Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

Public Board Meeting **25 November 2026**
Item No 12

THIS PAPER IS FOR DISCUSSION

PERSON CENTRED CARE UPDATE

Lead Director	Emma Stirling, Director of Care Quality and Professional Development
Author(s)	Marie Kennedy, Patient Experience Manager Christopher Purnell, Public Involvement and Engagement Manager
Action required	The Board is asked to **discuss** the paper and note the emerging areas of focus for ongoing improvement.
Key points	• Between 1 April 2026 and 23rd October 2026, a total of 614 compliments were received • During the same period, 617 Stage 1 and Stage 2 complaints were recorded, comprising 217 Stage 1 complaints and 400 Stage 2 complaints, including 55 MSP and Scottish Government complaints. • There has been a marked increase in the proportion of complaints handled at Stage 2. • Stage 1 and 2 complaint response targets have been exceeded. • There are currently eight open cases and 13 closed cases with the Scottish Public Services Ombudsman (SPSO). • We continue to strengthen our efforts to involve people and communities in the work we do. • Taken together, complaints, compliments, Care Opinion feedback and SPSO outcomes provide a broad picture of patient experience across the Service.
Timing	An update is presented bi-monthly to the Board.
Associated Corporate Risk Identification	4636 – Health and Wellbeing of Staff Affected 4638 – Hospital Handover Delays 5653 – Organisational Culture

Link to Corporate ambitions	We will • Provide the people of Scotland with compassionate, safe and effective care where and when they need it • Work collaboratively with citizens and our partners to create healthier and safer communities • Innovate to continually improve our care and enhance the resilience and sustainability of our services
Link to NHS Scotland's quality ambitions	Person-centred care is delivered when health and social care professionals work together with people who use services, tailoring them to the needs of the individual and what matters to them. The Service's Person-Centred Health and Care Plan promotes patient and staff participation in the development of services and continuous improvement of the experience of patients and of staff.
Benefit to Patients	Patient and carer feedback involvement in service development helps ensure services meet patient needs. Feedback helps drive continuous improvements to services and evidence that service developments are driving anticipated improvements.
Equality and Diversity	The Service works with a wide range of patient and community groups to help ensure that the feedback gathered is representative of communities across Scotland. Patient feedback is closely linked to the Equality Outcomes work.

Scottish Ambulance Service

Working in Partnership with Universities

NHS SCOTLAND

SCOTTISH AMBULANCE SERVICE BOARD

PATIENT EXPERIENCE

EMMA STIRLING, DIRECTOR OF CARE QUALITY & PROFESSIONAL DEVELOPMENT

SECTION 1: PURPOSE

This paper covers the period between 1 April 2026 and 23rd October 2026. It provides an update on trends, themes and mitigating actions from patient and carer feedback.

The paper also provides data on our performance against the complaints handling standard, cases which are being considered by the Scottish Public Services Ombudsman (SPSO) and the outcome of these cases.

SECTION 2: RECOMMENDATIONS

The Board is asked to discuss and note the paper.

SECTION 3: EXECUTIVE SUMMARY

Overall, patient experience indicators present a mixed but broadly positive picture during the reporting period. Positive feedback remains high, with 614 compliments received and compliance with national complaint response targets continues to exceed target.

There are currently eight open and 13 closed cases with the Scottish Public Services Ombudsman, with no cases concluded during the reporting period upheld. Work also continues to strengthen how people and communities are involved in shaping and improving services.

Taken together, complaints, compliments, Care Opinion feedback and SPSO outcomes provide a broad picture of patient experience across the Service and highlight both positive performance and areas requiring continued monitoring, learning and improvement.

SECTION 4: FEEDBACK ANALYSIS

Overview of activity

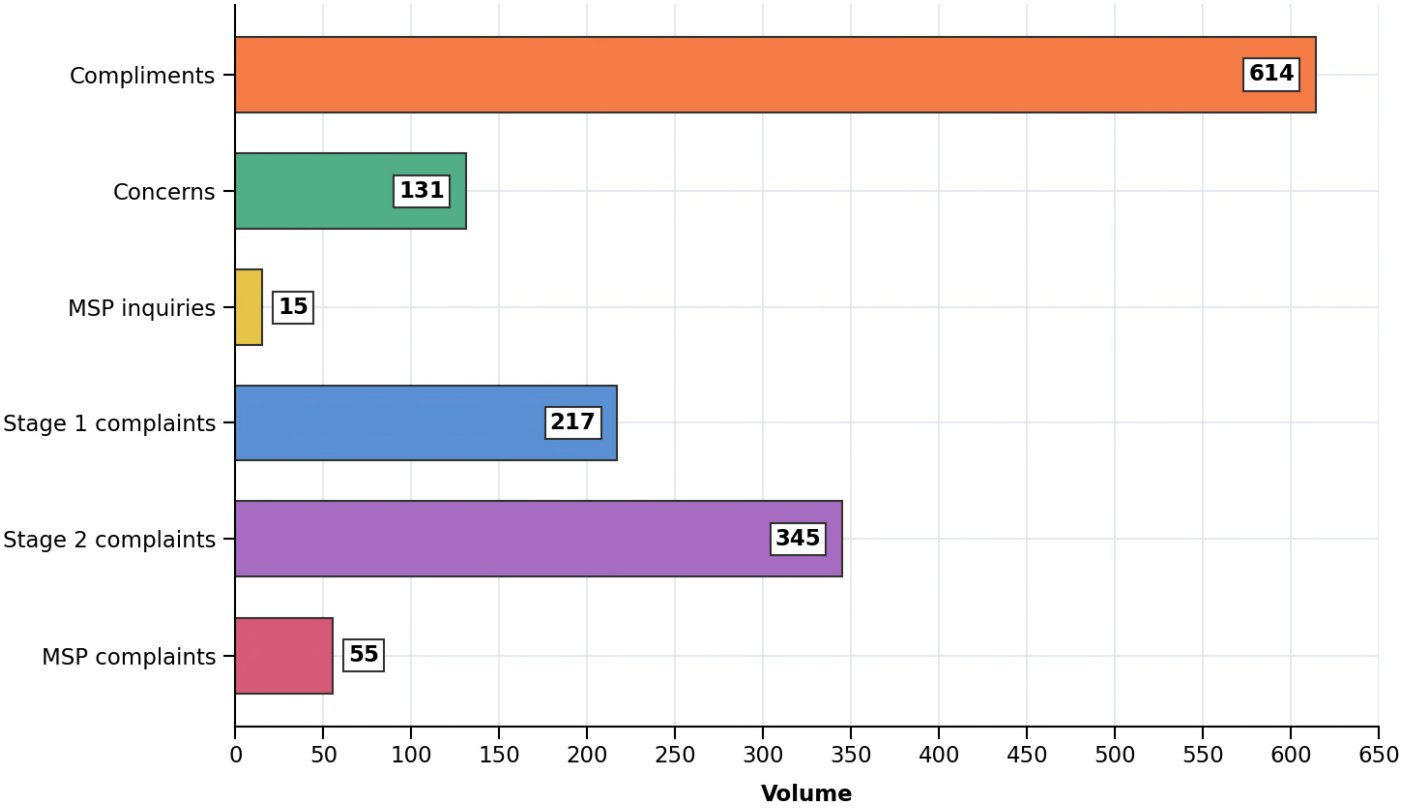


*Figure 1. Volumes and breakdown of patient feedback received (1 April 2026 – 23rd October 2026).

During the reporting period, 617 Stage 1 and Stage 2 complaints were recorded, comprising 217 Stage 1 complaints, 345 Stage 2 complaints and 55 MSP/Scottish Government complaints. In addition, 614 compliments, 131 concerns and 15 MSP enquiries were received.

Compliments

Compliments received from sources other than social media are logged and actioned on the InPhase system. During the reporting period, 614 compliments were received, demonstrating that positive feedback continues to represent a substantial element of the feedback received by the Service.

An example of positive feedback received from a service user is included below.

“Just want to shout out to the paramedic who attended my mum last week, who in my opinion went over and above with the service he provided. After a call to 111 concerning my mum having a fall and having severely deteriorated since being released from hospital after getting a stent fitted in her oesophagus, she has a tumour in her oesophagus which is inoperable due to her age and condition. The paramedic called me and after a lengthy discussion, he managed through his

persistence efforts managed to get my mum into our local hospital in Stonehaven, we are eternally grateful for all your efforts, you are a shining example of how things should be done,"

Care Opinion

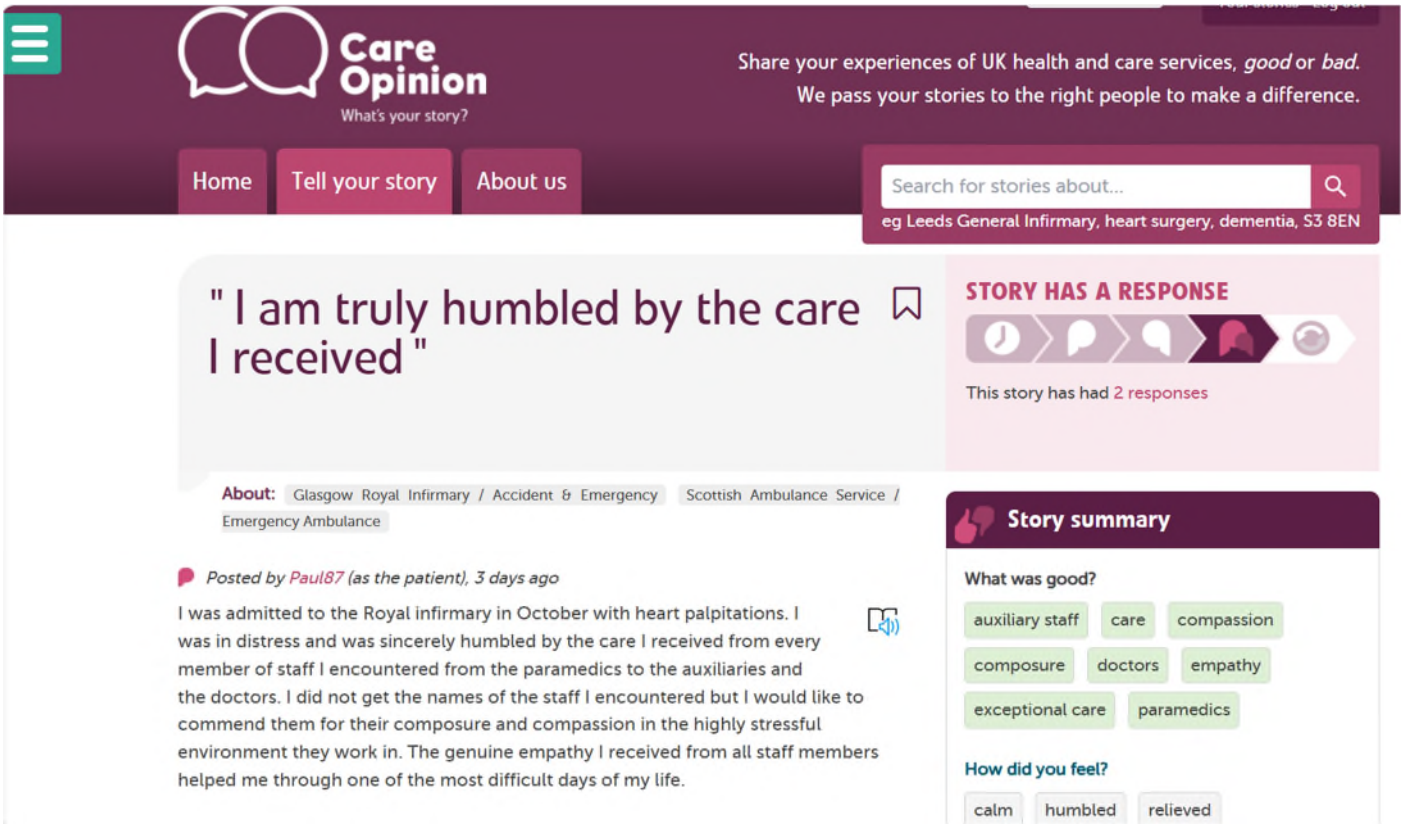
The online platform, Care Opinion, continues to provide the public with the opportunity to share their experiences of health and care. The Service is dedicated to reviewing and responding to every post to support patients and their families. The Service is also keen to identify learning from the feedback we receive.

Between 1 April 2026 and 31 October 2026, 220 stories were posted on Care Opinion relating to the Service with a 100% responsiveness rating. These stories have been viewed 29,228times.

Of the 220 posts, 73 per cent were positive or neutral in tone and 17 per cent were minimally/mildly critical. It should be noted that whilst the remaining 10% were moderately critical, this is not necessarily directed towards the Service, with the feedback often involving multiple NHS boards.

During October, eight Care Opinion stories were rated above criticality level 1. Six contained some criticism of the Scottish Ambulance Service, primarily relating to response times, call handling, assessment and staff attitude. In the remaining two stories, the ambulance service was described positively and the criticism related to hospital care. This demonstrates that a story's overall criticality rating does not necessarily represent criticism of the Scottish Ambulance Service, particularly where feedback covers several organisations and stages of the patient journey.

Each of the concerns raised was responded to and where actions were required to be taken, these were followed up with the teams involved. All positive feedback where identifiable is shared with the teams involved.



Above is an example of Care opinion feedback submitted by a patient

Complaints Data

Between 1 April and 23 October 2026, 617 Stage 1 and Stage 2 complaints were recorded, comprising 217 Stage 1 and 400 Stage 2 complaints. This figure includes MSP, Scottish Government and complaints transferred to SAERs, ensuring all relevant complaint routes are represented. Stage 2 complaints accounted for approximately **65% of complaints** during the reporting period.

Comparison with previous years indicates a marked change in the complaint handling profile. For the comparable period, Stage 2 complaints accounted for 43.0% in 2024, 43.4% in 2025 and 63.4% in 2026.

The sustained increase in the proportion of complaints handled at Stage 2 represents increased review demand and warrants continued monitoring to understand the factors contributing to this change.

The majority of complaints are owned by Ambulance Control Centre (29 per cent) followed by West Region (24 per cent), National Operations (17 per cent) and East Region (15 per cent).

THEMES AND INSIGHTS

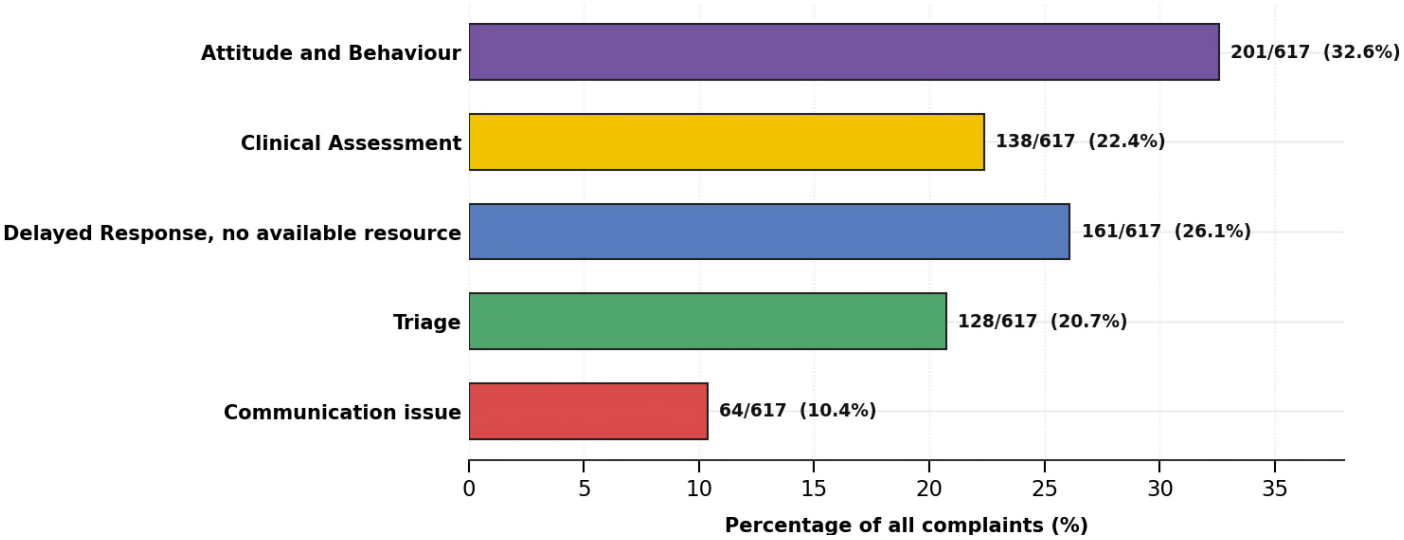


*Figure 2. Five most frequently recorded complaint themes, 1 April to 23rd October 2026

Of the 617 complaints recorded, the most frequently recorded complaint theme was Attitude and Behaviour, associated with 201 complaints (32.6%). This was followed by Delayed Response, with 161 complaints (26.1%). Clinical Assessment was recorded against 138 complaints (22.4%), while 128 complaints (20.7%) related to Triage and 64 complaints (10.4%) included Communication as a theme.

Attitude and Behaviour therefore remains the most prominent recorded theme and continues to be a focus for analysis, learning and improvement activity.

Percentages are calculated against the total number of complaints. As an individual complaint may be associated with more than one theme, the combined number of theme recordings and percentages exceed the overall number of complaints and 100%.

The relative distribution of themes will continue to be monitored to identify any emerging changes or areas requiring further analysis and improvement activity.

Joint Review of Attitude and Behaviour Complaints

The Attitude and Behaviour review has continued to develop through engagement with operational and senior leaders across the Service to strengthen the evidence base and ensure the findings are robust, balanced and actionable. Feedback has informed the inclusion of additional operational perspectives, anonymised case studies and broader consideration of attitudes and behaviours across Ambulance Control Centres and other service areas.

The review has also identified opportunities to strengthen future analysis by improving access to workforce and operational data, including demographic information, complaint rates, benchmarking and evidence of learning following complaints. This will support a more in-depth understanding of the factors influencing patient experience and enable the Service to better evaluate the impact of future improvement activity.

Alongside the review, work is progressing to develop practical learning resources, including anonymised case studies and reflective learning materials, to support improvements in communication, empathy and patient experience. Further engagement with operational leaders will inform the next phase of implementation and help embed learning within existing quality improvement and workforce development processes.

Complaints Compliance

Stage 1 Complaints (1 April 2026 – 23 October 2026)

Stage 1 complaints have a 5-day target to be closed. This can be achieved through direct contact with the complainant at supervisor level, either by phone, email or face-to-face. A total of 217 Stage 1 complaint responses were received during the reporting period. Of these, 192 were responded to within the required timescale, giving a compliance rate of 88%, which is well above the national performance standard of 70%.

Stage 2 Complaints (1 April 2026 – 23 October 2026)

Stage 2 complaints have a 20-day target to be closed and all stage 2 complaints should be closed with a final response letter from a Service Director. A full review is also required, and all evidence collated. A total of 400 Stage 2 complaint responses were due during the reporting period. Of these, 322 were responded to within the required timescale, giving a compliance rate of 81%, which is well above the national performance standard of 70%. Staff have made considerable efforts to achieve a very strong performance for the year as demonstrated in the compliance figures being reported consistently throughout the period.

Scottish Public Services Ombudsman (SPSO)

The Service has maintained a positive working relationship with the SPSO for several years and is committed to being open, honest and timely in its interactions.

The table below summarises SPSO activity reported between 1 April and 5 November 2026. At 5 November, eight cases remained open and 13 cases were closed. The table also includes an earlier upheld case where an associated recommendation remained outstanding during the reporting period and has now been completed.

Of the 13 cases concluded during the reporting period, ten were not upheld by the SPSO and three were dealt with through early resolution and not taken forward for further investigation. No cases concluded during the reporting period were upheld by the SPSO. Analysis of SPSO referrals continues to show a broad alignment with the Service's most common complaint themes, particularly triage, delayed response, patient not conveyed and clinical assessment concerns. Of the cases reported during this period, 10 related to triage, delayed response or patient not conveyed issues, four related to clinical assessment and three involved attitude and behaviour concerns. While these themes reflect areas of patient concern, SPSO outcomes suggest that escalation is not solely determined by the subject matter of the complaint. The SPSO assesses whether the Service acted reasonably, followed appropriate procedures and provided a fair response. The fact that no cases concluded during this reporting period were upheld by the SPSO indicates the importance of providing responses that are evidence based, transparent and empathetic, even where the original complaint has not been upheld by the Service. The pattern of SPSO outcomes continues to reinforce the importance of robust local investigation, clear communication and transparent complaint responses as key factors in resolving concerns before external review becomes necessary.

We continue to work closely with the SPSO on any ongoing cases and ensure that all the relevant information is shared in a timely manner. Where recommendations or further actions are agreed, these are monitored to support completion and organisational learning.

SPSO cases reported for 1 April to 5th November 2026

InPhase	SPSO reference	SPSO review began	Complaint theme	SAS decision	SPSO decision or route	Recommendations or action	Target or completion date	Current Position
20418	202514714	1 October 2026	Delayed response due to no available resource	Upheld	Awaiting decision	Awaiting review	Not applicable	Open
19753	202510490	17 September 2026	Delayed response due to no available resource	Upheld	Awaiting decision	Awaiting review	Not applicable	Open
21650	202607468	24 September 2026	Attitude and behaviour and communication	Part upheld	Not upheld	Not applicable	Not applicable	Closed 30 September 2026
21151	202605700	13 August 2026	Triage and delayed response due to no available resource	Upheld	Not upheld	Review welfare monitoring arrangements during prolonged ambulance delays.	TBC	Case Closed. Recommendation raised with relevant leads on 5 November 2026. Response awaited.
13470 and 20510	202605564	25 August 2026	Patient not conveyed, delayed response and triage	Part upheld	Not upheld	Not applicable	Not applicable	Closed 4th November 2026
21235	202604968	28 September 2026	Clinical assessment	Part upheld	Awaiting decision	Not applicable	Not applicable	Open
19352	202600391	13 July 2026	Attitude and behaviour and clinical assessment	Part upheld	Early resolution, not taken forward	Further response to the complainant	17.09.26	Completed recommendation and closed 17 September 2026
19548	202510779	17 August 2026	Triage	Not upheld	Awaiting decision	Awaiting review	Not applicable	Open
18726	202510570	7 August 2026	Clinical assessment and attitude and behaviour	Upheld	Awaiting decision	Awaiting review	Not applicable	Open
18678	202510090	24 August 2026	Triage	Upheld	Awaiting decision	Awaiting review	Not applicable	Open
16660	202506615	11 May 2026	Attitude and behaviour and clinical assessment	Upheld	Early resolution	Further response being drafted to the complainant and face to face meeting offered.	2nd December 2026	Open
17024	202502764	12 May 2026	Triage and referral to NHS 24	Not upheld	Awaiting decision	Awaiting review	Not applicable	Open
17189	202604517	15 July 2026	Clinical care, attitude and behaviour and delayed responses	Upheld	Not upheld	Not applicable	Not applicable	Closed 21 July 2026
14165 and 14184	202602653	24 June 2026	Clinical assessment	Transferred to SAER	Not upheld	Not applicable	Not applicable	Closed on 27 August 2026
20737	202602104	25 May 2026	Delayed response due to no available resource	Not upheld	Not upheld	Not applicable	Not applicable	Closed 16 June 2026
20310	202514830	13 May 2026	Driving standards	Response to concern	Not upheld	Not applicable	Not applicable	Closed 11 June 2026
19258	202514727	18 May 2026	Record keeping and documentation	Response to MSP or MP enquiry	Not upheld	Not applicable	Not applicable	Closed 12 June 2026
20136	202514176	1 May 2026	Delayed response due to no available resource	Upheld	Not upheld	Not applicable	Not applicable	Closed 29 June 2026
19491	202513795	1 June 2026	Delayed response and resource cover	Upheld	Not upheld	Not applicable	Not applicable	Closed 1 July 2026
17375	202514153	27 April 2026	Attitude and behaviour and clinical assessment	Not upheld	Early resolution, not taken forward	Further response to the complainant	Completed 17 June 2026	Completed recommendation on 17th June and Case closed 6th August 2026
16481 and 16557	202410343	16 July 2025	Delayed responses	Upheld	Upheld	Apology completed and remaining recommendations completed through the HCP booking workstream	Completed by 31 October 2026	Complete. Included for closure of the previously ongoing recommendation

The table includes SPSO reviews that began or concluded during the reporting period and earlier cases where a recommendation or associated action remained outstanding at 10th November 2026. Repeated complaint subjects relating to the same SPSO reference have been combined into a single case entry.

Involving People

Work continues to strengthen how we involve patients, the public and communities in shaping the work of the Service in line with our commitments under the Patient Focus and Public Involvement (PFPI) agenda, the National Health Service (NHS) Scotland Participation Standard and the Scottish Ambulance Service 2030 Strategy.

NHS 24

An initial review of attitude and behaviour complaints within the Scottish Ambulance Service identified recurring themes relating to communication, patient understanding and expectations of care. Similar themes have also been identified within NHS 24 feedback and complaint data.

Given the significant number of patients who receive care across both services as part of a single care pathway, there is an opportunity to take a more joined up approach to understanding patient experience at the interface between NHS 24 and the Scottish Ambulance Service. Discussions are therefore progressing around a potential collaborative programme of work, bringing together complaints, adverse events, call reviews and patient feedback from both organisations.

This approach would support a more comprehensive understanding of the patient journey, help identify shared themes and improvement opportunities and strengthen efforts to improve communication, person centred care and patient experience across the wider urgent and unscheduled care system.

Peer support

Development of a Peer Support Network within Scheduled Care continues to progress, supported by the Inclusion Scotland intern. The network is being run out of Scheduled Care as genuine peer to peer support. It is not being run by the Wellbeing Team, although the two will work alongside each other. We are in discussions with the Scottish Association for Mental Health (SAMH) and The Ambulance Staff Charity (TASC) about training and partnership support. Early discussions with The Ambulance Staff Charity have also covered how we create a model that can then be replicated in other ambulance services. Discussions have also begun with colleagues in Unscheduled Care to explore a more consistent approach across the Service, which will help align both approaches and reduce duplication. The initiative aims to strengthen staff wellbeing and support, particularly during periods of increased operational pressure, and contributes to the compassionate and supportive culture outlined within the Scottish Ambulance Service 2030 Strategy.

Toolbox in use

The Patient and Public Involvement Toolbox continues to support teams across the Service to undertake engagement activity independently. The resource provides guidance, practical tools and access to patient representatives, public partners and community organisations to support meaningful involvement in service improvement. During the reporting period, the toolbox was used by a clinical innovation project to engage patients and the public in the design of a new point of care testing pilot, demonstrating how involvement is increasingly being embedded at an early stage of service development.

Committee representation

Following the successful introduction of patient and public representation within Clinical Governance arrangements, a similar review is now being undertaken within Infection Prevention and Control. The aim is to ensure that public involvement remains meaningful, sustainable and appropriately supported, while providing opportunities for a wider range of Public Partners to contribute to governance and improvement activity. A proposal for inclusive recruitment, involving people with lived experience on recruitment panels, is also being developed with third sector organisations. This has not yet been agreed.

Bringing engagement together

Work continues on the development of a Community Engagement Network to improve coordination of engagement activity across the Service. The proposal has received senior support and aims to bring together a range of existing activities, including community education, local engagement and public involvement work, under a more coordinated approach. This will provide greater consistency and make it easier for communities and partners to engage with the Service.

StayWise

Development of the StayWise programme continues, with resources currently being adapted and prepared for Scottish branding ahead of implementation. The programme aims to support public education and prevention activity through accessible information and resources.

Inclusion Support Officer

The Inclusion Support Officer role continues to make a significant contribution to disability inclusion across the Service. During the reporting period, activity included staff engagement and awareness raising through Healthy Culture Week, development of accessible guidance and resources, strengthening external partnerships, and progression of initiatives including the Peer Support Network and Health Passport programme. Work has also been undertaken to improve disability disclosure processes and reasonable adjustment guidance. Collectively, these developments are helping to strengthen the foundations required to support the ambitions set out within the Scottish Ambulance Service 2030 Strategy.

Fleet engagement

The NVDEG fleet Engagement Day was held on 27 October at the Scottish Event Campus (SEC) in Glasgow for patient and community representatives. Attendees included the Glasgow Disability Alliance, Stroke Scotland, Age Scotland, the Mobility and Access Committee for Scotland (MACS) and Sense Scotland, along with representatives from community planning partnerships and access panels. The day gave them the opportunity to provide feedback on new vehicles so that accessibility and patient experience can shape their design.

Communication board review

The Augmentative and Alternative Communication (AAC) communication board review has involved outreach to British Sign Language (BSL), Deaf, autism, learning disability and

stroke organisations. Those involved include Down Syndrome Scotland, Stroke Scotland, Scottish Autism, AAC Lothian, The Scottish Centre of Technology for the Communication Impaired (SCTCI), the Speech and Language Therapy Leads for AAC at NHS Ayrshire and Arran, The Scottish Ethnic Minority Deaf Charity (SEMDC), the BSL interpreter and Team Lead for the Interpretation and Translation Service at NHS Tayside, the Royal Deaf Association and the Royal National Institute for Deaf People (RNID).

This work, together with the Inclusion Scotland intern, supports the wider aim of improving access for patients with disabilities and reducing inequalities in access that affect patient outcomes. It also links with Enable SAS (Scottish Ambulance Service), formerly the Disability Network, so that resources are shared, work is aligned and duplication is avoided. This includes bringing together related work on learning disabilities.

Annual Review

As part of the Scottish Ambulance Service Annual Review, held on 2 November 2026, a number of our patient representatives attended and spoke directly with the Minister for Community Care. They discussed their experiences of NHS care, as well as the positive work they have been involved in as members of our Scottish Ambulance Service patient network.