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Public Board Meeting

September 2019

Item No 10

THIS PAPER IS FOR DISCUSSION

PERSON CENTRED CARE UPDATE

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



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



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SCOTTISH AMBULANCE SERVICE BOARD

PATIENT EXPERIENCE

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

SECTION 1: PURPOSE

This paper covers the period between 1 April 2018 and 30 August 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 756 compliments have been received so far this year. In terms of complaints, 388 have been received so far this year. Stage 1 compliance is currently at 64.5% and Stage 2 compliance at 52%.

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Feedback analysis

Care Opinion (Data correct as of 5 September 2019)

The online platform, Care Opinion, continues to provide the public with the opportunity to share their experiences of health and care. The Scottish Ambulance Service (the Service) is dedicated to reviewing and responding to every post to support patients and families. The Service is also keen to identify learning from the feedback we receive.

So far this year, there have been 63 posts with feedback related to the Service and these have been viewed 11,032 times. This compares to 66 stories in 2018, which were viewed 10,005 times.

Of the 63 posts, 71% were uncritical in tone. This is broadly similar to 2018, where 72% of stories were uncritical.

Lanarkshire provided the highest volume of stories.

The majority of compliments received through Care Opinion in 2019 have related to the clinical care of the patient and the care and compassion of our staff. The majority of complaints related to delayed responses. These mirror the trends we saw last year in relation to both compliments and complaints.

The Service continues to focus on providing swift and high quality responses to the feedback we receive and latest data shows that so far this year, we have responded to 95% of posts within 5 days.

Work is also being undertaken to encourage a more local response with Heads of Service being given access to respond to posts. They will be supported by the Patient Experience Manager and they have been asked, where possible, to reply to posts pertaining to their area.

Social media

In addition to Care Opinion, we receive a large volume of feedback via our other digital channels - Facebook, Twitter and the Service's website. Some examples of these can be found in Annex A.

A total of 756 compliments have been received so far this year across these channels. This compares to 649 compliments received over the same period of 2018.

Between 1 April and 26 August 2019, this breaks down as 500 Facebook compliments, 18 twitter compliments and 238 compliments received through our email and telephone channels. The vast majority of these compliments were about the positive attitude and behaviour of our staff.

What do we do well?

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

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The aim will be to use the Strategy to empower people to become involved in our Service and to help them to impact upon our future approach to a range of services across the organisation.

We will continue to build and redefine the strategy over the next few months, working with our public and patient representatives - using their views and feedback to develop the content.

A workshop is planned for November to allow volunteers and Service staff an opportunity to input and shape these strategies as they move forward.

Mental Health Strategy

After a successful consultation day to develop our new Mental Health Strategy, we are continuing our engagement work to ensure everyone with an interest is given the opportunity to input into its content.

We are producing an online survey to go out to third-sector organisations and individuals. This is an approach which has been adopted successfully in the past by Health and Social Care Partnerships in Aberdeenshire and Lothian. However, while researching other surveys, we also found criticism around the wording used in surveys of this type with concerns raised around possible stigma and bias in the questions.

To ensure our survey is sensitive to those with mental health issues and free from any stigma or bias, we are creating our survey with assistance from the mental health organisation See Me, who are guiding us on content. We will be meeting with See Me on 23 September to move forward with our approach.

We are also in the planning stages of establishing focus groups around the country with the help of our third-sector partners Andy's Man Club, Action for Children, Bi-Polar Scotland, Carers UK and Cyrinians, among others. We have produced a briefing document, which we hope will echo our survey in terms of the information we are seeking. For example, 'in a crisis, what would constitute a good response from our Service?'

Patient Representation

Patient Representatives now sit on the Clinical Services Transformation programme board, Scheduled Care steering group and the Clinical Governance Committee, with representatives being recruited for the National Operational Clinical Operational Governance Group. We are working with Chairs to ensure our representatives are sufficiently empowered and supported.

Our recommendations include active and ongoing support and care by our Patient Engagement Manager and the following:

- The Chair of a group or meeting should nominate a mentor or 'buddy' to ensure volunteers are following and understanding what is being discussed in the group or meeting.
- The Chair, or their nominee, should arrange a conversation with a volunteer soon after papers for the group or meeting have been released either by

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telephone/video conference/in person. The purpose of this conversation is to have the volunteer briefed on the purpose of said paper/part of the meeting, and to give the volunteer an indication of what is needed from them at that time.

- During the meeting, ample consideration should be given to a volunteer to allow for feedback.
- The Community Engagement Officer will offer informal support, an annual appraisal and will facilitate collaboration with PFPI Volunteer members of other groups.
- In addition, PFPI Volunteers are encouraged to seek support if they feel they are unable to carry out a task or need to discuss any aspect of their volunteer role.

Induction and ongoing training will be provided, as will trips to key areas of the Service get a 'hands-on' feel for our organisation.

We also provide a role description, approved by our PFPI volunteers, Patient Representatives, and the Chair of National Clinical Operational Governance Group, Head of Patient Transport and Lead for Clinical Services Transformation. This includes elements from Patient Representative role descriptions from Healthcare Improvement Scotland, NHS Grampian, NHS Lothian and follows volunteer guidance approved by Volunteer Scotland.

We will soon seek to have the representative/volunteer role standardised by our Executive Team to ensure that their experience will be of the highest quality. This standardisation will make the representative/volunteer process business as usual across our Service, bring our volunteer processes in line with other Health Boards.

Complaints Data

Between 1 April 2019 and 30 August 2019, a total of 388 complaints were received.

This shows a reduction from the same period last year where we received 484, a drop of 19.8%.

The 3 most common themes for complaints are

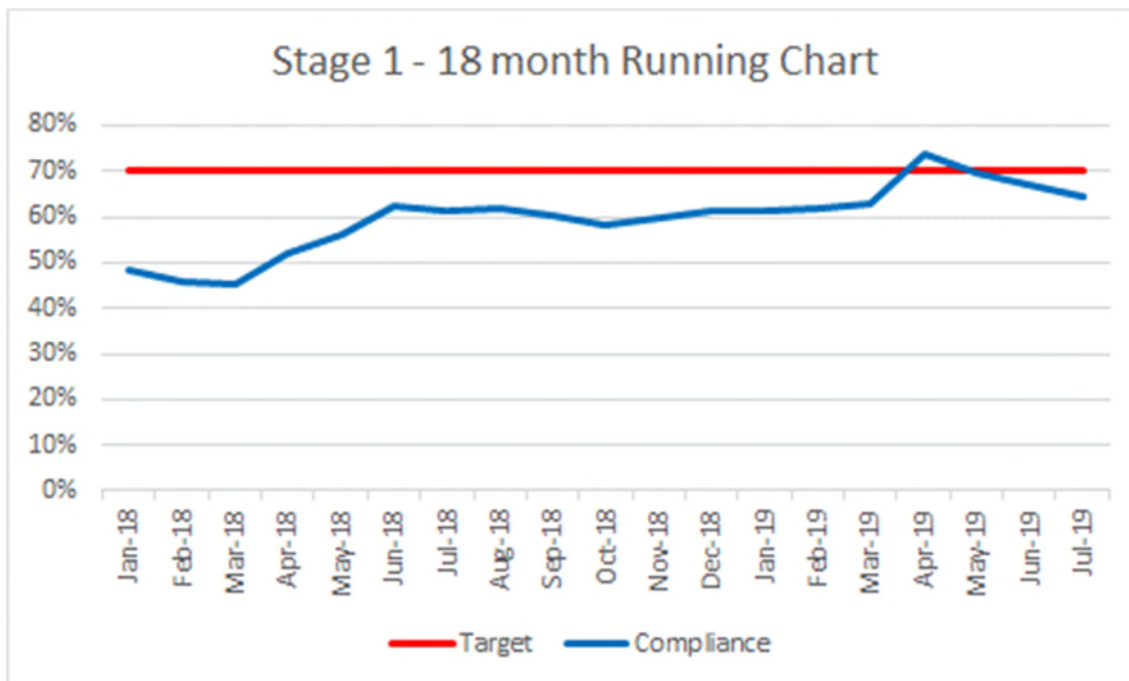
1. Delayed Response
2. Attitude and Behavior
3. Triage/Referral to NHS 24

Data shows that 53% of these 3 themes are stage 1 complaints – early resolution complaints.

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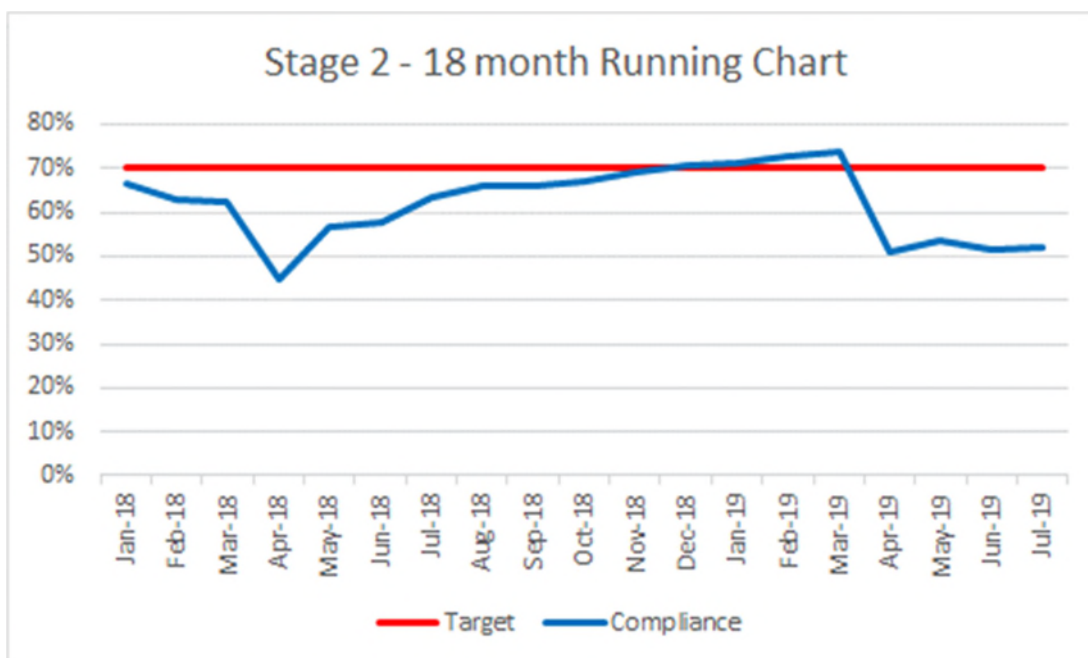
Stage 1 - (1 April 2019 – 31 August 2019)

Latest results indicate that Stage 1 complaints compliance is at 64.5%.



Stage 2

Latest results indicate that Stage 2 complaints compliance is at 52%. We are investigating possible reasons for the dip in compliance at the start of the year.



The Director of Care Quality and Strategic Development has commissioned a working group to look at the process of Stage 2 complaints to try and improve the system, increase efficiency and streamline the system. This will involve identifying learning, early resolution and improved verbal and written communication.

The Executive Team continue to receive regular updates and continue to ensure there is a sharp focus on complaints handling in their regions and divisions.

Ongoing training in the new 'Datix' logging system is being offered by the Patient Experience Business Support Lead to colleagues across the organisation and a simplified process guide has been made available to all users.

Learning

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

The Service is keen to learn from feedback from those who use our services, whether positive or negative. Where possible, we want to make improvements to our approach 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 Service on a quarterly basis to allow them to identify learning and actions.

Attitude and Behaviour:

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

Attitude and Behaviour continues to be one of the top three themes for complaint about the Service. This is similar to other ambulance services in the UK.

Our Community Engagement Officer continues to work with 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 Service regularly raise with us. Our Community Engagement Officer has identified a small group of patients who are willing to 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 Service. This is to ensure that our staff, both new and more experience, can ensure they deliver high quality care at all times. Hearing about a patient's experience face to face is a far more powerful tool than hearing it second hand or via a written case study.

Delayed Response:

Complaints around Delayed Response make up just over one quarter of the complaints received by the Service. Analysis of delayed responses is a weekly agenda item for the Executive Team and there is an ongoing programme of clinical risk and demand management being implemented to mitigate risk, reduce delays and improve patient experience.

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All delayed response complaints are examined individually and a root cause analysis is carried out via call audits with 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.

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 is also ongoing to identify current and predicted future demand across the country and will allow the Service to better align resources with this demand.

Triage/Referral to NHS24

Following previous tests over winter 2017/18, it was agreed with NHS 24 to further increase the number of calls that are transferred in order that patients receive the most appropriate care. Data shows a positive sustained increase in hear and treat referrals by clinically appropriate referrals.

All low acuity calls are now transferred to NHS 24 at the point of initial 999 call by call handlers to allow for a further clinical assessment by NHS 24 who have a vast array of referral options and specialties i.e. mental health referrals, OOH GP appointments etc.

This allows the Service to free up Clinical Advisor capacity to carry out welfare triage and refer suitable patients within the yellow response category. We are working closely with NHS 24 and ISD to further understand the patient journey as a result of these changes.

A joint Service/NHS 24 strategic group has been established to take forward a number of joint activities aiming to improve the continuity of care provided to patients by phone, whether they call 111 or 999, this group is currently primarily focusing on an electronic two way transfer between the two services for ease of transfer and data linkage.

Latest actions from Scottish Ambulance Service to improve complaints handling

Staff training

The training courses mentioned in the previous Board report continue to be delivered by a senior member of staff in the Scottish Public Services Ombudsman (SPSO) who is focusing training on the complaints process as well as best practice guidance on writing an effective response letter.

So far, courses have been held in the West and North Regions and were attended by Supervisors, Area Service Managers, Heads of Service and some Director level members of staff from Divisions and our Ambulance Control Centres. Once

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delivered, the performance against SPSO referrals can be measured and a decision will be taken on whether further support is required.

Patient Experience Survey

A survey on Patient Experience was carried out, targeting members of the public and service users. The questions were collated with input from the Chair of the SAS Research and Development Group.

The survey went live on 8 July 2019 and ran for 7 weeks.

It was published and promoted through social media and the public facing website and 806 responses were received.

The results were as follows:

1. How would you rate the care you received?
 - a. Very Good – 90%
 - b. Good – 5%
 - c. Fair – 2%
 - d. Poor – 1%
 - e. Very Poor - 2%

2. How would you rate the compassion shown?
 - a. Very good – 89%
 - b. Good – 6%
 - c. Fair – 2%
 - d. Poor – 1%
 - e. Very poor – 3%

3. Overall, how would you rate your confidence in the Scottish Ambulance Service?
 - a. Very good – 87%
 - b. Good – 6%
 - c. Fair – 3%
 - d. Poor - 1%
 - e. Very poor – 3%

The questions were designed to try and capture the clinical and non-clinical aspects of Patient Experience and also to ask whether or not people were confident in using the Service again.

The results were overwhelmingly positive. However, as can be seen from the statistics above, there was a small number of people who had a negative experience and we are reviewing this data to see if there are any learning points for individual staff or the organisation more widely.

This feedback is extremely valuable and will help us in our continual efforts to provide the best possible care for patients.

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SPSO

SAS Reference	SPSO Reference	Date Received	Complaint Overview	SAS Decision	SPSO Stage and Outcome	Recommendations
WEMDC/34/12576/18	201809644	01/05/2019	1. Scottish Ambulance Service failed to respond reasonably to the request for an emergency ambulance to attend patient. 2. Scottish Ambulance Service failed to respond reasonably to complaint of November 2018	Upheld	With SPSO advisors	N/A
SW/31/12956/19	201801934	02/05/2019	1. Scottish Ambulance Service's response to the emergency call on 5 January 2018 was unreasonable	Upheld	With SPSO Advisors	N/A
DATIX 35926 (SAER)	201804510	30/10/2018	1. Scottish Ambulance Service 's response to the emergency call was unreasonable 2. Scottish Ambulance Service failed to conduct a reasonable investigation around complaint of response	Upheld	SPSO currently awaiting response from SAS internal review of SAER.	N/A
NW/14/12652/18	201809363	09/04/2019	1. Scottish Ambulance Service did not transfer complainants grandchild to specialist hospital from current hospital in a reasonable timescale 2. Scottish Ambulance Service failed to provide a reasonable response to complaint.	Not Upheld	With SPSO advisors	N/A

Annex A



A huge thank you to your wonderful team who helped my Grandad yesterday. Can't thank them enough ❤️

★ 30 August



This morning when Ambulance came I was worried about my health and they did perfect job. they have checked everything and made my day so full of laughs. Thank you so much guys. The best service. Highly recommend



Patient, kind, and so very prompt. I thank the NHS and the staff on this service.. What a fantastic job you've done.



Back in January of this year I gave birth prematurely to my beautiful baby girl at 32 weeks at home in my bathroom, she had already arrived before my husband was able to call 999

I can't thank the ambulance service enough for the support they gave to myself and my husband, from the call handler explaining to my husband what to do until the paramedics arrived (my son who was 20 months old at the time was screaming the house down so as you can imagine was very stressful) I don't know her name but she made a very stressful situation that little bit calmer and the amazing paramedics who cared for us and got us to the Victoria hospital in Kirkcaldy very quickly!

All your actions ensured that my little girl survived and I can never thank you enough!

Little Emilie spent only 2 weeks in SCBU in Kirkcaldy and is now 14 weeks old and thriving and has a very doting little brother who adores her very much

Again thank you, thank you, thank you


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Scottish Ambulance Service
Published by Mark Bling · 28 August at 09:57

What an incredible gesture!

A newly married couple donated the top tier of their wedding cake to the ambulance emergency responders who saved the bride-to-be's life just weeks before their big day.

Well done to Aberdeen-based staff Sarah Rose and Connor Melville, who attended to Caroline Learmonth after she was struck with sepsis. She spent five days in hospital, and thanks to the Scottish Ambulance Service she got to walk down the aisle with husband Phil.... See more



Scottish Ambulance Service
Published by Mark Bling · 20 August at 11:32

Well done to everyone who was involved in an emergency call-out to young Sammy Maclver, aged three.

Mum Katy Maclver called 999 after Sammy experienced breathing problems and a crew, with Lisa Devine onboard, was dispatched from Livingston Ambulance Station. The call was taken by call handler, Alaine Simpson.

Katy said: "I spoke to a call handler who was nothing less than exceptional - she was calm, caring, efficient and thorough. ... See more

