



**Scottish
Ambulance
Service**

Working in Partnership with Universities



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Public Board Meeting

26 November 2025

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 Rhona Robb, Head of Public Protection
Action required	The Board is asked to discuss the paper.
Key points	<ul style="list-style-type: none">• Between 1 April and 12 November 2025, a total of 721 compliments were received, reflecting a strong overall rate. The East Region accounted for the highest proportion (40.77%), followed by the West Region (39.81%).• Complaint rates remain steady.• Stage 1 and 2 complaint response targets have been significantly exceeded.• There are currently seven open cases and thirteen closed cases with the Scottish Public Services Ombudsman (SPSO).• Inclusive care is being strengthened through youth engagement, community outreach and co-designed training.
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 12th November 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. As illustrated in Figure 1 below, between 1 April and 12th November 2025, a total of 721 compliments have been received. This represents 44% of the total feedback to the Scottish Ambulance Service Feedback team. This is also an 3.59% increase in compliments compared to the same period last year. East Region received the most compliments (40.77%), closely followed by West (39.81%). Figure 1 below shows the compliments received by region for the financial year so far.

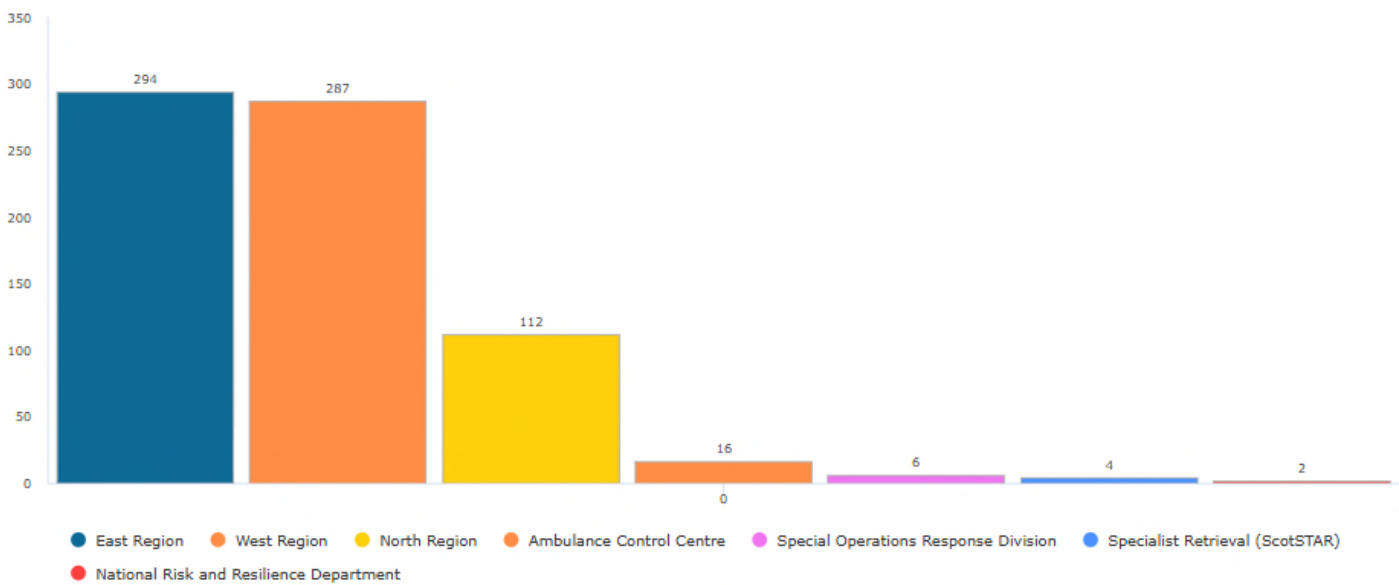


Figure 1: Compliments by Region (1 April – 12th November 2025)

Below is an example of a compliment received about a crew and a call handler:

“They were really caring and friendly and explained everything, which was all so reassuring for my Dad and my Mum and I. My Dad has asked me to pass on his sincere thanks to them both. Thank you also to the call handler - really calm, compassionate and reassuring and explained everything really clearly. Many thanks -you are all amazing!”

Complaints Data

Between 1 April and 12 November 2025, a total of 731 complaints have been received. This is a 2% increase from the same period last year. 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

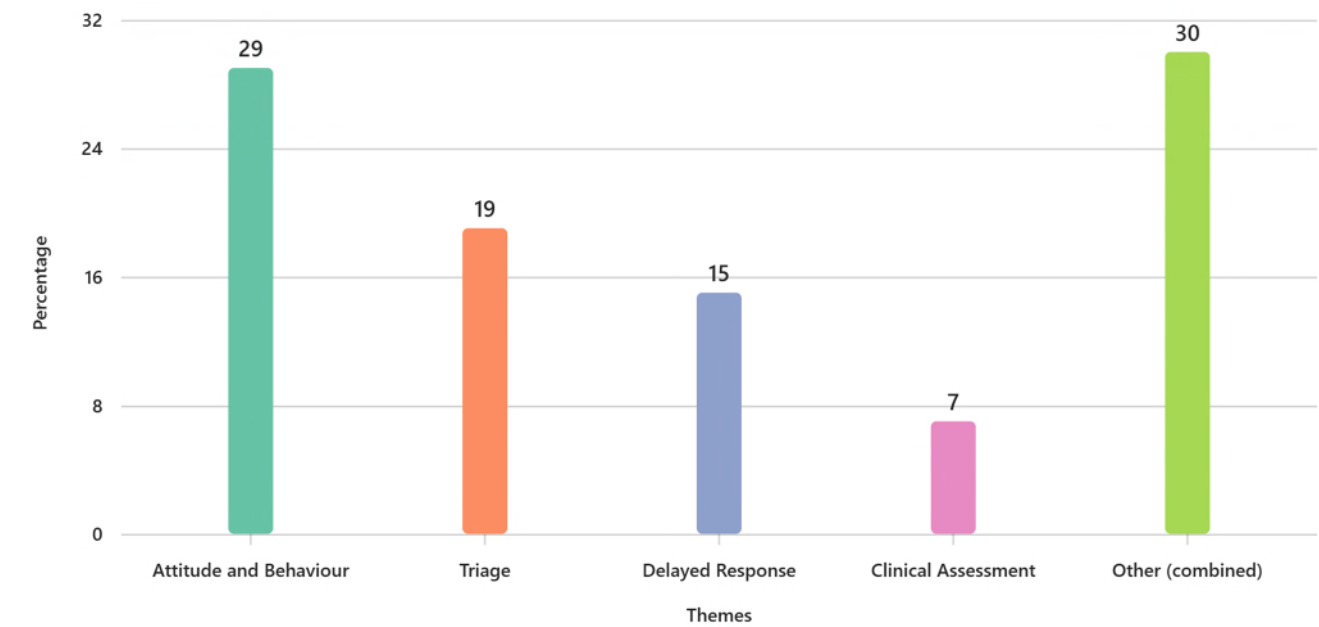


Figure 2: Top Complaint Themes 1 April – 12th November 2025

Of the 731 complaints received, the four most common themes are:

1. Attitude and Behaviour – 224 complaints (29% of the total, a decrease of 3.59% since the last paper)
2. Triage– 144 complaints (19% of the total which is a decrease of 4% from the last paper)
3. Delayed Response- 114 complaints (15% of the total, an increase of 5% since the last paper)
4. Clinical Assessment – 58 complaints (7% of the total which is a decrease of 2% since the last 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 – 10th Oct 2025)

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.

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	132	133	99.2%	0
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	20	22	90.9%	0
East Region	0	71	71	100.0%	0
West Region	10	61	71	85.9%	3
Total	15	298	313		3
Compliance	95.2%				

Figure 3 Compliance rates for stage 1 complaints

Figure 3 shows SAS compliance at 95.2%, which is a slight increase on the previous paper (94.2%) and well above the government target of 70%.

Stage 2 Complaints (1 April – 10th October 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.

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	108	109	99.1%	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	5	9	55.6%	0
North Region	3	9	12	75.0%	0
East Region	1	40	41	97.6%	0
West Region	10	20	25	80.0%	5
Total	20	186	206		5
Compliance	90.3%				

Figure 4 – Stage 2 complaints

Figure 4 shows SAS is sitting at a compliance rate of **90.3%** which is well above the government target of 70% and a slight increase from the **last paper (90.1%)**. 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.

Complaint Case Study

Complaint Summary

Stage 1 complaint under NHS CHP regarding crew attitude and behaviour during an emergency transfer. Concerns centred on communication style and perceived lack of dignity for the patient.

Key Issues Raised

- Abrupt questioning and comments perceived as lacking empathy.
- Patient transferred without full clothing, causing distress and perceived loss of dignity.
- Emotional impact as this was the last interaction with the patient.

Desired Outcome from complainant

Staff member to be spoken to around empathy, dignity and respect.

Action Taken

- Complaint acknowledged within five days; apology issued.
- Crew participated in reflection session focusing on human factors and communication.
- Clinical reasoning explained: prioritisation of time-critical care.
- Complainant accepted apology and agreed closure.

Learning

- Reinforce dignity and communication standards during urgent transfers.
- Continue human factors training for all staff.

You Said / We Did

You Said	We Did
Lack of empathy and abrupt communication.	Apology issued; crew attended reflection session.
Concerns about dignity during transfer.	Reinforced dignity protocols during urgent transfers.
Emotional distress during last interaction.	Reassured complainant; explained clinical priorities.

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 12 Nov 2025, 242 stories were posted on Care Opinion relating to the Service with a 96% responsiveness rating. These stories have been viewed 40,739 times.

Of the 242 posts, 74% were positive or neutral in tone and 16% were minimally/mildly critical. It should be noted that whilst the remaining 11% 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 a Care opinion feedback submitted by a patient that has been viewed 490 times.

" They didn't give up "

About: Scottish Ambulance Service / Emergency Ambulance

Posted by Rockpool (as the patient), last month

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 7 open cases and 13 closed cases.

Of the 13 that have been assessed by the SPSO, 11 cases have not been upheld and 2 cases have been upheld. Of the cases upheld one related to delayed response and another was failure to take a patient to hospital. Letters of apology have been sent to both complainants along 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
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 / 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	Provisionally upheld	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
17874	202506572	01/10/2025	Staff conduct	Part Upheld	Under review	na	na	na	Open
18901	202506933	01/10/2025	PTS Eligibility	Not upheld	Under review	na	na	na	Open
Datix 14232	202403835	01/10/2025	Clinical Assessment/Triage	Withdrawn	Re-opened and under review	na	na	na	Open

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. The details of the Promise update was recently reported at the Clinical Governance Committee.

Staywise

We continue to work in partnership with Scottish Fire and Rescue Service colleagues to develop a shared education website designed to give teachers and young people accurate, up-to-date information about Scotland's emergency services. This supports our commitments under the UNCRC (Incorporation) (Scotland) Act 2024, Learning for Sustainability Strategy, and Youth Engagement Framework, ensuring that children and young people have accessible, reliable information about public safety and emergency response.

Southside station development engagement

Engagement activity continues in the Govanhill area of Glasgow, where we are working with local communities around the redevelopment of the South Side Ambulance Station. This reflects our duties under the Community Empowerment (Scotland) Act 2015 and Public Sector Equality Duty, ensuring that redevelopment plans consider local voices, accessibility, and community wellbeing.

Disabled persons internship

We are also progressing our internship partnership with Inclusion Scotland, with the aim of recruiting a new intern early in the new year. The Inclusion Scotland internship programme is a national initiative that places disabled graduates into paid work placements across public sector organisations. Our participation reflects our commitment to inclusive employment, equality of opportunity, and the Fair Work and Disability.

Patient representation

We continue to recruit and engage with Patient Representatives, both to expand representation across governance committees and to strengthen how lived experience informs service development and decision-making. We are working with Healthcare Improvement Scotland (HIS) to ensure that our processes for recruitment, training, and support meet national standards for participation and go further to set new benchmarks for good practice.