

Annual Report

Feedback, Comments, Concerns and Complaints

2014-15

**Contents**

**Page Number**

Introduction

Encouraging and Gathering Feedback

Encouraging and Handling Complaints

Building a Culture of Learning from Feedback, Comments, Concerns and Complaints

Improving the Patient Experience

Accountability and Governance

## Introduction

The Scottish Ambulance Service is well into a journey of transformational change, which has further increased the focus of its staff, its systems, processes and governance structures on providing patients with safe, effective, person-centred care.

During this reporting period, the Service reviewed progress towards its strategic objectives, which support the Scottish Government's 2020 vision, to keep patients well at home or in a homely setting. We launched our refreshed strategy: "Towards 2020: Taking Care to the Patient" in February 2015. Preparations for the strategy refresh included engagement with a range of stakeholders through a number of channels, including a widely distributed discussion document, and took account of views from patients and their carers. This was achieved by specific projects which explored how patients felt about our "See and Treat" and "Hear and Treat" protocols, which will keep more patients at home, where it is safe to do so. In addition, regular reviews of feedback, including comments, concerns, complaints and compliments were shared at key meetings and forums to monitor feedback trends, mitigating actions and to inform strategic direction.

The key areas of strategic focus are:

- Transition to our new clinical model
- Development of our future workforce
- Investment in innovation and technology
- Safety and person-centeredness.

We are committed to continuous improvement in the care experience of our patients, by encouraging feedback through comments, compliments, concerns and complaints, as well as proactive patient and carer involvement and engagement.

We also recognise that more people are able to access digital channels, which offers us an opportunity to work across the public sector to broaden patient and public inclusion across Scotland's remote, rural, island and urban communities, and across a wider range of patient groups.

## Encouraging and Gathering Feedback

In the course of 2014/15 we used a number of channels to encourage and gather feedback including Patient Opinion, focus groups, public meetings, Twitter and Facebook. We are pleased to report that there has been increased feedback reported through these concerted efforts and we actively use the feedback to develop our practices.

In the 2014/15 reporting period the Scottish Ambulance Service had contact with approximately 2,000,000 patients through our Ambulance Control Centres (ACCs), our Patient Transport Service and our Accident and Emergency services provided through land and air and Special Operations resources. We received 529 complaints and 514 concerns, meaning patients or carers were prompted to share care experiences which fell below standard in 0.052% of cases. While this is a small percentage of all the patients whom we cared for, we recognise that we need to get it right for every patient, every time.

65.5% of complaints and 71% of concerns were managed within 20 days. The number of complaints and concerns increased on the previous year, by 12%, and 30%, respectively. Complaints compliance exceeded the 70% standard between April and December 2014. At the beginning of 2015, compliance slipped below the 70% standard. This was during a period when demand on resources has been even greater than anticipated. While increased involvement of Operations Managers in the handling of complaints and concerns is promoting organisational learning, this also means that when the Service is under pressure, there are challenges in completing the complaints review and investigation process within 20 days and to a high standard. That said, the Scottish Ambulance Service improved complaints compliance from 63.6% to 65.2%<sup>1</sup> of complaints responded to within 20 days, while managing a 15% increase in complaints and a 30% increase in concerns.

The increase in patient feedback has been encouraged by a number of factors, including a change of practice, where local Operations Managers call the person who has shared a complaint or a concern to discuss the issues they have raised. A key message in this conversation is that we welcome all kinds of feedback to help improve the care experience of our patients.

In the same period, there were 56 posts about care from the Scottish Ambulance Service on the Patient Opinion website. 29 posts related to a positive care experience, with 27 describing care which fell below expected standards. Each post generated an average of 559 “reads” and 31,287 “reads” in total. These posts received a prompt, open and honest response, demonstrating that the Scottish Ambulance Service listens and responds to feedback. Two members of staff who regularly respond to posts were nominated as PO Hero for the quality of responses, commitment to demonstrating impact and speed of response. We have also made and promoted a short film which highlights the benefits of feedback, specifically in relation to Patient Opinion, which is featured on our digital channels and at patient, public and stakeholder events.

Following a meeting with the Patient Advice and Support Service (PASS,) a review of communications channels and materials highlighted opportunities to encourage feedback. In addition to featuring information about PASS on the Service’s digital channels, information on how to provide feedback directly to the Scottish Ambulance Service, or through PASS, is being added to

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<sup>1</sup> This figure is still to be validated by ISD.

patient literature which is given to patients who are attended by Accident and Emergency crews, and on examination, do not require to be conveyed by ambulance for admission to hospital. Signposting how to give feedback directly or with the support of PASS will be particularly helpful in monitoring the experience of those patients whom we are able to keep at home, with appropriate arrangements in place.

Reports on the patient experience are regularly shared and discussed at a range of key meetings, including:

- the Clinical Governance Committee, which is chaired by a non-Executive Director
- the Patient Focus Public Involvement Steering Group
- the Scottish Ambulance Service Board meeting.

Patient and Public Representatives are members of key committees and Groups which oversee the patient experience and are responsible for service development. These include:

- The PFPI Steering Group
- The Mobile Communications and Telehealth Board
- The Clinical Governance Group and the Clinical Governance Committee.

#### Encouraging and Handling Feedback

Over the last few years, Operations Managers have become more directly involved in handling complaints and concerns, supported by national systems and processes. This has promoted organisational learning at local level through local manager accountability for actions in response to areas for improvement. This could take the form of staff training, increasing awareness of a policy or procedure or greater partnership working across health and social care to improve a local care pathway. By the same token, this frees up the central Patient Experience function to take a more strategic approach to patient feedback, through the early identification of trends and through enhancing systems and processes which enable cross referencing of data gathered through complaints and Significant Adverse Events, SPSO cases and Fatal Accident Inquiries. There is more work to be done here, but further investment in our bespoke complaints handling system, Viewpoint, will help us better understand root causes of serious complaints and Significant Adverse Events. We will achieve this by comparing information held centrally on this system.

During 2014/15, we focused on both the speed and quality of response to complaints and concerns. In support of this aim, the Complaints Officer role was reviewed and replaced with a Patient Experience Manager. This is now a clinical role, with an expanded remit. This has enabled the Service to identify any serious clinical issues quickly at the beginning of the complaints process and to enhance quality assurance arrangements for completed complaints investigations and reviews, before they are shared with the Chief Executive, who responds to every complainant.

Furthermore, there were no Investigation Reports for complaints sent to the Scottish Public Services Ombudsman (SPSO) in 2014-15. There were also fewer decision reports where complaints have been upheld, or with some elements of the complaint upheld. This shows that the quality of complaints handling is improving, despite an increase in the volume of complaints and concerns.

## SPSO Investigation and Decision Reports 2013/14 and 2014/15

Investigation Reports		
2013 – 2014		
One report laid before Parliament.		
2014 - 2015		
No investigation reports carried out.		
Decision Reports		
Upheld	Some Upheld	Not Upheld
2013 – 2014		
2	2	1
2014-2015		
2	1	4

Ongoing improvements to the bespoke complaints handling system, Viewpoint and investing in complaints handling training for Operational Managers with continued focus at local and national level on completing actions in response to complaints and concerns, will help further improve complaints compliance.

We also recognise that it is important to learn from positive experiences shared by our patients and their carers. The Service's Patient Experience Manager and a cardiac patient featured in learning resources developed by NHS National Education Scotland (NES) to promote learning from the full spectrum of feedback, from areas for improvement to positive experiences. In this example, the patient shared positive feedback about being taken to a hospital with specialist cardiac services, rather than his local hospital. Staff at the specialist receiving unit had been pre-alerted by the Accident and Emergency ambulance crew, who had shared information about the patient's cardiac symptoms prior to his arrival, so the next steps in his emergency care pathway could be provided immediately, helping save his life.

## Building a Culture of Learning from Feedback, Comments, Concerns and Complaints

Organisational reporting on concerns and complaints continued to include compliance data, with increased focus on feedback trends and mitigating action. The most significant trend for this reporting period was in relation to complaints and concerns about staff attitude and behaviour, as it has been in previous years. On the other hand, staff attitude and behaviour are also the most common reasons for compliments about the Scottish Ambulance Service.

In recognition that greater support for our managers to enable them to manage and support their staff, we launched the Delivering Future Leaders and Managers (DFLM) programme in 2013. This programme is helping Area Service Managers and Team Leaders across the Scottish Ambulance Service free up time for people management, helping embed the NHS Scotland values and promoting safe, effective, person-centred care. As the leadership and management development work from this programme has begun to embed across the Service, we have started to see a decrease in complaints and concerns relating to staff attitude and behaviour.

The Chief Executive continues to feature a compliment about patient care in each of her weekly bulletins, and the staff recognition and award events are now a popular annual event, which highlight exceptional patient care. The events are featured across a range of internal communications channels to sustain focus on high quality patient care.

We continue to participate in the Person-centred Health and Care (PCH&C) Collaborative, and have progressed the PCH&C agenda. For example, a member of the transgender community, who has shared both positive and negative experiences in relation to their care experience; and a member of the deafblind community have both been involved in developing and delivering part of the Paramedic curriculum at the Scottish Ambulance Academy. A paper was shared with the Service's Clinical Governance Committee which reviewed the value of patient involvement in the education and training of Accident and Emergency staff. This confirmed that there are a number of benefits in this activity. Students confirmed that they valued the opportunity to build their understanding of patient needs first hand. The report has recommended ongoing patient involvement at the Scottish Ambulance Academy.

In response to complaints from wheelchair users who required an Accident and Emergency (A&E) ambulance response, a group of wheelchair users have been invited to a Fleet Development Day, where they will meet with frontline staff, have a look around A&E ambulances, and be invited to share their views on how best to accommodate the needs of wheelchair users. This feedback will help develop the tender specification for the next generation of A&E ambulances.

## Improving the Patient Experience

Trend analysis of complaints is shared with the Clinical Governance Committee and through the Person-centred programme, e.g. at the Patient Focused Public Involvement (PFPI) Steering Group.

As described above, programmes such as Delivering Future Leaders and Managers (DFLM) are addressing themes from complaints and concerns about staff attitude and behaviour. In the second half of this reporting period, complaints of this kind had begun to decrease, suggesting that the support for Area Service Managers and Team Leaders which is enabling them to give more time to managing their staff, is helping reduced these types of complaints.

Ongoing analysis of patient and carer feedback identified that between January and March 2015, a trend emerged in complaints and concerns which related to frail, elderly patients who were vulnerable through dementia, or were living alone, or with an elderly carer. In most cases, the Service informed the patient or carer of the delay, and, where appropriate, advised the patient's GP. This was not a consistent experience for patients, however, which may have caused additional distress when the ambulance did not arrive when expected. In a few cases, where a GP had requested an ambulance response within a one, two or four hour window, patients had not understood that the time-frame made by the requesting physician would mean that an ambulance was not coming immediately.

Our Patient Experience Manager will work with our Clinical Governance Manager and National Public Protection Lead to review these complaints in more detail to ascertain the impact of delayed responses, particularly on our more vulnerable patients. This work will identify changes which could either avoid a delayed response to these patients, or mitigate the impact of a delay. It will also explore opportunities to engage with partners, such as GPs, to improve communications with patients and their carers.

In addition, we now have five cohorts of Dementia Champions across the Service, with a wider roll-out of this programme in 2015/16. 10 staff members have been enrolled onto the final cohort of Dementia Champion training, which commences in April 2015, leading to qualification at the end of the year. This group will then join our already established group of Dementia Champions, promoting dementia awareness across the Service. These Champions will commence the delivery of continuing professional development (CPD) sessions at local stations across the country. This will complement a recently published dementia learning resource, through an interactive session which will give staff the opportunity to think about areas such as communication, challenges dementia patients may have, delirium and the Abbey Pain Scale, which helps assess pain in patients who are not able to verbalise.

This work is complemented by an alternative programme being trialled through the University of Stirling: "Best Practice in Dementia Care." The Best Practice programme is a nationally recognised programme for health and care staff, covering areas such as patient-centred care, communication and legal aspects. The Service now has one trained facilitator, who will cascade this programme to staff in our South West Division, with an additional facilitator joining in June 2015 for our East Central Division.

We also continue to undertake proactive gathering of patient and public feedback. This has supported the development of our refreshed strategy: "Towards: Taking Care the Patient." Working in partnership with the Scottish Health Council (SHC), we held a range of focus groups in remote, rural, island and urban communities, seeking views from patients and members of the public from a range of life stages, including primary school children, as well as members of the Black, Asian and Minority Ethnic (BAME) community. SHC provided a report on the feedback and views gathered in relation to "Hear and Treat" and See and Treat" protocols, which would help avoid unnecessary hospital attendance, by keeping patients at home, when it is clinically safe to do so. The feedback highlighted that most people were supportive of being able to stay at home, with appropriate support in place, but the Service would need to pay particular attention to how they communicated this approach with patients and with their carers.

At the beginning of 2015, the Service also joined the National Ambulance Service Patient Experience Group (NASPEG.) It is anticipated that membership of NASPEG will promote organisational learning and support benchmarking activity in relation to complaints and concerns.

## Accountability and Governance

Our bespoke complaints handling system, Viewpoint, enables all complaints and concerns to be logged and tracked while each piece of feedback is managed. This includes tracking where each piece of feedback is within the 20-day window, with a flag to the responsible manager highlighting where the 20-day period is about to be exceeded. Remedial actions in response to complaints and concerns are also monitored on Viewpoint, to help ensure follow up actions are completed.

Weekly complaints reports are provided to the Chief Executive, with more detailed reports, with trend analysis and mitigating actions shared at the Clinical Governance Committee and the Scottish Ambulance Service Board meetings. The Clinical Governance Committee is chaired by a non-Executive Board member.

The Patient Experience Manager and Head of Corporate Affairs and Engagement are members of the Significant Adverse Event Review (SAER) Group. Both have completed Root Cause Analysis training, and work closely with the Medical Directorate. Part of the system and process enhancements planned for our bespoke complaints handling system Viewpoint, includes evolving the system to manage SAERs and promote cross-referencing of themes from complaints, concerns and SAERs.

While complaints and concerns are co-ordinated and reported centrally, complaints handling is managed in Operations. Operations colleagues are finding that a prompt phone call to the complainant is positively received by the person who has contacted the Service about their care experience. One Division makes a point of calling complainants for whom the complaint has not been upheld, to explain the reason for this, before the formal response letter arrives with them. Feedback from complainants is that this extra step in the process is helpful. Increased informal contact with complainants, which is often leading to earlier resolution of issues, may be increasing the volume of feedback which is being received as a concern, rather than a complaint. Both complaints and concerns are logged and managed in the same way, and have the same reporting facilities, including compliance and trend analysis. This enables the central complaints handling function in the Corporate Affairs and Engagement to monitor and report on the national and local patient experience.

As we strive to improve our approach to understanding and improving the care experience of our patients, Non-Executive Directors have been more involved in identifying options to broaden engagement with patients and the public. Non-Executive Board members participated in our joint annual PFPI workshop with the Scottish Health Council in November 2014. They joined patient and public representatives, Service staff, and key stakeholders, including colleagues from other NHS Boards. The workshops identified opportunities to use digital technology to reach a wider range of patient and community groups who don't routinely contact us about their care experience or feed into service development activity. Digital inclusion is a key area of focus for 2015/16 gathering more information on the patient experience in 2015/16.

In addition, the Service has participated in discussions about the Stronger Voice programme, which is being designed to strengthen the voice of service users and the public in health and social care. We look forward to further participation in the programme as it takes shape, and supports patients of the Scottish Ambulance Service, within a whole system approach to patient care.