



**Scottish
Ambulance
Service**

Working in Partnership with Universities



Public Board Meeting

30 September 2026

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 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 31st August 2026, a total of 448 compliments were received • Complaint rates remain steady with an overall total of 447 complaints for the same period. • Stage 1 and 2 complaint response targets have been exceeded. • There are currently seven open case and 9 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.



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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 2026 and 31 August 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

Overall, patient experience indicators remain stable during the reporting period. Complaint volumes have remained consistent with previous reporting periods, compliance with national complaints handling standards continues to exceed target, positive feedback remains high and no SPSO cases concluded during the reporting period were upheld. Collectively, these findings suggest that while opportunities for improvement remain, the Service continues to respond effectively to patient feedback and is using learning from complaints and compliments to support ongoing quality improvement.

Doc: 2026-09-30 Person Centred Care Update	Page 3	Author: Patient Experience Manager
Date 2026-09-30	Version 0.1	Review Date: November 2026

Feedback analysis

Overview of activity

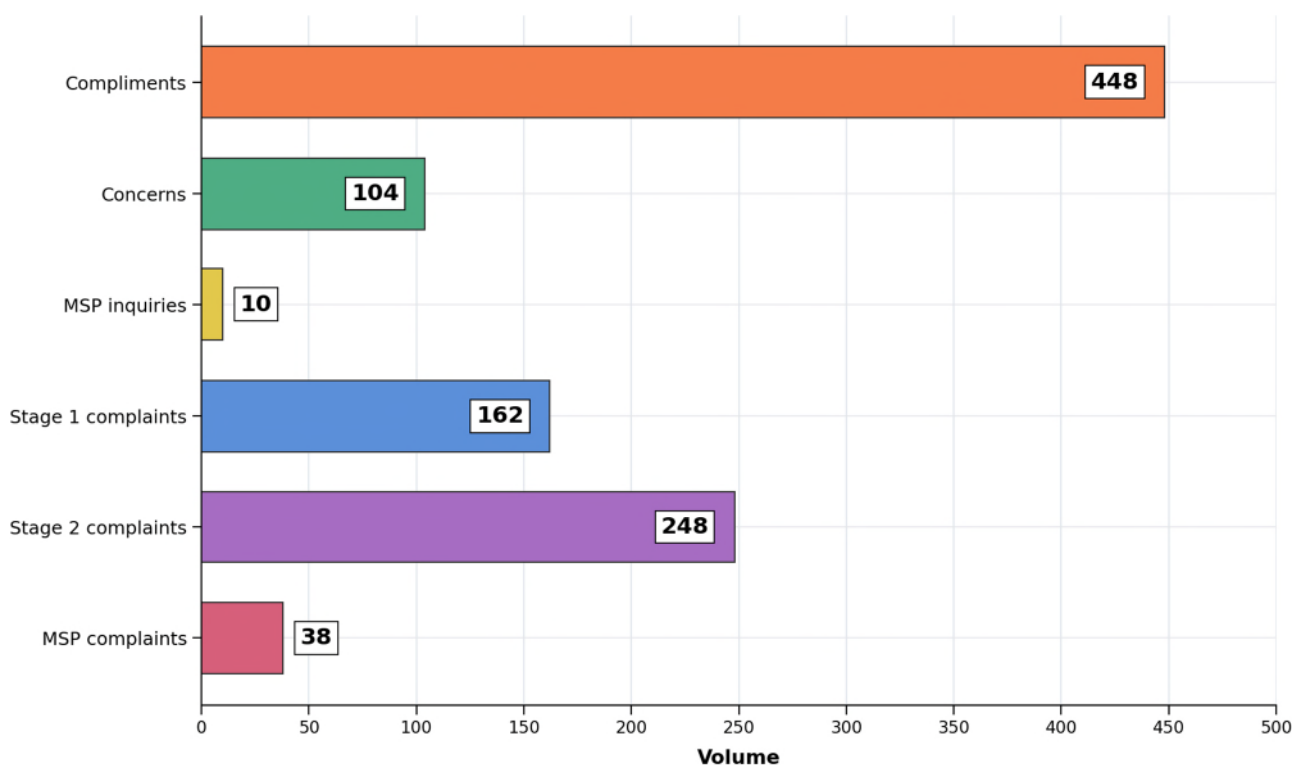


Figure 1. Volumes and breakdown of patient feedback received (1 April 2026 – 31st August 2026). During the reporting period, 447 complaints and 448 compliments were recorded, alongside 104 concerns and 10 MSP enquiries.

Compliments

Compliments received from sources other than social media are logged and actioned on the In Phase system. During the reporting period, 448 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.

"I would like to express my heartfelt thanks and appreciation to the two ambulance staff who attended my home after I had a fall and took me to hospital. From the moment they arrived, they were absolutely wonderful. They treated me with such kindness, care, compassion and respect, and immediately made me feel that I was in safe hands. At a time when I was in pain and feeling vulnerable, their calm and reassuring manner made such a difference. Their care didn't stop once we reached the hospital. They continued to look after me and made sure I was comfortable and cared for throughout. I genuinely could not have asked for two kinder or more caring people to have helped me that day. Unfortunately, I did not get their names, but I very much hope this compliment can be passed on to them. They are a credit to the Scottish Ambulance Service, and I would like them to know just how much their kindness and excellent care meant to me. Please pass on my sincere thanks and appreciation to them both. I will always be very grateful for the way they looked after me."

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 August 2026, 157 stories were posted on Care Opinion relating to the Service with a 100% per cent responsiveness rating. These stories have been viewed 20,096 times.

Of the 157 posts, 78 per cent were positive or neutral in tone and 14 per cent were minimally/mildly critical. It should be noted that whilst the remaining 8% were moderately or 1% 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.

Doc: 2026-09-30 Person Centred Care Update	Page 5	Author: Patient Experience Manager
Date 2026-09-30	Version 0.1	Review Date: November 2026



Care Opinion
 What's your story?

 Accessibility

Welcome **Marie**
 Your stories Log out

Share your experiences of UK health and care services, *good or bad*.
 We pass your stories to the right people to make a difference.

[Home](#)
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Search for stories about... 
 eg Leeds General Infirmary, heart surgery, dementia, S3 8EN

" Outstanding service and care "



STORY HAS A RESPONSE



This story has had a response

About: Scottish Ambulance Service / Emergency Ambulance


 Posted by *Eileend11* (as a relative), last week

My husband took unwell with chest pain at our local school where he had gone to collect our grandson. He became unwell and school staff called for an ambulance. Ambulance arrived very quickly and the care shown by Alan (from Motherwell depot) and Paul (from Hamilton depot) was exceptional. They both immediately made us feel like we were in professional hands - people who knew what they were doing. They ensured both throughout the journey to hospital and the short wait outside that we were keep fully appraised of the situation but continued to ensure that my husband was comfortable and as pain free as possible. Thank you so much for your exceptional service and support - they were outstanding.



Story summary

What was good?

ambulance staff
 care
 compassion
 exceptional care
 kept informed
 professionalism
 quick arrival
 support

How did you feel?

cared for
 comfortable
 in safe hands
 reassured
 thanks

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

Doc: 2026-09-30 Person Centred Care Update	Page 6	Author: Patient Experience Manager
Date 2026-09-30	Version 0.1	Review Date: November 2026

Complaints Data

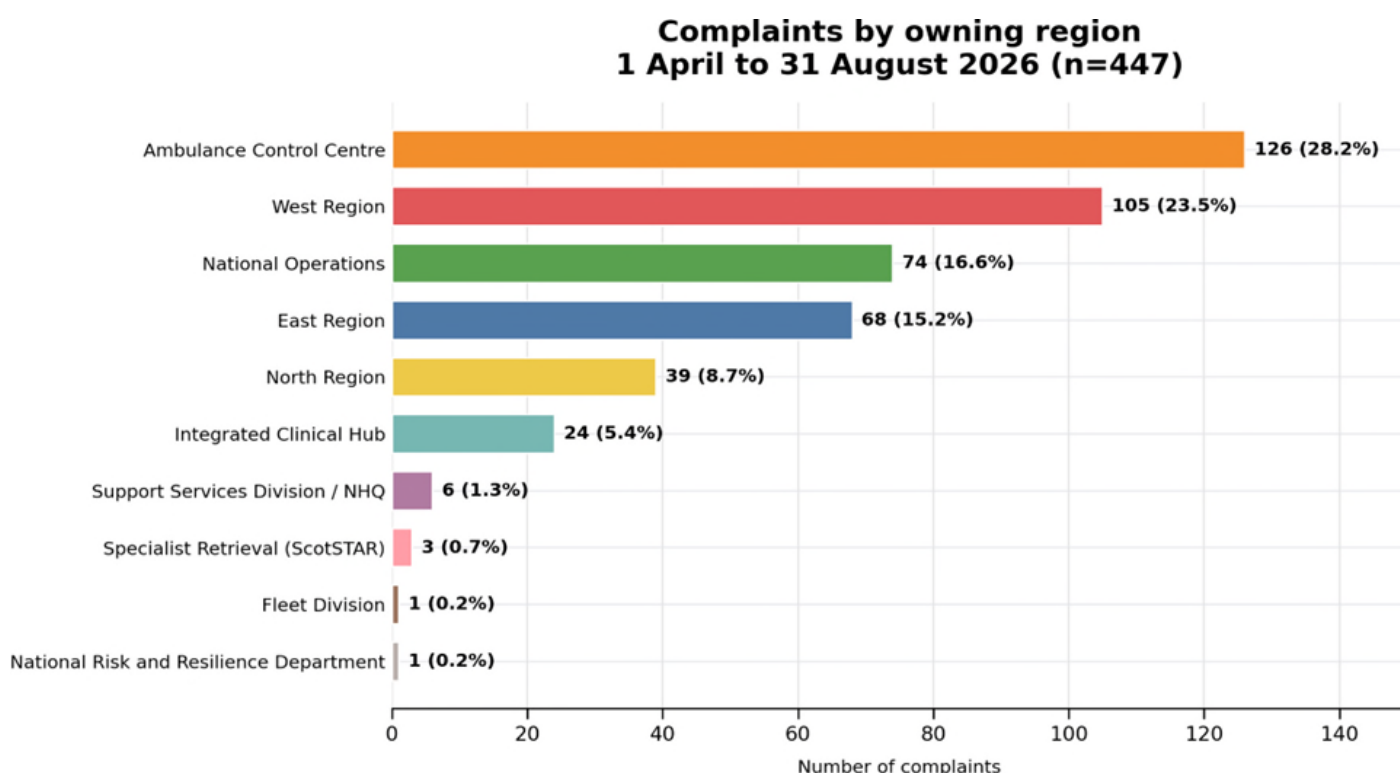


Figure 1. Complaints data per region

Between 1 April 2026 and 31 August 2026, a total of 447 complaints have been received. The majority of complaints are owned by Ambulance Control Centre (28 per cent) followed by West Region (23 per cent), National Operations (17 per cent) and East Region (15 per cent).

THEMES AND INSIGHTS

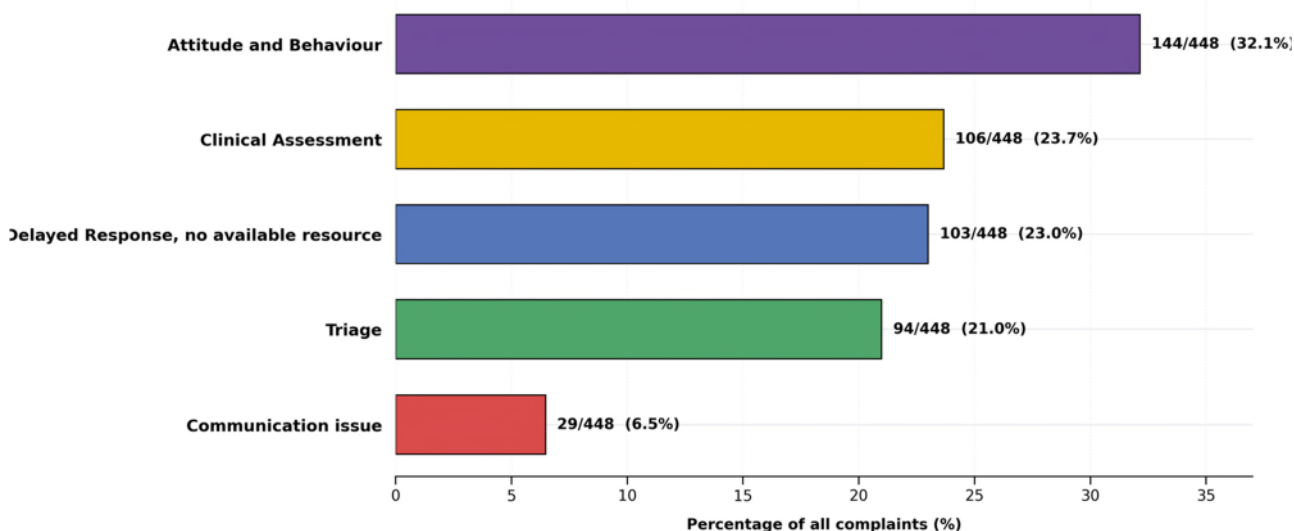


Figure 2. Five most frequently recorded complaint themes, 1 April to 31 August 2026

The most frequently recorded complaint theme was Attitude and Behaviour, associated with 32% of complaints. This was followed by Clinical Assessment at 24%, delayed response due to no available resource at 23%, Triage at 21% and communication issues at 7%. Attitude and

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

A further 22 themes accounted for 146 additional theme recordings. 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%.

As these figures cover the first five months of the reporting year, the volumes are expected to increase as further months are added. The relative distribution of complaint themes will continue to be monitored for any emerging changes.

Update: Joint Review of Attitude and Behaviour Complaints

Work on the review of Attitude and Behaviour complaints continued during the reporting period. Engagement with operational and senior leaders has helped strengthen the evidence base and identify factors that may influence patient experience across different service areas.

The next phase will focus on translating the findings into practical learning and improvement resources, including anonymised case studies and reflective materials to support communication, empathy and person-centred care. Further engagement will help ensure that the resulting actions are relevant, proportionate and capable of being embedded within existing quality improvement and workforce development arrangements.

Complaints Compliance

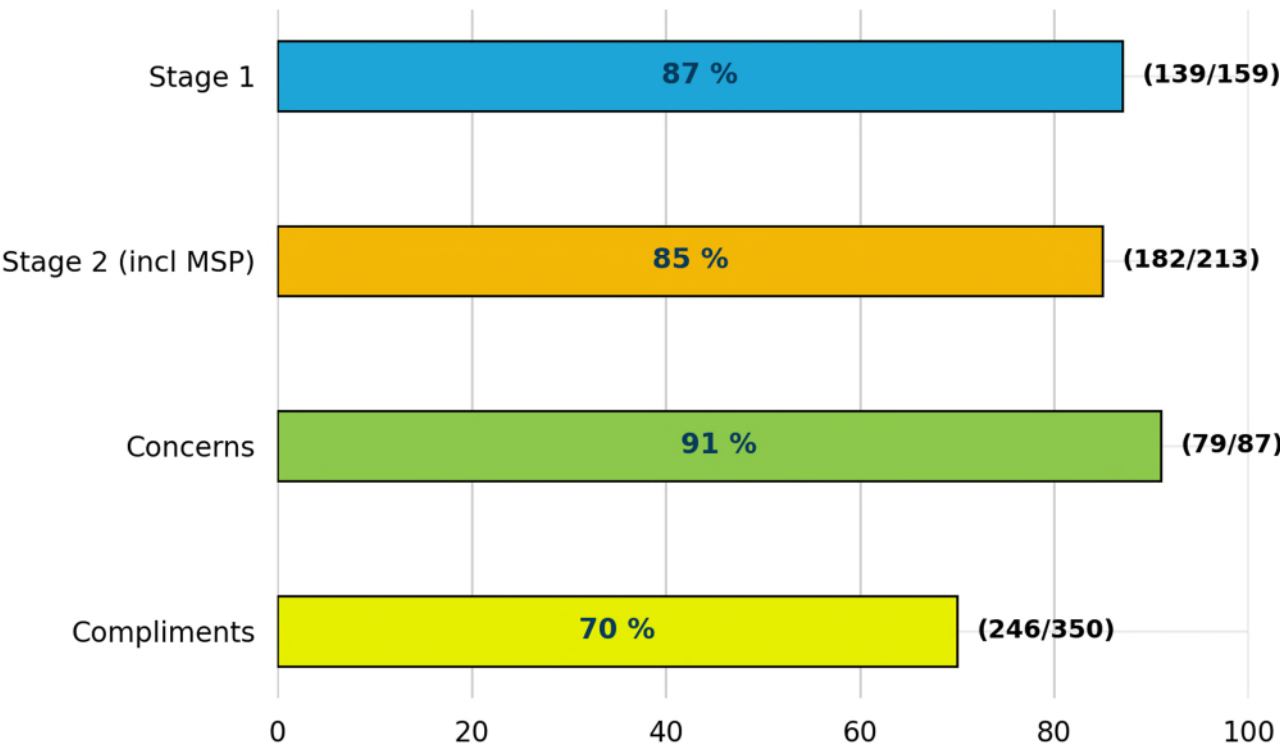


Figure 3. Current Compliance Rates by Feedback Type

Compliance calculations include cases with a response due during the reporting period. Consequently, the denominators differ from the overall volumes received. For reporting purposes, MSP complaints are included within Stage 2 timeliness metrics.

Stage 1 Complaints (1 April 2026 – 31 August 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 159 Stage 1 complaint responses were due during the reporting period. Of these, 139 were responded to within the required timescale, giving a compliance rate of 87%, which is well above the national performance standard of 70%.

Stage 2 Complaints (1 April 2026 – 31 August 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. A total of 213 Stage 2 complaint (including MSP) responses were due during the reporting period. Of these, 182 were responded to within the required timescale, giving a compliance rate of 85%, 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 between 1 April and 31 August 2026. At the end of the reporting period, seven cases remained open and awaiting an SPSO decision. Nine cases were concluded during the period. One earlier upheld case has also been included because an associated recommendation remained ongoing at 31 August 2026.

Of the nine cases concluded during the reporting period, seven were not upheld by the SPSO and two 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.

Doc: 2026-09-30 Person Centred Care Update	Page 9	Author: Patient Experience Manager
Date 2026-09-30	Version 0.1	Review Date: November 2026

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.

Doc: 2026-09-30 Person Centred Care Update	Page 10	Author: Patient Experience Manager
Date 2026-09-30	Version 0.1	Review Date: November 2026

SPSO cases reported for 1 April to 31 August 2026

InPhase or Datix reference	SPSO reference	SPSO review began	Complaint theme	SAS decision	SPSO decision or route	Recommendations or action	Target or completion date	Current Position
21151	202605700	13 August 2026	Triage and delayed response due to no available resource	Upheld	Awaiting decision	Awaiting review	Not applicable	Open
13470 and 20510	202605564	25 August 2026	Patient not conveyed, delayed response and triage	Part upheld and not upheld across linked records	Awaiting decision	Awaiting review	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	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	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	Awaiting decision	Awaiting review	Not applicable	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	Recorded as closed on 27 August 2026, subject to reconciliation of the linked records
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	Closed 6 th August 2026
16481 and 16557	202410343	16 July 2025	Delayed responses	Upheld	Upheld	Apology provided, learning shared and work progressing through the HCP booking line workstream	Target date 26 January 2026	Ongoing recommendation at 31 August 2026

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 31 August 2026. Repeated complaint subjects relating to the same SPSO reference have been combined into a single case entry.

Involving People

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. Discussions have also begun with colleagues in Unscheduled Care to explore opportunities for a more consistent approach across the Service. This early engagement provides an opportunity to align both approaches, reduce duplication and support greater consistency across the Service. 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 SAS 2030 Strategy.

The 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.

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.

The 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 SAS 2030 Strategy.