



PUBLIC BOARD MEETING

29 July 2026

Item 11

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 24 June 2026, a total of 264 compliments were received. - Complaint rates remain steady with an overall total of 219 complaints for the same period. - Stage 1 and 2 complaint response targets have been exceeded. - There is currently one open case and twenty-four 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 consistent picture of patient experience across the Service.
Timing	An update is presented bi-monthly to the Board.
Associated Corporate Risk Identification	Risk ID 4638 – Hospital Handover Delays
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



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 24 June 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 Service 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

The Service actively seeks feedback on its services so that it can continue to make improvements. We gather feedback through various channels, including face-to-face interactions, patient forums, online portals, and complaint and concern channels.

Feedback analysis

Compliments

Compliments received from sources other than social media are logged and actioned on the In Phase system. Between 1 April 2026 and **24 June 2026**, a total of **264** compliments were received.

An example of positive feedback received from a family member following a recent incident:

"To the amazing ambulance crew who attended to my husband at a very difficult remote location to find in the Borders, thank you so much for your kindness, professionalism, care and treatment."

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"You kept us well informed, offered reassurance on route to A&E and checked in before you left us at Borders general.

It was very much appreciated and thank you for the amazing job you both do!"

Complaints

Between 1 April 2026 and 24 June 2026, a total of 219 complaints were received. The majority of complaints continue to be owned by National Operations (45 per cent) followed by West Region (21 per cent) and East Region (11 per cent).

Complaint Themes

The themes below remain consistent with previous reporting, with some shifts in proportion. Of the 219 complaints, the four most common themes are:

1. Attitude and Behaviour – 23 per cent of the total, a slight decrease since the last report (31%)
2. Clinical Assessment – 19 per cent of the total, a slight increase from the last report (11%)
3. Triage and referral to NHS 24 represents 17 per cent of the total, a slight decrease since the last paper (20%). Complaints in this area are being reviewed to ensure triage protocols are consistently applied and communicated.
4. Delayed response due to no available resource accounts for 16 per cent of the total, a decrease from the last paper (23%) and remains an area of operational focus.

Update: 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, enhanced 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.

This work supports the SAS 2030 Strategy by placing patient experience at the centre of service improvement, strengthening organisational learning, promoting compassionate and

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person-centred care, and fostering a culture of openness, continuous improvement and high-quality care across the Service.

Complaints Compliance

Stage 1 Complaints (1 April 2026 – 24 June 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. There was a total of 100 Stage 1 complaints during this period. Of these, 91 have been closed with a compliance rate 91%, which is well above the government target of 70%.

Stage 2 Complaints (1 April 2026 – 24 June 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 investigation is also required, and all evidence collated. There was a total of 119 Stage 2 complaints during this period. Of these, 99 have been closed with a compliance rate of 83%, which is well above the government target 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.

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 24 June 2026, 81 stories were posted on Care Opinion relating to the Service. These stories have been viewed 9,090 times.

Of the 81 posts, 80 per cent were positive or neutral in tone and 20 per cent were minimally/mildly critical. It should be noted that the minimally/mildly critical responses were not necessarily directed towards the Service, with the feedback often involving multiple NHS boards.

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.

Below is an example of Care opinion feedback submitted by a patient:

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"Such a wonderful service"



STORY HAS A RESPONSE



This story has had a response

About: Scottish Ambulance Service / Emergency Ambulance

 Posted by **Avrils25** (as a relative), last week

I called the ambulance as my Dad was having difficulty breathing. The call handler was very pleasant & the practitioner who called me back was very helpful & advised an ambulance was on its way.



The paramedics Sharon & Julie were lovely, checked all his vitals & gave him a nebuliser to help with his breathing. They could not have been nicer. Thank you so much for providing such a wonderful service.



Story summary

What was good?

advice

call handler

helpful

paramedics

service

How did you feel?

Scottish Public Services Ombudsman (SPSO)

The Service has a positive working relationship with the SPSO for several years now and prides itself in being open, honest and timeous in its interactions.

The below table illustrates the cases currently being reviewed by the SPSO. The Service currently has 1 open cases and 24 closed cases.

Of the 24 that have been assessed by the SPSO, 21 cases have not been upheld, 2 cases have been dealt with through early resolution and 1 case has been upheld. This continues a stable pattern of SPSO activity for the Service with no significant increase in upheld complaints.

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. For any cases that have been upheld we will prioritise any agreed recommendations for action.

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SPSO Tracker

InPhase/Datix Ref	SPSO Reference	Date SPSO began their review	Complaint Theme	SAS Decision	SPSO Decision	SPSO Recommendations	SPSO Recommendations Target Date	SPSO Recommendations Completed Date	SPSO Status
16595	202500508	25-Jun-25	Lack of Co-ordination / Communication	Not upheld	Not Upheld	n/a	n/a	n/a	Closed
14448	202401264	11 Jun 2025	Lack of Co-ordination / Communication	Not upheld	Not Upheld	na	na	na	Closed
16329	202410160	14 May 2025	Triage / Referral to NHS 24	Not upheld	Not Upheld	na	n/a	n/a	Closed
16084	202408310	24 Apr 2025	Delayed Responses & Triage/Referral to NHS 24	Upheld	Not Upheld	SAS did not address the delay in conveyancing support or consult the paramedic involved. They may wish to review staff engagement during complaint investigations.	10 Jul 2025	18 Jun 2025	Closed
DATIX 16400	202411850	29/04/2025	Delayed response	Upheld	Not Upheld	N/A	N/A	N/A	Closed
17941	202503949	01/09/2025	Attitude and Behaviour	not upheld	Eary resolution	To send an additioinal reseponse to the complainant	29.10.25	07.11.25	Closed
18749	202500610	25/07/2025	Lack of Co-ordination / Communication	Part Upheld	Early resolution	Stage 2 letter to complainant	27/08/2025	05/09/2025	Closed
17509	202500310	15/05/2025	Attitude and Behaviour	Not upheld	Not Upheld	na	na	na	Closed
18690	202504575	01/09/2025	Triage	Not upheld	Not Upheld	na	na	na	Closed
16557	202410343	16/07/2025	Delayed Response	Upheld	Upheld	Letter of apology, share findings with complaints reviewer and work underway on HCP booking line	26th Jan 2026	Letter of apology sent and findings shared with complaints reviewer . Work underway on HCP booking line with new workstream ongoing. Meeting on workstream took place on 26th Jan commencing this piece of work.	Closed
17766	202503379	01/07/2025	Patient not conveyed to hospital	Not upheld	Not Upheld	na	na	na	Closed
18596	202504066	07/08/2025	PTS Eligibility	Not upheld	Not Upheld	na	na	na	Closed
17732	202503845	15/08/2025	Delayed Response	Upheld	Not upheld	na	na	na	Closed
17874	202506572	01/10/2025	Staff conduct	Part Upheld	Not upheld	na	na	na	Closed
18901	202506933	01/10/2025	PTS Eligibility	Not upheld	Not Upheld	na	na	na	Closed
Datix 14232	202403835	01/10/2025	Clinical Assessment/Triage	Withdrawn	Not Upheld	na	na	na	Closed
DATIX 17853	202504623	20/10/2025	PTS Eligibility	Not Upheld	Not upheld	na	na	na	Closed
18096	202503620	19.12.25	Triage and categorisation	Upheld	Not upheld	na	na	na	Closed
17849	202509459	13.01.26	Attitude and Behaviour	Not upheld	Not upheld	na	na	na	Closed
18228	202507036	02.12.26	Patient not conveyed to hospital	Not upheld	Not Upheld	na	na	na	Closed
17934	202505304	20.01.26	Clinical Assessment	Upheld	Not Upheld	na	na	na	Closed
18039	202504203	23.01.26	Clinical Assessment	Upheld	Still under review	na	na	na	Open
19412	202513372	12 Mar 2026	Triage/moving and handling	Not upheld	Not Upheld	na	na	na	Closed
19861	202511916	05 Mar 2026	Delayed Response - no available resource	Upheld	Not Upheld	na	na	na	Closed
19041	202509376	16 Mar 2026	Triage	Not upheld	Not upheld	na	na	na	Closed

Involving People

NHS 24 / Scottish Ambulance Service Interface

Work has commenced to explore the patient experience at the interface between NHS 24 and the Scottish Ambulance Service, recognising this as an important opportunity to improve how people experience care across organisational boundaries. This aligns with the SAS 2030 Strategy ambition to work collaboratively with partners to provide more seamless, person-centred care and to continuously improve services through innovation and learning.

The initial phase of work is focused on analysing existing NHS 24 and Scottish Ambulance Service data to identify the key issues experienced by patients before determining where patient and public involvement will add the greatest value. This reflects the Service's commitment to meaningful involvement, ensuring people are engaged with a clear purpose and are able to influence service improvement rather than being involved without a defined role.

Preparatory work is also underway to identify relevant patient experience evidence, including complaints, compliments and other feedback relating to the NHS 24 and Scottish Ambulance Service interface. This evidence will help identify priority themes and inform the development of a targeted co-design approach with patients, the public and frontline staff. This approach supports the principles of Realistic Medicine, the NHS Scotland Participation Standard and the SAS 2030 Strategy by ensuring improvements are informed by lived experience, evidence and partnership working.

British Sign Language (BSL) Communication and Accessible Communication

Work is progressing to strengthen communication and accessibility for British Sign Language (BSL) users and patients who are unable to communicate verbally by identifying and evaluating best practice from across Scotland. An initial programme of engagement has been undertaken with NHS Boards, Police Scotland and the Scottish Government to understand the communication tools, interpreter arrangements, operational approaches and policies currently in use, with the aim of informing a more consistent and evidence-based approach within the Scottish Ambulance Service.

Engagement with NHS Boards has focused on understanding existing communication pathways, interpreter services, visual communication tools and local guidance, while discussions with Police Scotland are exploring the implementation and operational use of its recently introduced 24/7 BSL Video Remote Interpreting (VRI) application. Early engagement with the Scottish Government has also identified opportunities to align this work with the recently launched Foundation Inclusive Communication Toolkit and wider national policy on communication inclusion.

The scoping work has identified significant innovation across individual organisations but also highlighted an opportunity for greater collaboration across the public sector. Consideration is therefore being given to establishing a cross-sector network to support the sharing of learning, reduce duplication and promote a more coordinated approach to communication inclusion across health and public services.

This work is being coordinated across Equality, Diversity and Inclusion, Human Resources and operational teams to ensure alignment with wider organisational priorities and maximise opportunities for shared learning. The findings will inform future recommendations on communication technologies, operational guidance and accessibility improvements, ensuring any future developments are informed by evidence, partnership working and the lived experience of Deaf BSL users and other patients with communication needs.

This programme of work supports the ambitions of the SAS 2030 Strategy by improving equitable access to services, strengthening collaboration with national partners, reducing inequalities in patient experience and driving continuous improvement through innovation, inclusion and person-centred care. It also contributes to the Service's commitment to designing services that are accessible, responsive and shaped through partnership with the communities we serve.

Scheduled Care Peer Support Network

Work is underway to revisit the development of a peer support network for Scheduled Care Coordinators following renewed interest from operational colleagues and engagement undertaken through the Inclusion Internship Programme. Initial engagement has reaffirmed the value of providing structured peer support to complement the informal support already offered by staff, with particular emphasis on emotional wellbeing, psychological safety and maintaining appropriate professional boundaries.

A meeting has been arranged with Scheduled Care leadership to explore how the original proposal can be refreshed and aligned with current operational priorities. This will consider opportunities to co-design the model with staff, ensuring any future peer support offer reflects the realities of the role while supporting staff wellbeing and resilience.

The proposal builds on previous work developed in partnership with the Scottish Recovery Network and will explore appropriate training for peer supporters, including active listening, emotional wellbeing, managing difficult conversations, recognising distress and signposting colleagues to further support where required.

This work supports the ambitions of the SAS 2030 Strategy by creating a compassionate and inclusive working environment, strengthening staff wellbeing, promoting a culture of support and learning, and enabling staff to deliver safe, high-quality, person-centred care for the people of Scotland.

Clinical Governance Committee – Patient Representation

Recruitment has been completed for a second Patient Representative to support the Clinical Governance Committee, strengthening public involvement within one of the Service's key governance forums. The recruitment process was jointly led by the Public Involvement and Engagement Team and the Committee Chair, with the existing Patient Representative actively involved in the interview and selection process, ensuring lived experience informed the appointment.

The successful candidate brings extensive senior clinical and executive leadership experience across NHS Scotland, together with significant expertise in clinical governance, quality improvement and patient safety. Their appointment enhances the Committee's ability to incorporate independent public and patient perspectives into scrutiny, assurance and decision-making, while complementing the experience of the existing Patient Representative.

This development represents an important step in embedding meaningful patient involvement within the Service's governance arrangements and will help ensure that patient experience and lived experience continue to inform strategic oversight of quality and safety.

The work supports the SAS 2030 Strategy by strengthening person-centred governance, improving quality through partnership with patients and the public, and fostering a culture of openness, learning and continuous improvement across the Service.

StayWise Partnership

Discussions are underway to explore a partnership with the StayWise educational platform, in collaboration with the Scottish Fire and Rescue Service, to strengthen the Scottish Ambulance Service's engagement with children and young people through a nationally coordinated programme of health and safety education. Initial discussions have identified a significant opportunity to adapt existing ambulance-related educational resources for a Scottish audience, providing schools with consistent, curriculum-linked learning materials that promote health literacy, emergency care awareness, CPR, community resilience and the appropriate use of ambulance services.

Executive support has been secured to explore the proposal further, with consideration being given to the most appropriate organisational lead and how the initiative can be integrated with existing education, engagement and communications activity. The work will build on established partnerships and utilise existing resources, reducing duplication while enabling a coordinated national approach to educational engagement.

The proposal also provides an opportunity to strengthen collaboration with blue-light partners and support delivery of the Service's commitments under the United Nations Convention on the Rights of the Child (UNCRC), ensuring children and young people have access to high-quality information that supports their health, safety and wellbeing.

This work supports the SAS 2030 Strategy by promoting prevention and early intervention, strengthening partnerships, improving health literacy within communities, and supporting person-centred care through education, engagement and innovation.

Youth Engagement, Employability and Development Pathways

Work is progressing to strengthen opportunities for young people to engage with the Scottish Ambulance Service through the development of structured employability, work experience and volunteering pathways. Early discussions have identified opportunities to build on the existing Young Minds Save Lives programme by creating clearer progression routes for young people who wish to remain engaged with the Service but are not yet eligible for employment.

Collaborative work is planned with Community Action colleagues to scope a future youth development scheme, alongside links with wider NHS employability initiatives and programmes delivered in partnership with the King's Trust. Consideration is also being given to expanding internship and work experience opportunities, enabling young people to gain meaningful experience across a range of Service functions while supporting future workforce development.

This work will be developed through a cross-service working group to ensure alignment with existing community engagement, education and employability programmes, avoiding duplication while creating a coordinated approach to youth engagement across the organisation.

The programme supports the ambitions of the SAS 2030 Strategy by investing in future workforce development, strengthening community resilience, widening access to careers, promoting inclusion and creating meaningful opportunities for young people to contribute to the work of the Service and the communities it serves.