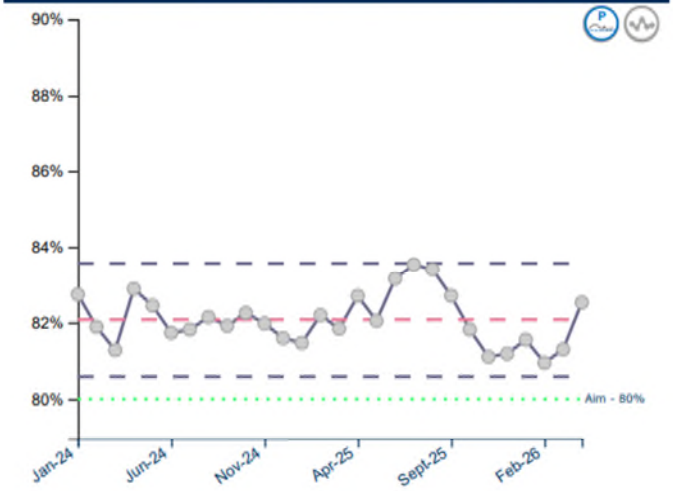
SC: Scheduled Care

PTS Punctuality for Inward Journey



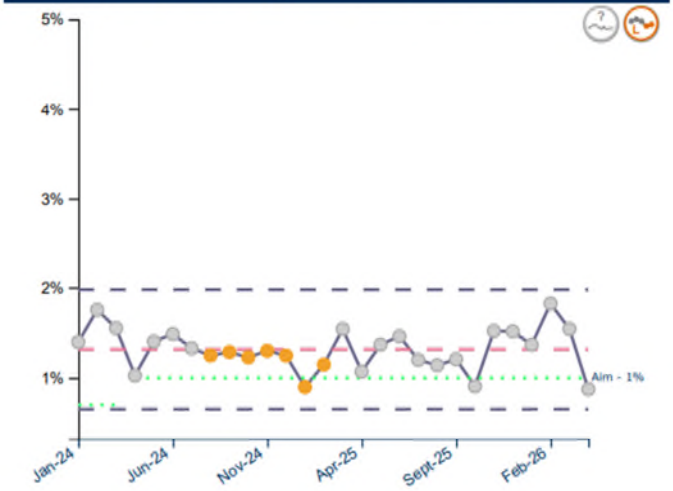
Latest Month	Last Year
75.0%	74.9%

PTS Punctuality for Outward Journey



Latest Month	Last Year
82.5%	82.7%

PTS Cancelled by SAS No Resource



Latest Month	Last Year
0.9%	1.1%

What is the data telling us?

The number of Scheduled Care calls remains stable with 30,444 in April 2026.

Journey demand in April remained at a consistent level considering usual seasonality and remains within the control limits (normal variation). We undertook 29,159 completed journeys in April 2026.

Punctuality after appointment was 82.5% in April 2026 and punctuality for inward appointment was 74.9%. The percentage of Patient Transport Service cancellations by the Service in the 'No Resources' category was 0.9% in April 2026, which is within the below 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.

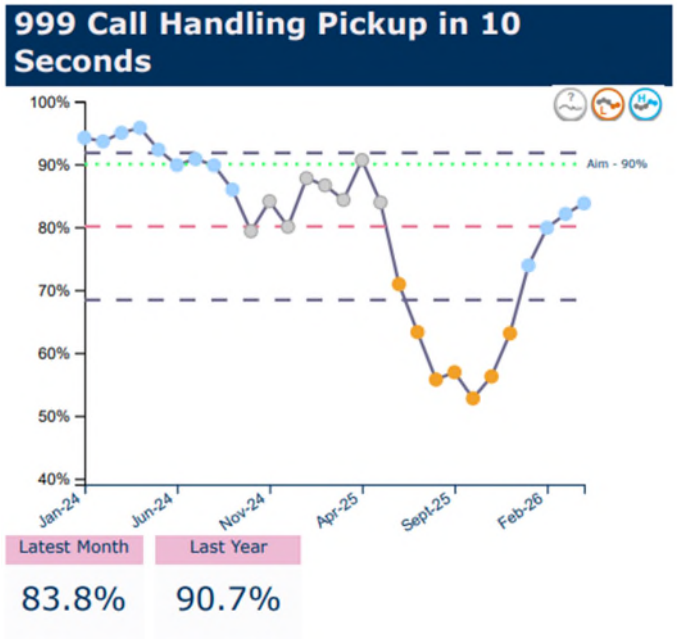
Scheduled Care Improvement Programme

The programme continues to make progress, with key developments in recruitment, pathway redesign, and technology workstreams. The ACA training course commenced in early April with a draft prospectus to support recruitment for 2026/27 also developed. The Timed Admissions pathway has been refined following stakeholder feedback, with a process map drafted as well as appropriate supporting materials. Early engagement has also begun to define measurement and monitoring arrangements, with agreement of a target implementation date to follow.

Progress within the technology workstream includes the development of a costed SBAR outlining options for considering the recording of PTS Airwave calls, alongside upgrading the PTS CAD system. Work is planned to engage with ACC PTS colleagues to prioritise cleric functionality improvements that can now be implemented following the system upgrade. A review of the Scheduled Care ACA job description is also underway in partnership with staff and staff partners.

Dedicated discharge vehicles and standardised processes are now embedded across transport hub sites, with funding confirmed for 26/27 for the Queen Elizabeth Transport Hub site. While some staffing pressures persist, particularly in Lanarkshire, performance remains strong, with improved collaboration across Health Boards.

Other Operational Measures



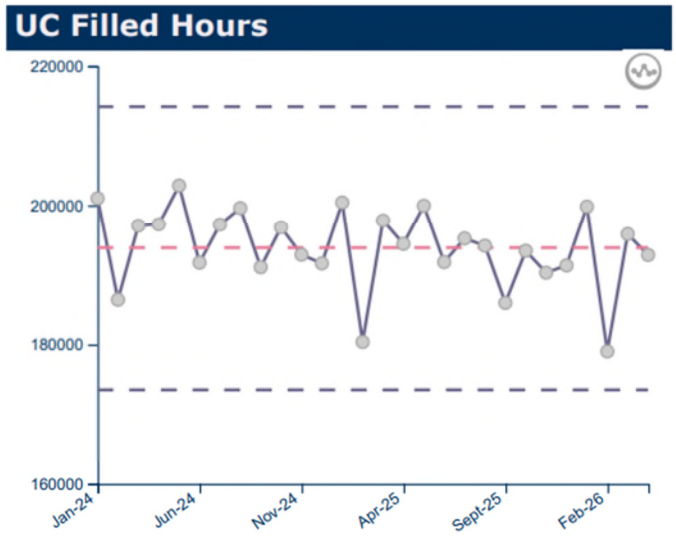
What is the data telling us?

The Service saw steady 999 call demand in April 2026. We received 58,854 calls which was a 5.9% increase compared to April 2025.

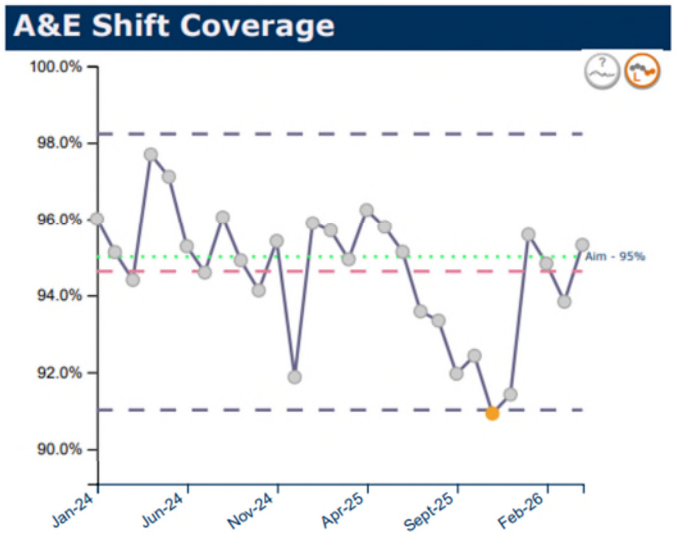
Our TAS remains challenging, and we have not met our aim (90%) since April 2025. The % of calls answered in 10 seconds dropped below the lower control limit between July and December 2025, recovering to within the limits in January 2026 and was 83.8% in April 2026 against our aim of 90%.

We have ongoing recruitment with a fresh cohort starting this week. We also have a national recruitment drive looking for an additional circa 40 Call Handlers.

Shift Coverage



Latest Month	Last Year
192,796	194,395



Latest Month	Last Year
95.3%	96.2%

What is the data telling us?

The Service recovery aim for 2025/26 is greater than 95% of accident and emergency shift coverage across the year. Throughout the first quarter of 2025/26 this was consistently met or exceeded in every month. Between July and December 2025 this shift coverage proved more challenging but recovered in the first 4 months of 2026. In April 2026 the shift coverage was 95.3% with 192,796 crew hours filled.

Best practice for UK ambulance services is no more than 55% utilisation. Our utilisation rate in February 2026 was 63.5% reflecting the continued system pressures and is being managed through the work to reduce ambulance handover times

What are we doing and by when?

Regions continue to maximise all recruitment opportunities and use of bank staff. Weekly reviews of all absences continue to take place to ensure early support and intervention for all cases and minimise abstractions.

West Region:

Shift coverage has been stable and operating around 93% in March and 94.5% in April. Incremental improvements in sickness absence and focus on vacancy management is stabilising operational cover across Scheduled and Unscheduled Care.

All NQPs that were previously on 24hr contracts are now transitioned to a full time 36hr contract. Planning for the new intake of NQPs post summer 2026 is underway.

- Daily and weekly coverage-level forums are in place.
- HR supported local sickness management action plans.
- Continued revision of the Region's workforce plan and workforce forecasting arrangements.
- Review of Resource Planning arrangements and performance and action plan in place.
- Ongoing recruitment and training with key dates identified and recruitment sessions planned to maximise course places.
- Leadership Team holding wellbeing conversations with operational staff to sign post staff to staying well support.
- Maximising the use of Bank and Annualised hours staff
- Working to reduce abstractions by cancelling LIP and statutory and mandatory training

East Region:

Operational shift coverage has been consistent since January at or around 95% with April showing 96.3%. This has been partly supported by sustained improvements in sickness absence levels at under 8% in both March and April. The region continues to review a random sample of absence cases each month to identify ongoing learning and improvement opportunities along with understanding the staff experience through the attendance management process.

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

Recruitment has continued to be focused on maximising recruitment of NQPs with offers being made to 86 applicants. 61 of these appointments already having taken up post. The final group of NQP from 2025 recruitment cohort started in March and are now operational and all NQPs who were offered part time contracts have been moved to full time (36 hours) where they wished to.

The resource planning function is critical in planning and maintaining operational cover levels. Increases in flexibile working arrangements have added a degree of complexity to rostering. In order to support the resource planning function, recruitment has been undertaken for 2 additional Resource Planners who are now in post awaiting training which will be taken forward imminently with the conclusion of the Reduction in the Working Week programme.

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

Alternative duties abstractions, where staff are unavailable to undertake their operational duties for a variety of reasons, continue to be monitored and remains at a lower level than has previously been the case. The majority of these abstractions are due to pregnancy and all staff on alternative duties are realigned to focus on priority areas of support including the Integrated Clinical Hub.

East Region is currently over established by circa 13 WTE which supports reductions in overtime reliance and provides flexibility in terms of rostering. The regional workforce plan sets out an aspiration to maintain a small over establishment moving through 2026/27

North Region:

Shift coverage strengthened further in April 2026, improving to around 96.0%**,** compared with 95.8% in April 2025, and remaining above both the 94% recovery aim and the 95% overall aim. Sustained high coverage continues to underpin operational resilience, supporting rota fill, reducing reliance on short-notice mitigations, and improving flexibility in responding to demand volatility.

The North Region A&E Shift Coverage has shown an improved picture Q1 2026 as a result of progressive recruitment of Newly Qualified Paramedics (NQPs) and also Qualified Experienced Paramedics and Technicians.

Following the current recruitment programme, the North still have 15.27 WTE vacancies which exist in particularly hard to recruit locations. The North Region plans to run a technician course during late summer to attract applicants from local communities in those locations.

Many vacancies have been very challenging to address. There are reasons for this

- The current recruitment pipeline for Paramedics through universities (most notably RGU in Aberdeen which has a later graduation date than the rest of Scotland) means that once a year there is a pipeline of newly qualified Paramedics coming out (NQPs) of university. There is then a lag of months before more NQPs are available to be recruited. This presents challenges for shift cover where there are paramedic vacancies. There is a very small pipeline of already qualified paramedics who move into the North Region. The Scottish Ambulance Service currently has limited internal pathways for ambulance technicians to 'train on the job' whilst undertaking their Paramedic training. This can be done with annualised hours and bank working but the hours that NQPs can undertake with the Service is restricted by their full-time attendance at university.
- The North Region with its remote and rural geography including Islands has historically been very challenging to recruit to. Single vehicle ambulance locations in remote and rural areas with low call volume and on call working are not attractive propositions to the majority of NQPs who want to widen their experience in busier areas. There are 21 on call locations in the North Region (includes 2nd ambulance in Lerwick). We also see a higher turnover of staff in remote and rural areas (about 6%). The North Region has been unable to recruit to all Paramedic vacancies and have had to recruit to a higher number of ambulance technicians to offset this.
- Abstractions. Sickness Absence is stable with April reported at 6.2%. Alternative duties have increased and are being closely tracked. With the changing workforce gender profile, we are seeing an increase in maternity abstractions. Some of these abstractions will be seen at an earlier stage through absence or alternative duties when some but not all A&E staff are unable to fulfil the full range of frontline A&E duties prior to going off on maternity leave.
- Reduced up take of overtime in some areas due to the challenge of delayed ambulance hospital turnaround times.

National:

Scottish Specialist Transport and Retrieval Service (ScotSTAR)

On Thurs 7th May, whilst en-route to an emergency call in Applecross, HM02 encountered turbulence and subsequently made a safe and controlled landing into water, with deployment of floats. The aircraft was then able to lift again and reposition to a grassy area nearby. There was no patient on board, and the SAS crew and pilot are safe and well. A BASICS Scotland doctor was dispatched to the emergency call in Applecross and remained with the patient until an ambulance arrived. We are working closely with Gama Aviation to follow standard procedures following an event such as this.

In line with this, an investigation is underway, led by the Air Accidents Investigation Branch (AAIB). Alongside, we are supporting our teams from a wellbeing perspective. Our backup aircraft has been deployed, and our service continues to operate as normal.

- Phase 2, implementation, of the Air Ambulance Re-procurement project:
- Gama Aviation have advised that Phase 2, implementation, of the Air Ambulance Re-procurement project will not deliver all King Air 360 fixed-wing aircraft by the contract commencement date at the end of July 2026. This is due to the late delivery of aircraft from Textron Aviation, based in the USA.
- The first King Air 360 aircraft arrived in the UK on 11 March. It is currently undergoing medical interior fit-out at Gama's Bournemouth facility and is scheduled to be mission-ready by the end of June.
- Due to further delays, the second aircraft is now due for delivery in late August, with entry into service anticipated for November. The third and final aircraft is expected to be delivered in late September and be entered into service in December.
- Gama Aviation continue to work with Textron Aviation to explore mitigations, though improvements to the dates noted above are not expected and the risk of further delays remains.
- Gama Aviation have submitted an SBAR to SAS outlining a proposed plan to retain all three existing King Air 200 aircraft, operating alongside the first delivered King Air 360C, to best manage service resilience until the new aircraft are delivered. This proposal is currently being considered by the SAS team.
- From a rotary perspective, the work is ahead of schedule. Gama have taken delivery of the two primary H145 helicopters, both of which are currently undergoing medical interior fit-out in Staverton. Gama have advised that both aircraft will be available for entry into service under the current contract around May 2026 and will present a proposal to SAS for consideration

EMRS:

- The rollout of new bespoke EMRS response vehicles continues. The North vehicle is now in place and the remaining vehicles for the West will be in place in the near future. Once all vehicles are operational, this will improve reliability, operational capability and team resilience.
- The EMRS East business case was submitted to Scottish Government, who have requested that it is progressed via sub-national planning. The team are considering the appropriate next steps.

SPRS:

- The SPRS Service Redesign Business Case has been finalised, approved by SAS Executive and submitted to Board for review and approval at the 27 May meeting. It was informally socialised with the Scottish Government Sponsorship team who are supportive.

- In the meantime, an ask for interim funding is being considered by SAS Executive, to more proactively manage some of the associated risks until Scottish Government funding can be secured.

SNTS:

- The Best Start programme has paused, while funding arrangements are confirmed with Scottish Government. We are engaged in these discussions and continue to progress our business case development alongside.

Ambulance Control Centres (ACC):

- A decant from Cardonald was required at the end of April which saw West ACC colleagues move to Norseman/Paisley/Falkirk and Johnstone to allow the planned replacement of the generator at Cardonald.
- The Rest Break Standard Operating Procedure test of change started on the 14th April after a period of training for the teams. Monitoring of any improvements or queries from staff is ongoing and will be fed back to the Rest Break Programme Board.
- During April the ACC achieved 4 dates where 0 calls waited over 2 minutes before being answered.
- The ACCs continue to engage with FourNet during their review of the ACC A&E function, full data sets for the review were completed and handed over and the final review is expected at the end of May.

National Risk and Resilience Department (NRRD):

- The pilot for the MIS App went live on 6/11/25 and both the initial feedback from users, coupled with a significant increase in deployment, indicate this has had an extremely positive impact. The 3-month pilot, involving 46 CFR groups, will be closely monitored with agreed parameters for the subsequent evaluation.
- The combined impact of the introduction of the dual responder model (Community Cardiac Responder & Community First Responder) and the MIS App, has undoubtedly helped improve certain aspects of deployment. In Nov 25, CFRs attended 733 calls, an impressive 47% increase compared with the previous month. In addition, our Community Cardiac Responders (trained SAS volunteers dispatched via GoodSAM) attended an additional 125 incidents during Nov 2025.
- CFRs spent an average of 43.67mins on scene during Nov. During the 3-month period (Sept – Nov 25), our valued volunteers have attended an incredible 2091 calls, and in doing so, provide not only early care, reassurance and compassion to our patients but relay vital information back to remote clinicians which can help further quality clinical decision making
- The Resource Escalatory Action Plan has undergone its annual review and has incorporated learning from the Mammoths Tusk 6 preparedness exercise along with lessons identified in the post winter 24/25 debrief. It has been identified that the Service experiences capacity management challenges throughout the year, therefore the perspective of plans has been strengthened to be more cause agnostic.

- Work has formally commenced to integrate Urban Search and Rescue (USAR) capabilities into the SORT training portfolio. Curriculum design is being undertaken jointly with Scottish Fire & Rescue Service, with delivery remaining in-house. A first course draft is expected by the end of Q4, supporting both interoperability and enhanced specialist capability in line with Scottish Government SLA.
- We have now agreed a lease a Dundee's Oliver barracks to extend the footprint to the SORT base to include the required estate for the delivery of CCRT – CBRN training. The Phase 3 business case has now been re-approved by the Board and has been submitted to SG EPRR for a decision on funding. The tender process for the delivery of the new infrastructure for the NCCC has been delayed by 3 weeks. This is due to the need to go back out to tender to allow differentiation between the submissions that were received. This will provide a resilient platform with full integration to partners across Government, Blue Lights Partners, Resilience and NHS for the Strategic Command and Coordination of complex and major incidents.