



**Scottish
Ambulance
Service**

Working in Partnership with Universities



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PUBLIC BOARD MEETING

24 September 2025

Item No 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 Mark Hannan, Head of Corporate Affairs and Engagement
Action required	The Board is asked to discuss and note the paper.
Key points	<ul style="list-style-type: none">• Compliment rate remains strong with the East and West regions leading.• Complaint rates remains low.• Stage 1 and 2 complaint response targets have been significantly exceeded.• Inclusive care is being strengthened through youth engagement, community outreach and co-designed training• There are currently five open cases and twelve closed cases with the SPSO.
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 <ul style="list-style-type: none">• 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.



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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 and 31st August 2025**. 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.**

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Feedback analysis

Compliments

Compliments received from sources other than social media are logged and actioned on the In Phase system (this is a new system which replaced Datix in March 2025). As illustrated in Figure 1 below, between 1 April and 31 August 2025, a total of 501 compliments have been received. This represents 46% of the total contacts to the Scottish Ambulance Service Feedback team. This is also an 11.8% increase in compliments compared to the same period last year. East Region received the most compliments (40.91%), closely followed by West (40.51%). Figure 1 below shows the compliments received by region for the financial year so far.

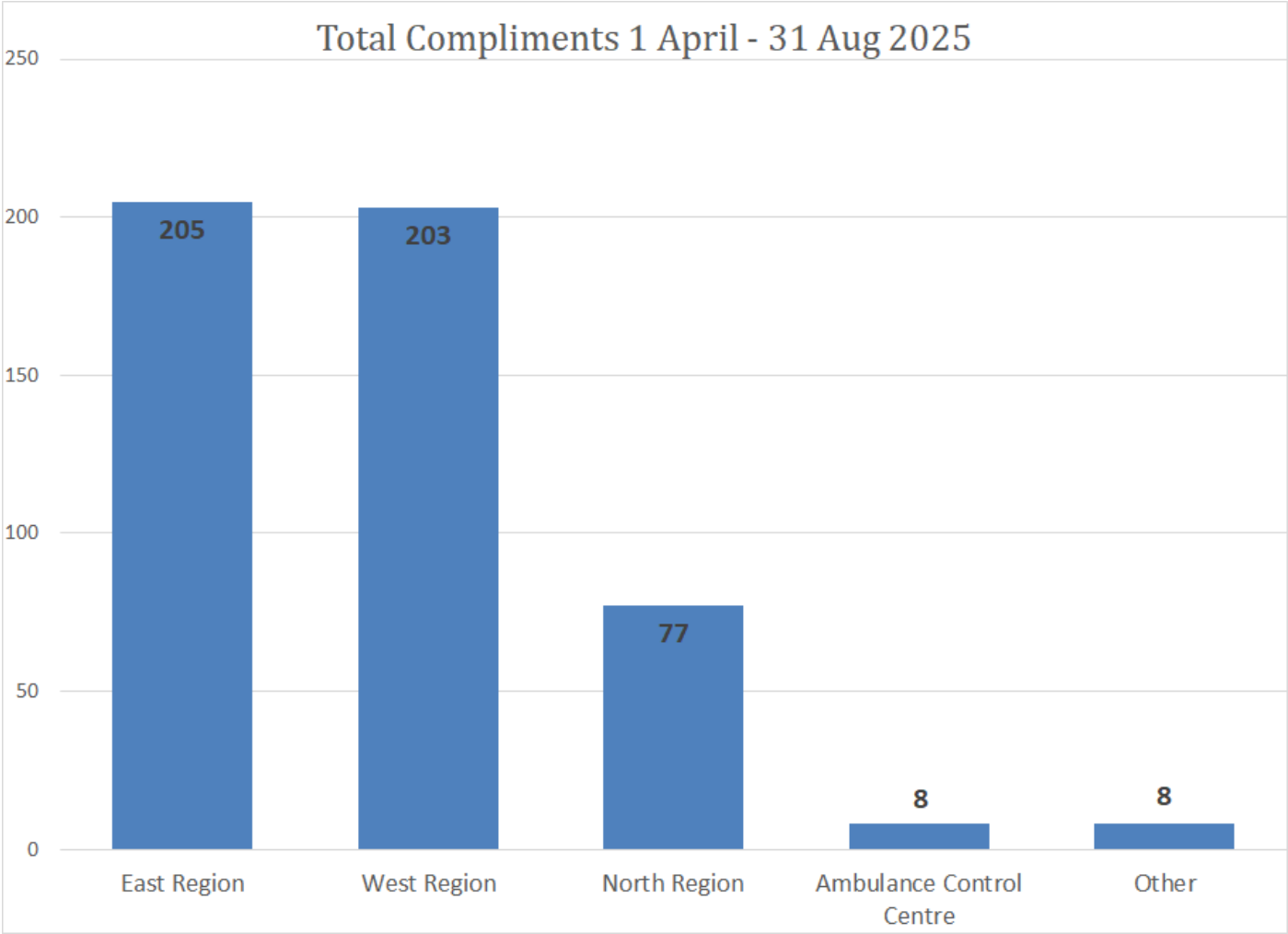


Figure 1: Compliments by Region (1 April – 31 August 2025)

Complaints Data

Figure 2 below shows the total volume of complaints that have been received as a comparison over the previous five years. Between 1 April and 27 August 2025, a total of 448 complaints have been received. This is a 13% increase from the same period last year. The majority of complaints continue to be owned by the Ambulance Control Centre.

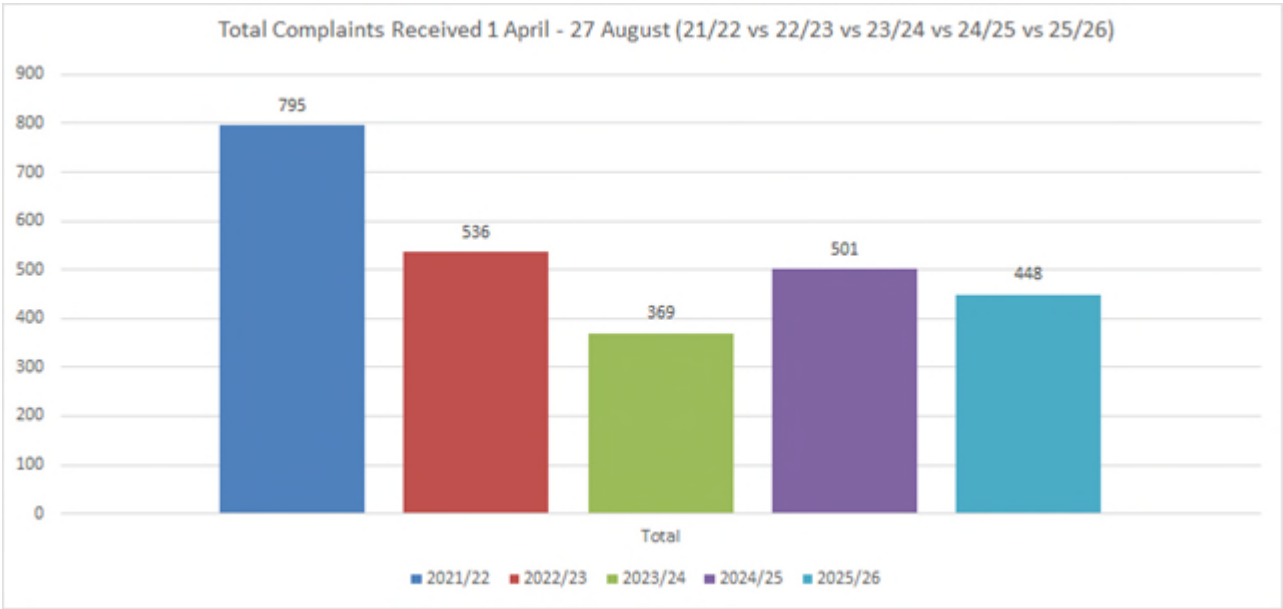


Figure 2. Total complaints received per year for period 1st April – 27th August

Table 1: Complaints and Total 999 calls for period 1st April – 31st August

Year	Complaints	Total 999 calls	Complaint Rate (%)
2021/22	795	433,759	0.18%
2022/23	536	369,432	0.15%
2023/24	369	357,986	0.10%
2024/25	501	377,348	0.13%
2025/26	448	353,839	0.13%

As illustrated by Table 1, over the five-year period from 2021/22 to 2025/26, both the number of complaints and total contacts to SAS have fluctuated. While there was a downward trend in both complaints and contacts from 2021/22 to 2023/24, 2024/25 saw a slight increase.

Complaint Themes

Of the 280 complaints received, the five most common themes are:

1. Attitude and Behaviour – 146 complaints (32.59% of the total, compared to 35% in the last paper)
2. Triage/Referral to NHS24 – 103 complaints (23% of the total, which is the same as the last paper)
3. Clinical Assessment- 41 complaints (9% of the total, which is the same as the last paper)
4. Delayed Response – 42 complaints (9% of the total which is similar to the last paper of 8%)
5. PTS Eligibility – 23 complaints (5% of the total, which is the same as the last paper)

Note: A word of caution when interpreting complaint theme data or complaints received per region. Since the introduction of In Phase in March 2025 we have been unable to log complaints under multiple themes or regions. This may cause under-reporting of certain themes or regions.

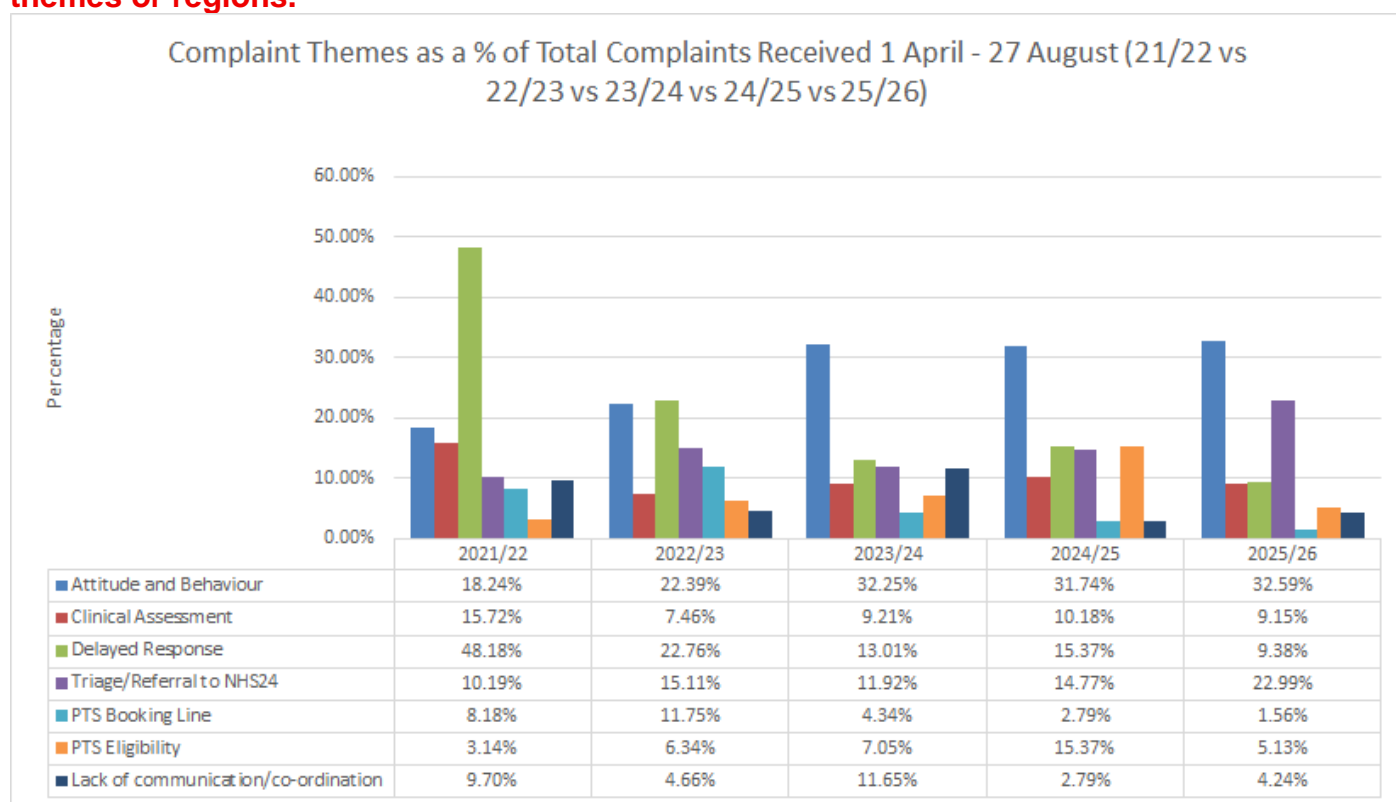


Figure 3. Complaint themes as a % of total complaints per year

Complaint Themes Analysis – 1 April to 27 August (2021/22 to 2025/26)

Figure 3 highlights the percentage distribution of complaint themes received by the Scottish Ambulance Service between 1 April and 27 August, across five reporting years (2021/22 to 2025/26). The data provides insights into evolving trends and areas requiring targeted quality improvement.

Key Observations:

The two most common complaint themes comprise of Attitude and Behaviour and Triage/Referral to NHS 24.

Complaints related to **Attitude and Behaviour** have shown a consistent year-on-year increase, rising from 18.24% in 2021/22 to 32.59% in 2025/26. The Service is actively reviewing complaints related to Attitude and Behaviour to better understand root causes and identify appropriate support measures. A pilot review of 100 complaints is underway, using a structured approach to explore patterns and contributing factors. Staff engagement and operational insights will inform the next steps, with findings shared through governance channels. This work is exploratory but reflects a clear commitment to learning and improvement.

After fluctuating in previous years, complaints relating to **Triage/Referral to NHS24** saw a sharp rise to 22.99% in 2025/26. This spike may reflect recent pathway changes, increasing public awareness or referral dissatisfaction. A focused analysis of this category is required to determine the underlying drivers.

On the other hand, complaints relating to **Delayed Response** has seen a significant reduction, from a peak of 48.18% in 2021/22 to 9.38% in 2025/26. The year-on-year decrease suggests that operational changes, potentially including the implementation of the Integrated Clinical Hub and Pathways, have had a measurable impact. Continued monitoring is recommended to ensure these improvements are sustained.

Clinical Assessment complaints decreased markedly from 15.72% in 2021/22 to around 9–10% in the previous three years. The relatively stable trend may suggest a plateau, although the upcoming clinical governance review could identify areas for further refinement.

Complaints about the **PTS Booking Line** have significantly decreased from 8.18% in 2021/22 to 1.56% in 2025/26, suggesting improved accessibility or communication. **PTS Eligibility** complaints have fluctuated, peaking at 16.42% in 2024/25 before falling to 4.64% so far in 2025/26. The previous rises may be linked to changes in eligibility criteria or awareness campaigns.

We are currently undertaking an Equality Impact Assessment (EQIA) of the existing **Patient Needs Assessment (PNA)**. While the EQIA is still in progress, work has already advanced in areas where a clear need had previously been identified, particularly in relation to mental health, which is increasingly affecting a broader range of patients than seen historically.

Collaborative efforts have been made with organisations such as the Samaritans, Scottish Action for Mental Health (SAMH), and See Me, alongside internal support from colleagues including the Public Involvement and Engagement Manager, to ensure staff are equipped with the appropriate tools to support patients experiencing poor mental health.

It is important to note, however, that while this work is valuable, it does not constitute a full review of the PNA. A comprehensive review is required, and the findings from the EQIA will inform that process. The review will involve input from subject matter experts across the Service as well as external stakeholders and is expected to take several months to complete and validate.

The newly appointed Head of Scheduled Care, who will take up post on 1 October 2025, will lead this review.

Complaints regarding **Lack of Communication/Coordination** have remained relatively stable but low, with a small increase in 2023/24 (11.65%) before returning to 4.24% in 2025/26. Continued focus on internal handover procedures and communication strategies will support further improvement.

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Stage 1 Complaints

Stage 1 complaints have a 5-day target to be closed. This can be affected through direct contact with the complainant at supervisor level. This may be by phone, email or a face-to-face contact.

Table 2. Stage 1 Complaints 1 April – 27 August 2025

Stage 1					
	Closed within target				Still Open and now overdue
	No	Yes	Total	Compliance	
Advanced Practice	0	0	0	NA	0
Ambulance Control Centre	1	108	109	99.1%	0
Fleet	1	0	1	0.0%	1
ICH	0	9	9	100%	0
NRRD & SORT	0	0	0	NA	0
SCOTSTAR (including Air Ambulance)	0	0	0	NA	0
Support Services/NHQ	2	5	7	71.4%	0
North Region	2	16	18	88.9%	0
East Region	0	57	57	100.0%	0
West Region	7	52	59	88.1%	1
Total	15	245	260		0
Compliance	94.2%				

Table 2 demonstrates that Stage 1 complaints compliance is at 94.2% which is a slight increase from the last paper (93.6%) and well above the government target of 70%.

Stage 2 Complaints

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.

Table 3. (1 April – 6 August 2025)

Stage 2					
	Closed within target				Still Open and now overdue
	No	Yes	Total	Compliance	
Advanced Practice	0	0	0	NA	0
Ambulance Control Centre	1	81	82	98.8%	0
ICH	0	3	3	100%	0
NRRD & SORT	0	0	0	NA	0
SCOTSTAR (including Air Ambulance)	0	0	0	NA	0
Support Services/NHQ	4	4	8	50.0%	2
North Region	3	8	11	72.7%	1
East Region	1	32	33	97.0%	0
West Region	7	18	25	72.0%	5
Total	16	146	162		8
Compliance	90.1%				

Table 3 shows the Service is sitting at a compliance rate of 90.1%, which is a marginal decrease from the last paper (92%) but well above the government target of 70%.

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 and 31 August 2025, 164 stories were posted on Care Opinion relating to the Service with a 96% responsiveness rating.

Of the 164 posts, 75% were positive or neutral in tone. It should be noted that whilst the remaining 25% will have some form of criticality, this is 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.

Involving People

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Community Engagement & Reporting

We continue to encourage staff to report and celebrate community engagement activity, whether through regional director-level outreach, regional reporting or volunteer-led projects. This improves visibility, strengthens accountability, and ensures best practice is shared. We are also exploring resource-sharing opportunities with local public sector partners, in line with the Community Empowerment (Scotland) Act 2015.

Youth Engagement & Pathways into Healthcare

Building on the UNCRC and the 2030 Strategy, we are expanding our work with young people. With NHS Lothian and Queen Margaret University Paramedic Science students, we are co-designing work experience programmes offering students a full view of emergency care, from a 999 call through to hospital discharge, which includes a dramatised real-life emergency call to bring the work of the Service to life.

An executive mentorship scheme is in early development, designed to foster leadership and interpersonal skills in young people. We are also exploring an internship program for young disabled people with partner Third-Sector organisation Inclusion Scotland.

Scheduled Care & Kidney Care UK Training

We are exploring a partnership with Kidney Care UK to co-design training for Scheduled Care staff, particularly those in ACC who coordinate transport and patient journeys. The training is being scoped as short, flexible online modules co-produced with our internal training team, using expert content shaped by Kidney Care UK. This format will ensure accessibility for staff working shifts or managing illness.

The focus will be on increasing awareness, empathy, and sensitivity to the psychosocial impact of kidney disease, while encouraging staff to seek further learning and support from external partners. The overall aim is to ensure staff are better equipped to support patients living with kidney disease, thereby improving patient experience and embedding inclusive, person-centred practice in line with SAS values.

Scheduled Care & Peer Support

In collaboration with the Scottish Recovery Network, we are advancing our resilience and peer support training, with the aim to create peer-led networks across our ambulance control centres, aligning with the NHS Workforce Strategy 2031.

Youth Charter Poster Project with LGBT Youth Scotland

We are developing a new project in partnership with LGBT Youth Scotland. The project will begin with two posters co-designed with young people through a queer lens, exploring their experiences and perspectives on our Youth Charter principles. Following this, other inclusion groups within SAS will lead on their own posters, highlighting how young people from different backgrounds experience the Service.

These posters are intended to act as engaging visual tools that both explain the Service to young people in an accessible and relatable way, while also helping staff to reflect on how they may come across to young LGBTQ+ people and others from diverse communities.

This work is guided by the principles of the United Nations Convention on the Rights of the Child (UNCRC) and reflects the Service's commitment to upholding the healthcare rights of all young people, ensuring that they receive care, respect, and support in a safe and compassionate environment.

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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. For the reporting period there has been 17 SPSO cases. Of the 10 that have been reviewed by the SPSO, 11 cases have not been upheld and two cases have been upheld. The remaining four cases are still under review.

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
DATIX 16598	202407561	04/03/2025	PTS Eligibility	Not Upheld	Not Upheld	N/A	N/A	N/A	Closed
15534	202410738	20 Mar 2025	PTS Cancellation	Upheld	Not Upheld	Apologise to the complainant, reissue outbound call guidelines to all Scheduled Care staff promptly, and ensure ongoing monitoring by Scheduled Care Supervisors.	18 Jun 2025	18 Jun 2025	Closed
14190	202309999	21 May 2024	Delayed Responses	Upheld	Upheld	Public report with number of recommendations.	11-Aug-25	26/08/2025	Closed
13727	202304529	16 Jan 2024	Triage / Referral to NHS 24	Not upheld	Not Upheld	Where possible, SAS should inform complainants of any improvement initiatives taken in response to their concerns.	01 Jul 2025	16 Jun 2025	Closed
DATIX 6473	202110696	18/05/2022	Failed to take patient to hospital	Part Upheld	SPSO have upheld	15/12/2023	1. Letter of Apology to complainant	1. Recommendation 1 completed and signed off (23/01/2024)	Open
							2. Review policy on documentation standards	2. Recommendation remains open	
							3. Share report with attending crew in a supportive manner for their own learning	3. Recommendation completed and signed off (29/02/2024)	
18749	202500610	25/07/2025	Lack of Co-ordination / Communic	Still under review	Still under review	na	na	na	Open
17509	202500310	15/05/2025	Attitude and Behaviour	Not upheld	Not Upheld	na	na	na	Closed
18690	202504575	01/09/2025	Triage	Not upheld	Still under review	na	na	na	Open
16557	202410343	16/07/2025	Delayed Response	Upheld	Still under review	na	na	na	Open
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	Still under review	na	na	na	Open