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"Care & Support of staff during heart scare"

About: Scottish Ambulance Service, Queen Elizabeth University Hospital, Glasgow / Heart conditions

Posted by Henrie (the patient) 6 months ago

I called into my GP practice experiencing left arm pain which went up into my neck and jaw. The locum GP that I saw was extremely reassuring whilst explaining that the symptoms needed to be checked out more fully and that she would call for an ambulance - which she did as well as administering aspirin to me. When the paramedics arrived (Fiona & Martin, I believe) they too were extremely calm and reassuring in their approach as they conducted an ECG before taking me to the Queen Elizabeth Hospital. The journey to hospital was made less fraught by the manner in which Fiona kept talking to me and explaining what was happening. After tests at the assessment unit, I was allowed home later the same day - I am to have further tests and cardiology appointment. I would just like to reiterate that was an extremely worrying and stressful experience was made easier to cope with by the professional and courteous behaviour of the GP and Paramedics who got me to hospital as well as the efficient treatment of the nursing staff once I got there.

THANK YOU!

Responses

Response from Martin Espinosa, Patient Experience Manager, Corporate Affairs and Engagement Department, Scottish Ambulance Service 6 months ago

Dear Henrie,

Thank you so much for sharing your story.

It must have been an extremely frightening experience for you and I am so pleased that the ambulance crew were able to put you at ease. Whilst the clinical skills of our staff are obviously extremely important, your story highlights the importance of positive, person-centred communication skills and the impact this can have.

I would really like to be able to pass on your thanks to Fiona and Martin but would need some more details about the call to be able to do this. If you were able to provide some more details, you can contact me on 0131 314 0003 or at martineisplosloadnhs.net

In the mean time, I am glad to hear that you are now receiving further tests and hope that all goes well with your cardiology appointment.

Thanks again for taking the time to share your experience.

Take care,

Martin.
1. Introduction

In February 2015, the Service launched its 2020 Strategy, which puts patients at the centre of our plans and service delivery as summarised in the driver diagram below.

We aim to improve patient experience, safety and outcomes through transforming the way we deliver services based on feedback from patients, staff and other stakeholders. We will save more lives through implementing new response models for those patients who are critically ill, such as cardiac arrest, stroke and trauma patients. We will improve outcomes for those patients who have underlying medical conditions, who are frail and/or have mental health needs by enhancing our triage arrangements, integrating our services with the wider health and social care system and developing local service models. We will support and develop our staff in clinical decision making and treatment skills.

We appreciate that the best way to develop and implement service change is to involve patients, carers, members of the public and Scottish Ambulance Service staff...
in this process, and to use the comments, concerns, complaints and compliments from patients and carers who are using our services, to demonstrate if the changes we make are actually improving the patient experience. Patient and carer feedback is also compared to data extracted from our Datix system. This is an electronic healthcare risk management application which is used by staff to report incidents, near misses and adverse events.

Over the last year, we have endeavoured to broaden patient understanding of how the Scottish Ambulance Service can help them, and where it fits into the wider health and social care system. Examples include our participation in awareness sessions for Syrian refugees in Glasgow, and in a programme of engagement in the Mull and Iona Health and Care Review, where local staff have engaged with communities as part of an engagement plan which was designed to involve local communities in the changes to the local health and social care system. Each of the five geographic divisions across Scotland has a Patient Focus Public Involvement (PFPI) lead, who is responsible for engagement with local communities to maintain their confidence in the Service and keep them up to date and involved in the changes we are making in order to deliver our 2020 strategy.

In addition, we have participated in the development of "Our Voice", which will help us reach a wider range of service users who can work with us to improve the patient experience. In March 2016, our PFPI Steering Group agreed a new approach to our governance framework, which will introduce tenure to the Steering Group membership to create more opportunities for participation in agreeing patient and public involvement priorities and in monitoring the effectiveness of these activities, as well as offering a wider range of opportunities for people in remote, rural, urban and island communities to become involved with the Scottish Ambulance Service, for example, through “virtual” subject-specific reference groups, who will be able to engage with the Service using digital technology, thereby avoiding the need to travel vast distances to meetings. As part of this review, our Quality Improvement Advisers from our Care Quality and Strategic Development Directorate will align to divisional PFPI leads to further embed a culture of participation and co-production of services.

2. Encouraging and Gathering Feedback

The Service continues to promote its feedback channels, and recognises that digital channels offer an increasing range of opportunities to hear what patients think is working well and what needs to be improved.

For example, in addition to local public involvement work, we used our digital channels to promote ways to participate in the National Conversation with people, service users, patients and carers across Scotland, to gather and share their views on the future of NHS and social care services as well as improving the health of the population.

During the year, there were 72 stories posted on the Patient Opinion website which related to the Scottish Ambulance Service. To date, these stories have been viewed 36,118 times. It is encouraging to see that issues which service users or their carers might be hesitant to feed back on a formal basis, for example in relation to mental health, are featuring in posts on Patient opinion. In addition, being able to respond promptly to the people who post their story, monitor if

1 - "Our Voice" is a participation framework which enables members of the public to become involved in improving health and social care services, empowering them to become equal partners in their care.
the response has been useful and to be able to post updates is evidence to other people who might be reluctant to share their experience that their feedback is valued and it does lead to change.

The two tables below show the volume of posts per month, and the level of criticality. Many posts describe a patient experience provided by multiple NHS healthcare partners. The criticality rating is an amalgamated rating and does not always reflect the care provided by every NHS Board named in the post. For example, only one of the four posts graded a criticality level of three and two of the posts graded a criticality level of four, were critical of the Scottish Ambulance Service. The remaining moderately or strongly critical posts were either not critical, or were positive about the care provided by the Scottish Ambulance Service. Where feedback was negative, the issues brought to our attention were lack of flexibility with the Patient Transport Service, immobilisation of a patient and moving and handling of a patient. The people posting these experiences were invited to contact the Patient Experience Manager so he could gather more information in order to review the care of each patient in more detail. 31 of 33 people who looked at the three strongly critical and four moderately critical posts graded the response from the Scottish Ambulance Service as helpful.

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"Spoken to abruptly and rudely"

I was really dismayed with the way in which I was spoken to by the young woman who answered my call when I rang to arrange transport for a hospital appointment. My wife has always come with me to the ophthalmology clinic appointments as I have aphthous ulcers and often have eye drops that affect my sight and sometimes have injections. I am terrified of injections and am a nervous wreck beforehand and even more of a wreck afterwards, having my wife with me helps to keep me calmer.

The woman who answered my call asked me, “What’s wrong with you anyway?” when I asked for my wife to come with me. She insisted that I could manage on my own, was very abrupt telling me I must be ready by 8:00 am on the day of the appointment and left me feeling very agitated.

I just do not feel confident that the transport was booked after the way I was spoken to.

Patient and staff stories: Moira. Click to view video.

Response from Martin Lupasio, Patient Experience Manager, Corporate Affairs and Engagement Department, Scottish Ambulance Service 3 months ago

Dear Pedestrian864,

I was extremely disappointed to read about your experience when trying to arrange ambulance transport.

Without knowing more details, it is difficult to know the reasons for what happened when you contacted our booking line on this occasion. What I can tell you is that we do have guidelines for people wishing to travel with the patient and do try to accommodate this whenever possible. There are some rare occasions where we simply have no room on the ambulance for an additional person and therefore sometimes we have to decline the request for an escort.

Whatever the reason, we should be able to communicate with everyone in a positive, professional and person-centred manner and I am extremely sorry that this does not appear to have happened on this occasion.

I am also concerned that you have stated that you are not sure if the transport was booked. Can I ask you to either re-contact our booking line to confirm this or if you wish, to contact me; I would happily do this for you.

You can contact me by telephone on 0131 314 0003 or at martinesposito@nhs.net.

Take care,

Martin.
In the course of 2015/16, the Scottish Ambulance Service dealt with 736,907 accident and emergency incidents and undertook 894,695 journeys for the Patient Transport Service.

This equates to 1,631,602 patient touchpoints. During the same period we received 505 complaints. The ratio of complaints to patient touchpoints was one in 3,231.

The comparisons by volume for 1 April 2014 - 31 March 2015 and 1 April 2015 – 31 March 2016 shows a 4.5% decrease in feedback received as a complaint, and a 52% increase in the volume of feedback received as a concern.

The increase in concerns as a preferred method of feedback has developed steadily over the course of the 2015/16 period and concerns about PTS cancellations in the West have been the area of greatest increase.
Top Five Complaint and Concern Themes 2015/16

The two Pareto² charts below highlight the most common themes from complaints and from concerns. These charts show us where we need to focus our improvement efforts to make the most impact.

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2 - The Pareto principle, also known as the 80/20 rule, is a theory maintaining that 80 percent of the output from a given situation or system is determined by 20 percent of the input.
The Pareto charts above highlight that the top three issues and hence the focus of our improvement actions in response to complaints and concerns, should be on attitude and behaviour, delayed response and cancellations. For the 2015/16 reporting period, attitude and behaviour features as the most common theme across both complaints and concerns (59 of 151 complaints and 151 of 783 concerns.) and this is a similar position to the previous year. A number of initiatives are in place to help address this, including the roll-out of iMatter and a review of the Developing Future Leaders and Managers (DFLM) programme, which is both developing management capability to help their team members learn from patient feedback and designed to free up manager capacity to spend more time with the staff who report to them. In addition, a campaign which highlighted the impact of alcohol misuse over the festive season not only highlighted the impact of alcohol misuse to the public, but demonstrated to staff that the Service was acting on the feedback they provided. The Service is working with Police Scotland and Scottish Fire and Rescue on a joint summer campaign which will highlight the impact of alcohol misuse on all three emergency services.

Complaints and concerns about the Patient Transport Service have increased year on year. The biggest rise has been in relation to cancellations (57 complaints and 158 concerns) Three issues are creating increasing pressure on PTS resources. The number of complex patients has increased: e.g. patients who require bariatric support. More patients are travelling further distances outwith their local Health Board area in order to receive specialist care. In addition, there has been an increase in patients who are calling on the day of their appointment to seek support from the Patient Transport Service. At this point, journey planning is completed, with little or no capacity to meet the needs of these patients. Having identified the increasing trend in complaints and concerns about cancellations of Patient Transport Service bookings, a capacity management plan was approved by the Scottish Ambulance Service Board in November 2015. The plan is in place and continues to be refined in order to focus Patient Transport Service resources on the patients with clinical and mobility needs, which should drive a reduction in complaints and concerns.

While complaints about clinical assessment are also to the left of the complaints Pareto chart, it is worth noting that complaints and concerns related to clinical assessment reduced during 2015/16. (48 complaints and 26 concerns in 2015/16 v 69 complaints and 20 concerns in 2014/15.) In the course of the year, there has been increased focus on learning from complaints and Significant Adverse Event Reviews (SAERs) with learning being shared across a range of staff communication channels. Anonymous case studies in Response magazine and webcasts on clinical care topics such as ECG Interpretation, Clinical Decision-making, Medicines Management, Stroke, Pre-hospital Paediatric Care and Out of Hospital Cardiac Arrest have been well-received by staff. There were over 2,500 views (i.e. devices such as PCs “signed in” to the webcast – so more than one member of staff may have been viewing on one device) across all of these topics in the course of 2015/16.

This year, the Service logged 566 compliments on Viewpoint. For those compliments where themes were logged, attitude and behaviour was the most common theme, followed by clinical skills, then teamwork. Examples of good practice are highlighted in the Chief Executive’s weekly bulletin, through local and national media, as well as through digital channels. The Service has also secured two spotlight sessions at this year’s national NHS event in June, offering an opportunity to showcase progress in stroke and cardiac care. Patient stories which highlight good patient experiences as well as areas for improvement are shared at Service Board meetings. These stories are filmed, often in the patient’s own home, and are shared with staff to promote organisational learning.

In November 2015, the Patient Experience Team began inserting a complaints handling survey with complaint response letters. To date, the response rate is lower than anticipated, at 8.5%. From the 15 surveys received to date, feedback has indicated that communications related to complaints is easy to understand (14 of 15 surveys), but few than half of the people who responded (8 of 15 surveys) felt they had been taken seriously, and 11 of 15 respondents indicated that the time taken to respond was too long. This piece of work originated from our membership of the National Ambulance Service Patient Experience Group.
(NASPEG.) We will continue to seek and share learning at this forum in order to increase the response rate to the survey and respond to the feedback complainants have provided.

During 2015/16, demand increased for scheduled and unscheduled responses. Scheduled care provided by the Scottish Ambulance Service includes our Patient Transport Service, GP requests for patients to be conveyed to hospital as well as inter-hospital transfers. Unscheduled care includes responses to immediately life-threatening incidents such as cardiac arrest and retrievals of patients with serious and complex needs.

Complaints compliance for the full reporting year is 51%, subject to validation by the Information Services Division (ISD) of National Services Scotland. All NHS Boards in Scotland are required to provide an annual submission to ISD of complaint volumes, themes and compliance data in June.

A complaints compliance recovery plan is being implemented which incorporates further training and development being provided for managers responsible for complaints handling, including training co-delivered with the Scottish Public Services Ombudsman. The Patient Experience Manager is also working with our Improvement Advisers and Divisional Business Support Managers to review local plans to improve complaints compliance and quality of response.

4. Building A Culture of Learning from Feedback, Comments, Concerns and Complaints

The Patient Experience Manager ran two training days developed in partnership with the Scottish Public Services Ombudsman (SPSO,) designed to improve the speed and quality of complaints handling.

The focus of the training was on complaints investigation skills, and included an anonymous case study which was based on a complaint to the Service. The session also covered how to make an effective apology, using simple language and learning from complaints.

Both days were well attended by Heads of Service and Area Service Managers from all Divisions, with positive feedback on the day. This has been followed up with a questionnaire sent to each participant to gauge the usefulness of the training and help identify any further training needs.

In addition, there is a Person-centredness session on the DFLM programme. To date, 14 Area Service Managers have participated in this session, which provides training and development about our equality outcomes and our person-centred approach to patient care. Further sessions will take place over 2016/17.

In response to feedback from participants, some of the SPSO training materials have been adapted into the complaints documentation which supports the complaints review/ investigation process, specifically the investigation plan template, which should help streamline the steps within the review/ investigation. A move away from language such as “complaint/investigation” towards “complaint review” is helping promote a culture of learning.

A short film has been produced, in which two senior managers talk about a drug error they made, and the steps they took when they realised they had made a mistake. The film supports a top down approach to being open about mistakes and learning from them.
5. Improving the Patient Experience

In the course of the year, we began to compare the number of complaints and concerns in relation to the number of patient touchpoints in different areas of service delivery to identify themes and trends.

This demonstrates that overall, complaints and concerns have increased across each quarterly reporting period. During the last quarter of the year, the Service faced additional challenges through adverse weather conditions, which creates additional pressures in maintaining services and reaching urgent and emergency patients quickly.

The data also highlights that our Patient Transport Service is generating the increase in complaints and concerns. A capacity management plan was put in place at the end of 2015, and in response to patient feedback, continues to be refined in order to ensure PTS is focused on patients with clinical and mobility needs.

Complaints and Concerns as a Percentage of Patient Touchpoints 2015/16

![Graphs showing complaints and concerns as a percentage of patient touchpoints for different areas of service delivery.]
6. 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 managers with more detailed reports, with trend analysis and mitigating actions shared at the Clinical Governance Group, the Clinical Governance Committee and the Scottish Ambulance Service Board meetings. Scottish Ambulance Service Board meetings begin...
with a patient experience story, which highlights good practice or areas for improvement, and actions taken to address issues raised.

The Patient Experience Manager and Head of Corporate Affairs and Engagement are members of the Significant Adverse Event Review (SAER) Group. In the course of the year, more work has been done to examine complaints and concern trends again Significant Adverse Event Reviews (SAERs) to improve organisational learning. These trends are reviewed regularly at the General Manager/Executive Team Development Sessions, which take place every six weeks.

While complaints and concerns are co-ordinated and reported centrally, complaints handling is managed for Operations colleagues. 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. Operations colleagues have helped test enhancements to complaints handling documentation, designed to improve compliance as well as quality of response. This work is at an early stage, with positive feedback to date.

As part of the complaints handling process, complainants are made aware that they have recourse to the Scottish Public Services Ombudsman (SPSO), should they be dissatisfied with the our response. Complainants are also provided with a named local contact, should they wish to ask for clarification of the response to their complaint, or are unhappy with the outcome. We encourage complainants to contact a local representative from the Scottish Ambulance Service before approaching the SPSO.

Comparison of SPSO Investigation and Decision Reports 2014/15 and 2015/16

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A paper on complaints, concerns and compliments is a standing item at our Clinical Governance Group and Clinical Governance Committee meetings. Within these papers is a report on SPSO cases, including an action tracker for recommendations.

During 2015/16, the Service has continued to participate in development of the Stronger Voice framework, 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.

The Service also continues to participate in the Steering Group for the new Model Complaints Handling Procedure (MCHP.) A final version of the guidance will be syndicated more widely in the coming weeks, with a view to implementation in April 2017.

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