

## SPSO decision report

**Case:** 202102932, Scottish Ambulance Service  
**Sector:** Health  
**Subject:** Failure to send ambulance / delay in sending ambulance  
**Decision:** upheld, no recommendations

### Summary

C's elderly parent (A) had recently been discharged from hospital where they had been treated with antibiotics for a urinary tract infection. However, A continued to experience nausea and vomiting along with hallucinations and A's GP requested an ambulance be provided for A within one hour. Although the Scottish Ambulance Service (SAS) made a number of calls to A's home to check on them, no ambulance attended. A's condition deteriorated throughout the day and C called to request an ambulance again. However, no ambulance attended and an out of hours GP subsequently requested an urgent ambulance for A. An ambulance later arrived and A was assessed as having had a possible heart attack and received treatment from the ambulance crew before being taken to hospital.

C complained about the length of time it took for an ambulance to attend A. C considered that SAS did not recognise the severity of A's condition or the damage to A's heart and that they failed to appropriately prioritise an ambulance for A, unreasonably delaying their treatment.

SAS acknowledged that the delay to an ambulance being provided for A had been unreasonable, explained the particular challenges that they had faced on the specific day in relation to frontline staffing, service demand and hospital admission capacity, outlined the steps they were taking to prevent recurrence and apologised for A's experience.

We took independent advice from a paramedic adviser. We found that there was opportunity for the board to take further steps to prevent recurrence. The information the board provided in response to this indicated that improvements are taking place. After careful consideration, we upheld the complaint given the delay that the board have already accepted and apologised for. The steps that the board had taken and are taking since are reasonable and we made no further recommendations.