



**Scottish  
Ambulance  
Service**

Working in Partnership with Universities



## NOT PROTECTIVELY MARKED

**Public Board Meeting**

**28 January 2025**

**Item No 09**

**THIS PAPER IS FOR DISCUSSION**

**PERSON CENTRED CARE UPDATE**

<b>Lead Director</b>	Emma Stirling, Director of Care Quality and Professional Development
<b>Author(s)</b>	Marie Kennedy, Patient Experience Manager Christopher Purnell, Public Involvement and Engagement Manager
<b>Action required</b>	The Board is asked to <b>discuss</b> the paper.
<b>Key points</b>	<ul style="list-style-type: none"><li>Between 1 April 2025 and 13 January 2026, a total of 919 compliments were received, reflecting a strong overall rate.</li><li>Complaint rates remain steady with an overall total of 924 complaints for the same period.</li><li>Stage 1 and 2 complaint response targets have been exceeded.</li><li>There are currently two open cases and fifteen closed cases with the Scottish Public Services Ombudsman (SPSO).</li><li>We continue to strengthen our approach to involving people and communities in the work we do through a number of ongoing initiatives.</li></ul>
<b>Timing</b>	An update is presented bi-monthly to the Board.
<b>Associated Corporate Risk Identification</b>	Risk ID 4638 – Hospital Handover Delays
<b>Link to Corporate ambitions</b>	We will <ul style="list-style-type: none"><li>Provide the people of Scotland with compassionate, safe and effective care where and when they need it</li><li>Work collaboratively with citizens and our partners to create healthier and safer communities</li><li>Innovate to continually improve our care and enhance the resilience and sustainability of our services</li></ul>
<b>Link to NHS Scotland's quality ambitions</b>	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.
<b>Benefit to Patients</b>	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.
<b>Equality and Diversity</b>	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**

**PERSON CENTRED CARE UPDATE**

**EMMA STIRLING, DIRECTOR OF CARE QUALITY & PROFESSIONAL  
DEVELOPMENT**

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## **SECTION 1: PURPOSE**

This paper covers the period between **1 April and 13<sup>th</sup> January 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.

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## Feedback analysis

### Compliments

Compliments received from sources other than social media are logged and actioned on the In Phase system. As illustrated in Figure 1 below, between 1 April 2025 and 13<sup>th</sup> January 2026, a total of 919 compliments have been received. This represents 44% of the total feedback to the Scottish Ambulance Service Feedback team.

Please find below an example of a compliment submitted by a patient after suffering a heart attack.

*“The 2 paramedics that attended to me on the night I took my heart attack were amazing. Not only did they look after me but also my fiancée. They were reassuring both of us and kept us both calm in a difficult situation. They looked after my fiancée and made sure she was OK as well, which they really didn't have to do, they went above and beyond and I think Michael and Sean are a credit to the Ambulance service and I can't thank them enough for what they did.”*

### Complaints Data

Between 1 April 2025 and 13 January 2026, a total of 924 complaints have been received. The majority of complaints continue to be owned by the Ambulance Control Centre (49%) followed by West Region (21%) and East Region (18%).

### Complaint Themes

Of the 924 complaints, the four most common themes are:

1. Attitude and Behaviour – 29% of the total, no change from the previous paper.
2. Triage and referral to NHS 24 represents 16%, a reduction from 19% in the last reporting cycle.
3. Delayed response due to no available resource accounts for 18%, continuing an upward trend and remains an area of operational focus.
4. Clinical Assessment – 8% of the total which is a slight increase from 7% from the previous paper.

### Update: Joint Review of Attitude and Behaviour Complaints

A joint review of Attitude and Behaviour complaints is underway, led by the Engagement Manager and Patient Experience Manager. The review aims to ensure our approach aligns with the NHS Scotland Complaints Handling Procedure, Learning from Events Framework, Duty of Candour legislation, and the Equality Act 2010. It also reflects the SAS 2030 Strategy and Realistic Medicine principles.

Over 100 stage 1 and stage 2 complaints from the West and East regions have been reviewed, with a focus on consistency, transparency and fairness. Internal consultation has taken place with regional teams, alongside external engagement with other Health Boards and UK ambulance services.

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We've also gathered feedback from previous complainants to help strengthen communication, empathy and closure. Anonymised case studies are being developed to support staff learning and reflective practice.

The findings and proposed actions will be brought to the Quality, Safety and Learning Forum for discussion and planning and will be shared at the Board meeting once finalised.

## Complaints Compliance

### Stage 1 Complaints (1 April 2025 – 5 January 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 477 Stage 1 complaints during this period. Of these, 436 have been closed with an approximate compliance rate 91.4%,** which is well above the government target of 70%.

### Stage 2 Complaints (1 April 2025 – 8 December 2025)

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 381 Stage 2 complaints during this period. Of these, 334 have been closed with a compliance rate 87.6%,** 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.

**Some caution needs to be applied in the interpretation of above compliance figures. Current staffing pressures have resulted in a slight backlog of open records within the Patient Experience Team which will be closed retrospectively. As such, overall compliance is expected to be higher than the figures reported above but these provide a good indication of year-to-date performance.**

## 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 13 January 2026, 307 stories were posted on Care Opinion relating to the Service with a 96% responsiveness rating. These stories have been viewed 51,644 times.**

**Of the 307 posts, 74% were positive or neutral in tone and 17% were minimally/mildly critical. It should be noted that whilst the remaining 8% were moderately or strongly critical, 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.


**Below is an example of Care opinion feedback submitted by a patient that has been viewed 502 times.**

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# " They didn't give up "



**About:** Scottish Ambulance Service / Emergency Ambulance

 Posted by *Rockpool* (as the patient), 3 months ago

I had a cardiac arrest at home, initially my wife began resus, the paramedics arrived in 16 minutes and were superb. I am aware it was a difficult resuscitation with well over an hour of CPR required, it was a considerable team with involvement of the critical care ambulance & 8 individuals in total; Pamela, Jason, Graeme, Francis, Robert, Stuart, Duncan & Lynsey. I really appreciate the persistence of all team members for such a length of time.



I am aware of the statistics for outcomes after that length of CPR in out of hospital arrests and I know the team will be well aware of them too. But they treated me as an individual worth really working for & didn't give up, so here I am a few weeks later making a good recovery with no neurological deficit.

I'm incredibly grateful for their care and what must have been very high quality resus to allow me to recover to this level so quickly. I'm also grateful for the communication & support the team gave to my wife throughout the whole period. Lastly I am aware that it was the tenacity of Pamela's negotiations with various departments in SW Scotland that eventually opened the door for my transfer direct to GJNH. This was the correct decision (which is easy for me to say knowing my eventual diagnosis), but required a particular focus to achieve at the time.

I cannot fault the care received, the team should be proud of themselves.

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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. The Service currently has 2 open cases and 15 closed cases.

Of the 15 that have been assessed by the SPSO, 13 cases have not been upheld and 1 case has been upheld. A letter of apology has been sent to the complainant and recommendations from the SPSO have been implemented and shared with staff to prevent recurrence.

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	Still under review	na	na	na	Open
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	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	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



## 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 NHS Scotland Participation Standard and the SAS 2030 Strategy.

### Strengthening involvement through Research & Development collaboration

We are working closely with the Research & Development team to provide clear guidance and practical support to ensure that involvement is embedded consistently across projects and programmes. This helps ensure the Service not only meets legislative and policy requirements but also reflects our values by meaningfully involving people in shaping the services we provide. This work aligns with NHS participation expectations and supports compliance with relevant legislation, including equality and human rights duties, ensuring involvement is inclusive, accessible, and proportionate across all areas of work.

### Operational work experience for young people

We are in the early stages of working with an external organisation to offer primary school aged young people across the country an exciting opportunity to gain insight into ambulance service operations. This includes site visits, CPR learning, and opportunities to see an ambulance up close, giving young people a fascinating behind-the-scenes experience that is rarely available outside of classroom-based talks. The aim is to inspire early interest in health, care, and public service careers, while ensuring the approach does not place additional burden on operational teams. This work also supports children’s rights and participation principles, aligned to the UN Convention on the Rights of the Child (UNCRC).

### Southside Ambulance Station redevelopment engagement

Engagement activity continues in the Govanhill area of Glasgow, where we are working in partnership with local communities and colleagues across the public sector to support the redevelopment of the South Side Ambulance Station. This work is focused on ensuring the redevelopment reflects community priorities, accessibility needs, and local wellbeing, and is shaped through active collaboration with partners and community voices. This approach reflects our duties under the Community Empowerment (Scotland) Act 2015 and the Public Sector Equality Duty, ensuring local people are meaningfully involved in decisions that affect their area.

### Disabled persons internship and model for future internships

We are progressing our internship partnership with Inclusion Scotland, with the aim of recruiting a new intern early in March. The Inclusion Scotland internship programme is a national initiative which places disabled graduates into paid work placements across public sector organisations. Our participation reflects our commitment to inclusive employment, equality of opportunity and the principles of Fair Work and disability inclusion. In parallel, we are in the planning stages of developing a sustainable model for future internship placements in co-operation with organisations representing niche communities we want to involve more effectively in the Scottish Ambulance Service. We have already received multiple notes of interest regarding these opportunities. This work builds on earlier

mentorship planning, which could not be progressed due to capacity, and creates a stronger foundation for future involvement and workforce inclusion.

Patient representation

We continue to strengthen recruitment and engagement of Patient Representatives, to both expand representation across governance committees and increase the influence of lived experience in service development and decision-making. We have also received increased interest from young people seeking work experience opportunities, helping to address a significant gap in current service provision and enabling new voices to contribute to improvement work.

We continue to work with Healthcare Improvement Scotland (HIS) to ensure our recruitment, training, and support processes align with national participation standards and go further to establish strong, consistent approaches to representation across the Service.

Enhancing empathy-driven practice in Ambulance Control Centres

We are in the early stages of working with Ambulance Control Centre training teams to provide specialist expertise and guidance to further enhance empathy-driven communication for Accident & Emergency call handlers. This work will build on the principles of the training we delivered to scheduled care staff, but will be more tailored, more operationally focused and more deeply embedded in the unique challenges of emergency call handling.

This collaboration will support a consistently compassionate, person-centred response at the earliest point of contact with the Service, aligning with NHS Scotland values and expectations, and supporting relevant legislative and policy duties around equality, dignity, and accessible communication.