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**Public Board Meeting**

**March 2019  
Item 14**

**THIS PAPER IS FOR DISCUSSION**

**PERSON CENTRED CARE UPDATE**

<b>Lead Director Author</b>	Claire Pearce, Director of Care Quality and Strategic Development Mark Hannan, Head of Corporate Affairs and Engagement Alan Martin, Patient Experience Manager
<b>Action required</b>	The Board is asked to discuss the paper and provide feedback.
<b>Key points</b>	This paper provides an update of our patient experience activity.  The paper highlights our latest data on compliments, our Patient Focus Public Involvement work as well as complaints, their themes and actions to address them.  An update is also provided on cases with the Scottish Public Services Ombudsman (SPSO).
<b>Timing</b>	An update is presented bi-monthly to the Board.
<b>Link to Corporate Objectives</b>	1.1 – Engage with partners, patients and the public to design and co-produce future service. 1.2 - Engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people.
<b>Contribution to the 2020 vision for Health and Social Care</b>	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.
<b>Benefit to Patients</b>	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.
<b>Equality and Diversity</b>	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 Service's Equality Outcomes work.



**Scottish  
Ambulance  
Service**  
*Taking Care to the Patient*



**NOT PROTECTIVELY MARKED**

**SCOTTISH AMBULANCE SERVICE BOARD**

**PATIENT EXPERIENCE**

**CLAIRE PEARCE, DIRECTOR OF CARE QUALITY AND STRATEGIC  
DEVELOPMENT**

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## **SECTION 1: PURPOSE**

This paper covers the period between 1 April 2018 and 12 March 2019. It provides an update on trends, themes and mitigating actions from patient and carer feedback. Monitoring of complaints and compliments helps identify areas for improvement. Proactive patient and public engagement helps us to work in partnership to develop improvements to our services and to ensure that any service change is improving the patient experience.

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 this report and provide feedback.

## **SECTION 3: EXECUTIVE SUMMARY**

The Service actively seeks feedback on its services so that it can continue to make improvements. We have many ways of gathering feedback – face to face, patient forums, online portals, complaints and concerns channels.

Latest data shows that 782 compliments have been received by the Service since 1 April 2018. In terms of complaints, 192 have been received since the last Board meeting. Stage 1 compliance is currently at 62% and Stage 2 compliance at 72%.

Doc: Patient Experience Update	Page 2	Author: Patient Experience Manager
Date: 2019-03-28	Version 1.0	Review Date: May 2019

**Feedback analysis**

**Care Opinion**

Between 10<sup>th</sup> January 2019 and 12<sup>th</sup> March 2019, the Scottish Ambulance Service (SAS) received 34 stories on Care Opinion. This compares to a total of 710 posts received by Care Opinion related to all health boards in Scotland over the same time period.

Of the 34 stories received, 74% were complimentary, 6% were minimally critical, 12% were mildly critical and 9% were moderately critical. These were viewed 3,194 times.

SAS continues to respond swiftly to posts. Latest data shows that 79% of posts were responded to within 24 hours and 100% of posts were responded to within 5 days.

23 of the 34 responses issued were rated as ‘helpful’.

**Social media**

In addition to Care Opinion, we receive a large volume of feedback via our other digital channels - Facebook, Twitter and the SAS website.

The Service recorded a total of 782 compliments between 1<sup>st</sup> April 2018 and 8th March 2019. 618 compliments were received via social media channels and 210 compliments received via the compliments system.

Since the last Board, a total of 82 compliments have been received via our social media channels and compliments system.

**What do we do well?**

According to the positive feedback received, the following 5 actions and behaviours were most valued by patients:

- Clinical skill and quality of care - 49
- Positive attitude of staff – 21
- Providing reassurance and explaining what was happening - 13
- Response time to scene - 9
- Compassion – 3



All compliments are fed back to individual staff where possible across the regions.

Selected compliments are also followed up by the Corporate Affairs team to see whether the patient or their families would like to meet the staff involved and/or publicise the good work of the Scottish Ambulance Service. Some examples can be found in Annex A.

## Complaints Data

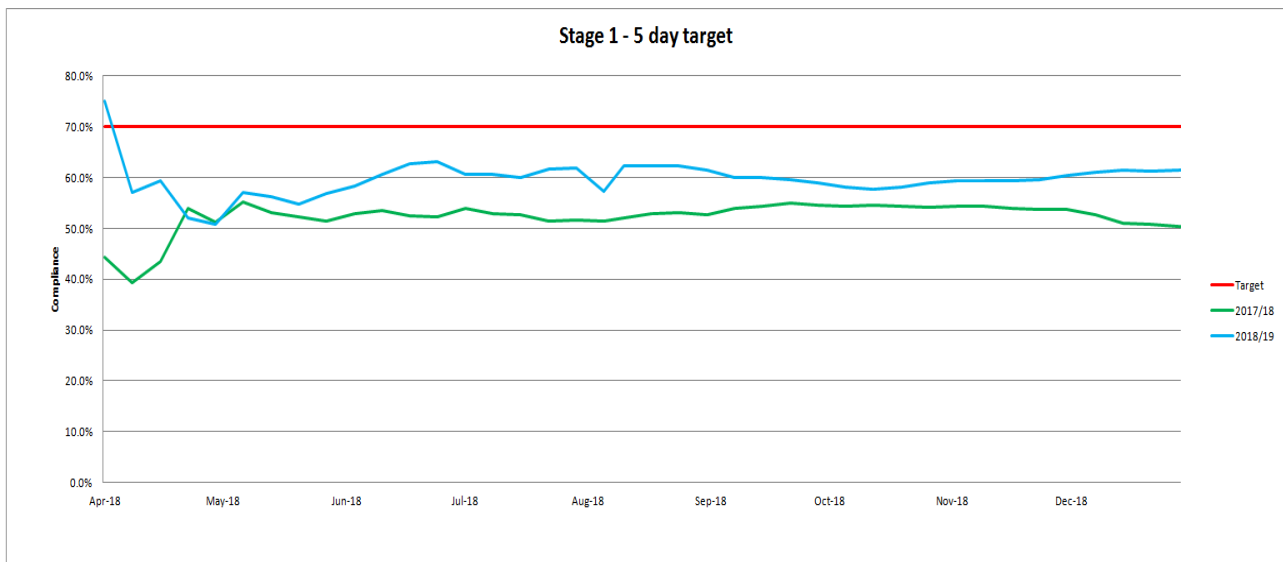
Between 10th January 2019 and 8th March 2019, the Scottish Ambulance Service received 192 complaints. Of the 192 complaints received, 101 were Stage 1 complaints, 72 were Stage 2 complaints and 19 were from MSPs on behalf of constituents.

The complaints handling standard for Stage 1 complaints is five working days and for Stage 2 complaints it is 20 working days.

The Patient Experience Manager continues to provide a real time update on the weekly compliance data for each region to highlight complaints which are out of time. The directors, or their representatives, are tasked with taking the necessary actions to move cases forward and improve the quality and response times of each complaint. Since the new procedure was implemented, compliance has been rising steadily.

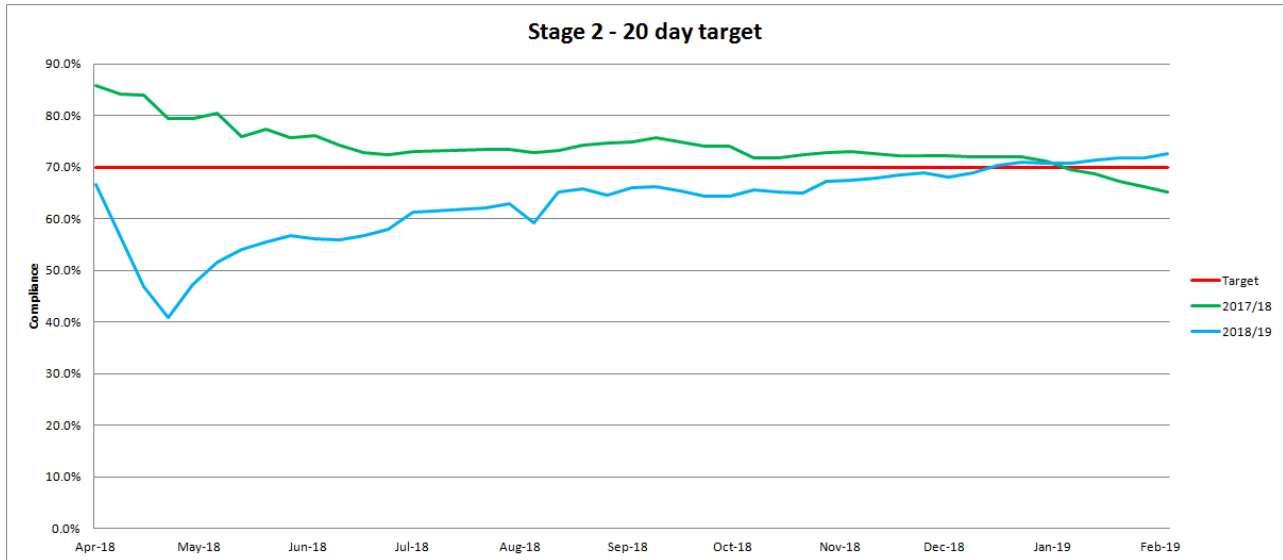
### Stage 1 - (1<sup>st</sup> April – 1<sup>st</sup> March 2019)

Latest results indicate that Stage 1 complaints compliance is currently 62%, up from 61.5% as detailed in the previous Board paper.



## Stage 2

Stage 2 complaints compliance is currently 72%, up from 68.7% as detailed in the previous Board paper.



## Themes

The five most common themes contained in negative feedback received by the Scottish Ambulance Service are:

1. Attitude and Behaviour
2. Delayed Response
3. Cancellations for Patient Transport Service
4. Clinical Assessment
5. Eligibility for Patient Transport Service

## Learning

### What improvements is the Service making in response to this feedback?

The Scottish Ambulance Service is keen to learn from feedback from those who use our services, whether positive or negative. We want to make improvements to our approach where possible to ensure we continue to deliver high quality care to patients across Scotland.

Feedback data received by the patient experience team is shared widely across key staff and business areas in the Scottish Ambulance Service on a quarterly basis to allow them to identify learning and actions.

For example, attitude and behaviour data is shared with regional directors, the clinical directorate, the education department and tutors at Glasgow Caledonian University. Delayed response and Clinical Assessment data is shared with the clinical directorate as well as ambulance control centre managers. Patient Transport Service cancellations and

eligibility data is shared with the patient transport team. This data is also scrutinised and discussed at the National Clinical and Operational Governance Group, Clinical Governance Committee and the SAS Board.

### **Attitude and Behaviour:**

Patient experience is embedded in our Organisational Development work programme which focuses on change, values and culture and feedback about our services is helping to shape this improvement work.

Our community engagement officer is working to support Glasgow Caledonian University colleagues with their training programmes to ensure new recruits are aware of the importance of patient feedback and the themes which patients with both positive and negative experiences of the Scottish Ambulance Service regularly raise with us. Plans are also underway to identify a small group of patients who can go into classes or stations on a regular basis to talk to staff about their experiences and what is important to them when they come into contact with the Scottish Ambulance Service. This is to ensure that our staff, both new and old, can ensure they deliver high quality care at all times.

A new questionnaire has been designed for use as part of an investigation into a complaint with the aim of identifying and measuring possible contributory factors relating to attitude and behaviour. These could include issues such as time on shift, incidents which occur near end of shift, length of service, meal break data and last known CPD training sessions. This would allow the Service to identify further areas for improvement and any additional support required for staff. This questionnaire would be utilised as part of the complaints handling process. The questionnaire is currently being fine tuned following feedback received before roll out can commence.

### **Delayed Response:**

Complaints related to delayed responses have declined since 2017; however, periods of excessive demand have continued to lead to a minority of lower acuity patients experiencing delays in receiving a response.

This is particularly the case in situations where there are a number of call outs to help patients in an Immediately Life Threatening situation, such as a cardiac arrest.

All delayed response complaints are examined individually and a root cause analysis is carried out via call audits and an examination of the Sequence of Events to identify if correct procedures were followed or if there were any missed opportunities to send a resource. As part of this work, the Service actively contacts patients to apologise and explain why a delay may have occurred as well as what we are doing to improve the situation.

An action plan is being implemented to reduce delays for lower acuity patients and additional safeguards have been put in place for vulnerable patients, for example, those who may be outside in a public place.

The Service is continuing to recruit extra staff and invest in our fleet and is aligning shift patterns to busy times of the day. A roster review is underway in the Ambulance Control Centres to determine the optimal shift coverage for Clinical Advisers to ensure that the

necessary cover is in the right place at the right time to provide enhanced clinical triage for patients.

A strategic demand and capacity review has been undertaken to identify current and predicted future demand across the country to allow us to align resources with this demand. A demand and capacity implementation programme is underway and aims to significantly reduce delayed responses.

### **PTS Cancellations**

The Patient Transport Service is taking action to try and reduce the number of cancellations which are being experienced. This includes work looking at quotas, demand and managing annual leave more efficiently to increase capacity. The PTS control centre is working collaboratively with their colleagues in divisions and health boards to try and manage peak times. Work is also being undertaken with staff to improve cross border work and facilitate increased transfers between health boards. The PTS Control Centre are continuing to make every effort to find alternatives to a cancellation such as changing appointment times and making efforts to see if an alternative resource would be suitable.

### **Clinical Assessment**

The new DATIX system will hopefully allow a more in depth and lower level assessment review into the clinical assessment themes. With the current system a lot of the 'sub-themes' are anecdotal and individual to each complaint. It is hoped that the new system will be able to identify individual as well as organisational learning needs in clinical assessment. The aim would then be to bring these themes to the National Clinical and Operational Governance Group (NCOGG) for action.

### **PTS Eligibility**

When the revised Patient needs assessment came online on the 6th of December 2017, there was an increase in the number of complaints in relation to eligibility in the months following roll out. However, these complaints have now steadied and remain at a level which matches those from the period prior to implementing the new system. The PTS Control Centre is continually looking to expand its list of alternative providers and auditors are currently reviewing this data. The PTS Head of Service is also reviewing how the information is communicated to patients and how we can further support them. By making patients aware of the alternatives and their rights, it is envisioned that there will be a resultant improvement in the patient experience.

### **Latest actions from Scottish Ambulance Service to improve complaints handling**

#### ***Datix***

The new DATIX feedback module for compliments and complaints will be launched on 1<sup>st</sup> April 2019. Guidance for staff is being rolled out in advance of this launch.

During the testing phase, there have been a number of improvements made to ensure the system is as simple as possible, whilst allowing more in-depth analysis and measurement of the feedback we receive.

This is a positive step for the Service as it will allow a more precise focus on learning. This will range from individual learning, to regional and organisational learning. It will also allow individual measurements to be applied, including any specific factors which may relate to each complaint.

The DATIX service provider is currently making some changes to the interface before it goes fully live.

### **Staff training**

Additional training for staff in best practice guidance for dealing with complaints is ongoing. The Patient Experience Manager, along with the Business Support Manager, delivered a complaints workshop in the North region on 7<sup>th</sup> March 2019.

This workshop was initially piloted in the west, targeting the old sub-divisions of west central and south west. Feedback from these two workshops was very positive, with good feedback from staff, managers and team Leaders. There was a notable improvement in complaints handling in the west region following this and the training has now been rolled out to other regions, including the north region. The north workshop was attended by 17 Area Service Managers and Team Leaders as well as Administration staff and a Business Support Manager. Informal feedback has been extremely positive, with staff commenting that the training will help to improve consistency in the approach being taken. Performance will be monitored going forward to assess if there is any further training or support required.

The QI workshop which was held in November 2018 highlighted that consistency of approach to complaints was one of the main factors of concern. Once the DATIX system is live we will have access to broader data which can assist in making further improvements as an organisation. This data will be tabled at the National Clinical and Operational Governance Group (NCOGG) for discussion and possible action.

### **Ombudsman – staff training**

To supplement the ongoing staff training taking place across the country, we have secured the services of the Scottish Public Services Ombudsman (SPSO) to deliver further training for our staff. The training will be delivered on 3 separate days in May and June with wide representation from staff. It has been agreed that the session will focus on early resolution, Stage 2 complaints and best practice for written responses to complaints. It was agreed at the Executive Team Meeting that representatives from senior management teams, from team leader up to regional director should attend to ensure a consistent approach throughout the service.

This work will help further improve the progress which all regions have made in improving compliance rates.



## Current SPSO cases

SPSO Tracker						
SAS Ref/ Decision	Date Received from SPSO	SAS Decision	SPSO Ref	Complaint Overview	Recommendation	Status
WEMDC/34/11052/18	18 <sup>th</sup> December 2018	Upheld	2018 0081 7	1. The Scottish Ambulance Service unreasonably delayed in sending an ambulance	<p><b>SAS recommendation:</b> Request the clinical hub to have reflective discussion with clinician</p> <p><b>SPSO recommendation:</b> 1. Evidence the MPDS system has been reviewed to ensure that the consideration of sepsis is taken in all coded calls. <b>Review Requested</b></p> <p>2. Evidence that the findings from this report in relation to the initial call handling failures have been fed back to staff in a supportive way. <b>Review Requested</b></p>	Upheld – <b>Review Requested</b>

## Patient Focus Public Involvement (PFPI)

The community engagement officer and patient experience team are continuing their proactive work to recruit and build a wide network of patient representatives.

There are now 47 third and public sector organisations working with us to provide their member's feedback, whether through compliments, complaints or suggestions on how to improve our approach as an organisation. This is valuable information we would not otherwise be able to access through our more formal channels or a passive approach. This information is gathered in a variety of ways. For example, Capability Scotland has already arranged three focus groups for us around the country. Smaller organisations like Waverly Care are surveying their members online and are relaying this information to us. Disability Equality Scotland, Voluntary Health Scotland and others have opened their newsletter and social media channels to us to allow us to educate their members and speak directly to our service users. Our work with these organisations is becoming increasingly more valuable as our positive relationship with them builds. We are keen to access their membership as regularly as we can - and tap into their expertise in fields such as mental health and palliative care for example.

In addition, we currently have 17-20 individual patient representatives, recruited through our own website, social media channels, third-sector organisations, relationships built with regional health boards, and through networks established by the Scottish Health Council and our partners at the Healthcare Alliance.

## How are we utilising this growing network of patient representatives?

Stroke Scotland, Royal National Institute of the Blind (RNIB), Multiple Sclerosis Society, Enable Scotland and Spinal Injuries Scotland have aided in recruitment of reps for groups and committees within the Service. These representatives will pilot a new training programme set up by Chest, Heart and Stroke Scotland. This will help a representative know the wider context of their role, how to better contribute, how to gather feedback from their own networks, and know how to best make a knowledgeable and relevant point. These representatives will be formal members of our internal groups at the highest level, such as the National Clinical and Operational Governance Group (NCOGG) and Clinical Services Transformation (CST) group, with more groups to follow. They will be supported by the chair of each group to understand what is needed from them.

Our aim is to recruit representatives that show our country's diverse demographic, while working within the barriers we have around their recruitment such as times of meetings and location. Our group of representatives are a mix of age, gender, profession, personal experiences and education. We are also undertaking a campaign to recruit representatives from a Black Minority and Ethnic (BME) background.

Based on a growing concern from within the Patient Transport Service (PTS) we have supported their need to better provide for people requesting support from PTS. This has led to the proposed creation of a mental health section to the Patient Needs Assessment, and guidelines for call-handlers on appropriate word choice, and on how to best communicate and enable someone with mental health issues or 'unseen' conditions, like Autism and behavioural impairments. We have facilitated links with Scottish Association for Mental Health (SAMH), See Me, Autism Scotland, Positive Behaviour Support (PBS) UK and Enable Scotland.

Our next national PFPI meeting is scheduled for 14 May 2019 at National Headquarters, Edinburgh. It will be our first meeting to feature our newly recruited Regional PFPI Leads, who our Community Engagement Officer will be working closely with, to better, and make more consistent, our PFPI response across the country. Our future meetings will also feature a regular standing agenda item on mental health and also one on Strategy. We are hoping to utilise the group to focus-test new ideas and concepts for our 2030 strategy, and our Mental Health Steering Group hope that we can feed into the mental health strategy and the Service's response to mental health. The meeting in March will be looking to the future of our Service, our 2030 Strategy and Mental Health. In the coming months we will try to establish the group as an in-house focus-group which can be used by any project team to test or evaluate an idea, concept or service.

Our 2030 Strategy consultation will also include engagement with the 'Citizen's Panel' - a group of around 1200 individuals who are a demographically representative sample of the Scottish population. The Panel has been operating since 2016, and gives health and social care organisations the opportunity to gather views on topics of interest, and use this to inform service and policy development. The Service's future strategy has been accepted as the topic for their 5th survey, to be commissioned from April/May 2019.

Through building relationships with third-sector organisations like The Mental Health Foundation, Voices of Experience (VOX), Scottish Association for Mental Health (SAMH) and See Me, we are able to support the Service's mental health strategy, and provide links to research, involvement and co-design opportunities, which will save us resource and capacity.

We are making links into Clinical Service Transformation, and following on from presentations to staff; we look forward to supporting them with their continuing engagement work.

As part of our engagement work, we are establishing closer working relationships with the Scottish Prison Service. Working with NHS Forth Valley, the Scottish Health Council and the Governor of HMP Glenochle, we are looking at how our respective organisations can improve joint working arrangements. This engagement builds on a recent Healthcare Improvement Scotland report on Prisoner Healthcare which recommended better co-ordination among all parties to ensure the highest standards of healthcare provision.

Another part of our engagement work has been our joint work-experience programme focused at local Edinburgh high-schools, co-ordinating with Healthcare Improvement Scotland and National Services Scotland. Due to positive responses from pupils, teachers and staff, and further interest from schools outwith our local area, the programme will be continued by HR to aid in their recruitment strategy, our Corporate Parenting responsibilities, and our 2020 Corporate Goals.

Social media



**Scottish Ambulance** @Scotambservice · Feb 14

Wonderful news! Young Grace has been reunited with her favourite teddy – named Ted – after it was left behind in an ambulance. Her mum, Elaine, said she was “lost without it”, but thanks to the hardworking team out in the West, Ted was found and returned to Grace yesterday.



**Scottish Ambulance** @Scotambservice · Feb 22

A woman has described SAS emergency responders Gemma Laurie and Amanda Gillard as “absolutely amazing” after they came to her aid. Deborah Robertson said she had an asthma attack in #Auchinairn while she was with her guide dog Rea (pictured). Wonderful work by Gemma and Amanda.



Hi. I'm looking for a little help. I gave birth to my little boy in the house by myself and the paramedics who came and helped us were amazing. My little boys cord had snapped and the helped us a big amount I couldn't tell you how thankful I am. Both were amazing but the woman paramedic was absolutely amazing. In the ambulance down to the hospital she just kept giving me a cuddle and telling me she was really proud of me, she was amazing. I was just wondering if you were able to help me identify her from the picture I have as I would really like to say thank you. If they hadn't of came I don't think my little boy would be here.

XX wasn't expected to survive, she had fractured her spine in numerous places, she fractured her pelvis, fractured numerous ribs, she collapsed both her lungs, lacerated her liver, kidneys and spleen, had a brain haemorrhage. I was told that IF she recovered we would have a new normal and there was no guarantee she'd cognitively be as able as she was. To cut a long story short, had your staff not got her to hospital she would never have had even the tiny chance of survival they gave her. You took her into the RAH fighting for her life. 16 weeks later I proudly walked beside her to my car to take her back home with me. Had you guys not attended her accident as promptly as you did, had they not taken the action they did, and provided the care then I would be telling a whole different story. We are immensely grateful.



**Scottish Ambulance** @Scotambservice · Feb 14

A mum has praised the Scottish Ambulance Service after her young son spent 10 days in Intensive Care. Jennifer McEwan, of #EastKilbride, has thanked Derek Henderson and Brian Walker for their "professionalism" while treating her son Jacob. Read more at [bit.ly/2UY7iFc](https://bit.ly/2UY7iFc)




**Scottish Ambulance Service**  
 Published by Mark Bing (7) · 6 March at 10:54 · 🌐

A man crushed by a forklift and left in "unbearable" pain after his organs collapsed says the swift response by the Scottish Ambulance Service saved his life.

Gordon Taylor, 55, of #Cowdenbeath, was working at a paper mill in Leslie when the horrific accident happened.

Two ambulance crews were dispatched; one from Glenrothes, which included Mandy Higgins onboard, and the other was from Leven, manned by Darren Somerscale and Kathryn Wheater. ... See more

 **Gordon Taylor** Brilliant write up. So many people to thank and now having names of the crews is great. I can't thank everyone involved enough, what a fantastic job you all do and you deserve all the praise you get. My wife, children and family thank you from the bottom of their hearts. Thank you so much again.

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**Patients praise clinical response model**

**Scottish Ambulance** @Scotambservice · Feb 19  
 Reaction to today's evaluation results of our New Clinical Response Model 🚑



**New Clinical Response Model Patient story**

Stephen Nardone, 71, of Crosshill in Fife, suffered a cardiac arrest and had emergency CPR performed on him after collapsing in front of hundreds of people at a primary school nativity play.

Stephen said: "It took 27 minutes until my heart started again. The next thing I remember is waking up in an induced coma – what can you say to someone who saved your life."

**Scottish Ambulance** @Scotambservice · Feb 19  
 Reaction to today's evaluation results of our New Clinical Response Model 🚑



**New Clinical Response Model Patient story**

Donald Scott, 47, of Duddingston, was walking through Waverley rail station to meet friends when he collapsed and had a cardiac arrest.

Donald praised the quick response of crews who came to his aid. Donald met with specialist paramedic Ross Hockaday, thanking him in person for saving his life.

Donald, a father of two, said: "It scared the living daylights out of me. I was not guaranteed to survive and my life was in the balance. I am very, very thankful and grateful to staff at SAS and the ERI."

**Scottish Ambulance** @Scotambservice · Feb 19  
 Reaction to today's evaluation results of our New Clinical Response Model 🚑



**New Clinical Response Model Patient story**

Matthew Rooney, 59, of Newburgh, suffered a heart attack at his house before going on to have two cardiac arrests.

He credited paramedics Nathan and Paul for giving him a second chance at life after their fast response.

Matthew said: "I actually died twice and they brought me back. It's incredible - there are no words to describe the feeling of gratitude I feel towards these two boys. If not for their knowledge, I would not have survived. It's very rare for someone to have a heart attack and two cardiac arrests – and survive. The only way I survived was through the professionalism of Nathan and Paul. I will never forget this as long as I live."