

NOT PROTECTIVELY MARKED

Public Board Meeting

27 July 2022

Item No 09

THIS PAPER IS FOR DISCUSSION

PERSON CENTRED CARE UPDATE

Lead Director	Professor Frances Dodd, Director of Care Quality and Professional Development
Author	Mark Hannan, Head of Corporate Affairs and Engagement Alan Martin, Patient Experience Manager
Action required	The Board is asked to discuss and note the paper.
Key points	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).
Timing	An update is presented bi-monthly to the Board.
Associated Corporate Risk Identification	Risk 4638 – wider system changes and pressures
Link to Corporate Objectives	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.
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

**PROFESSOR FRANCES DODD, DIRECTOR OF CARE QUALITY &
PROFESSIONAL DEVELOPMENT**

SECTION 1: PURPOSE

This paper covers the period between 1 April 2022 and 30 June 2022. It provides an update on trends, themes and mitigating actions from patient and carer feedback.

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 and note the paper.

SECTION 3: EXECUTIVE SUMMARY

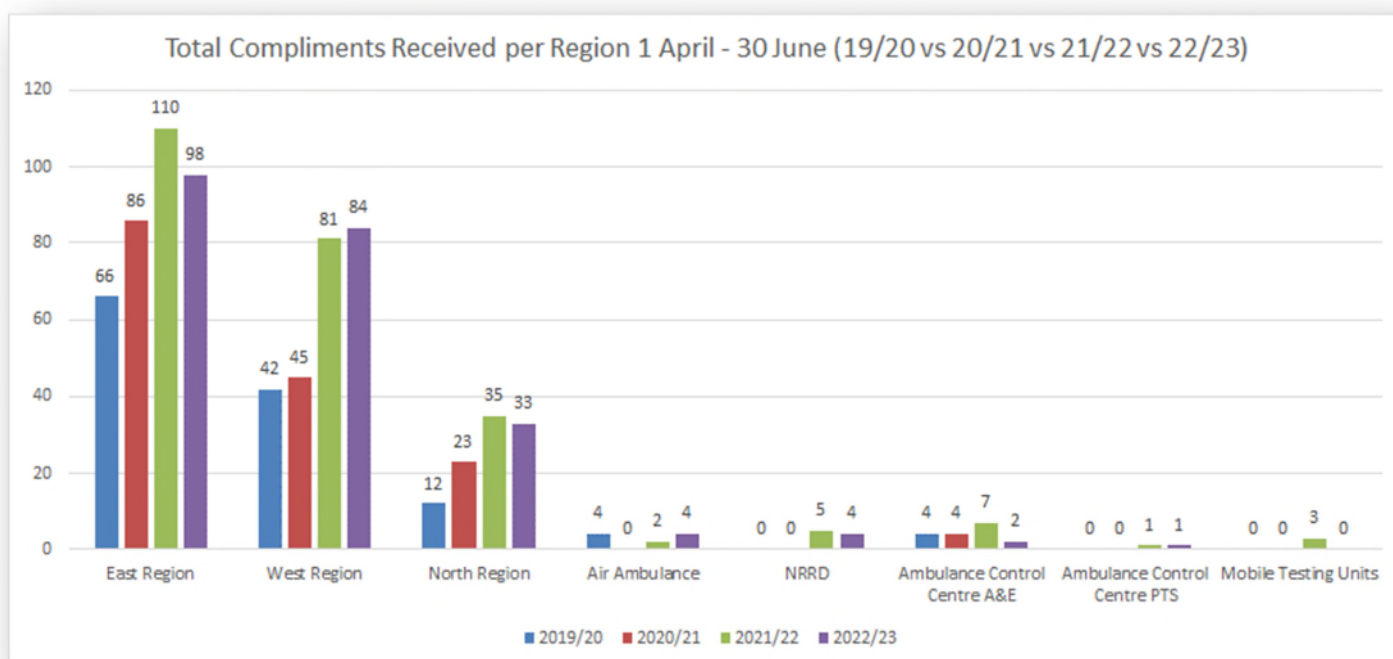
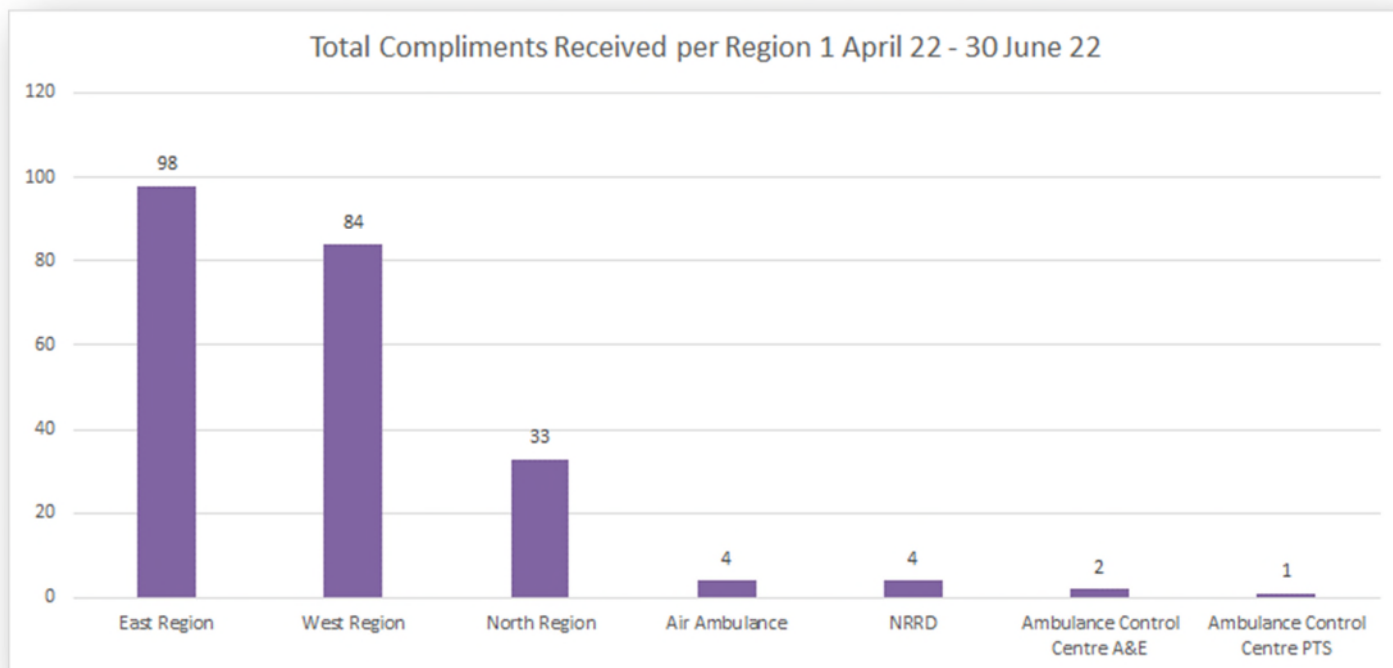
The Service actively seeks feedback on its services in order that it can continue to make improvements. We have many ways of gathering feedback – face to face, patient forums, online portals, complaints and concerns channels.

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Feedback analysis

Compliments

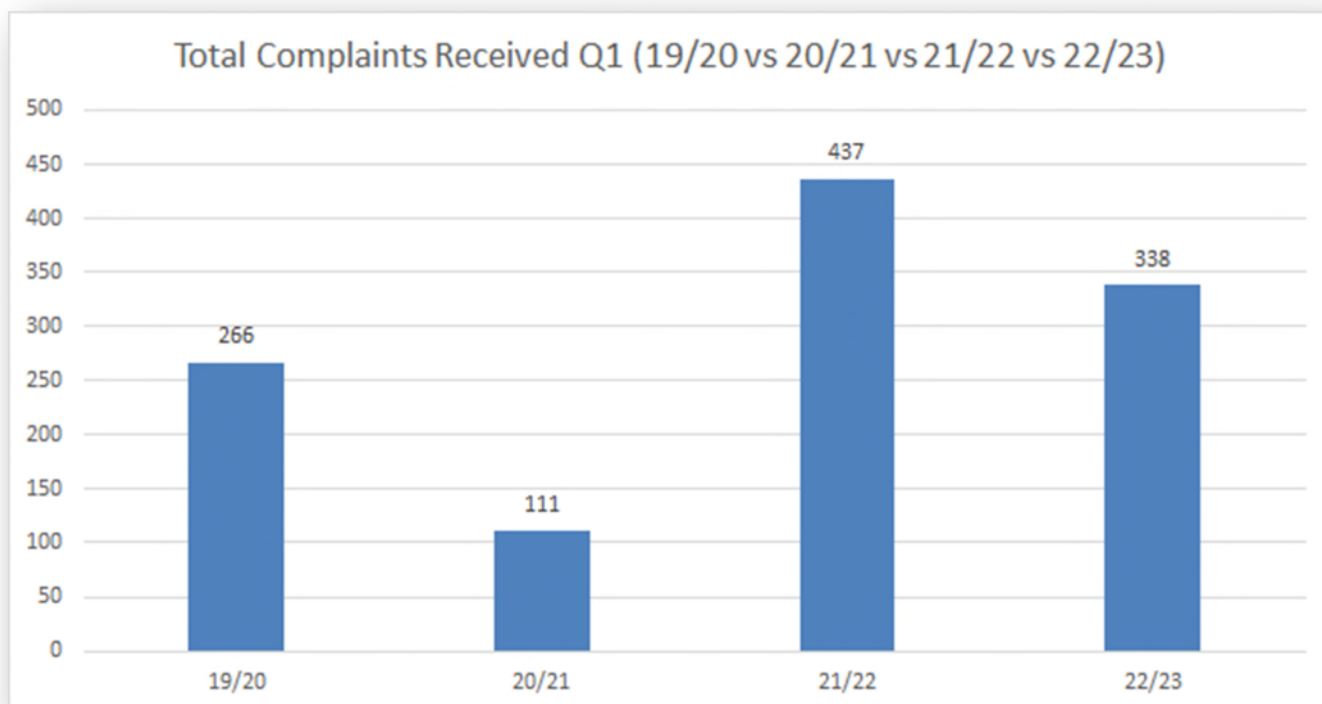
Compliments received from sources other than Social Media are logged and actioned on the DATIX system. Between 1 April 2022 and 30 June 2022, a total of 226 compliments have been received, a reduction of 7%. East Region received around 43% of these compliments. The graph below shows the compliments received by region for the financial year.



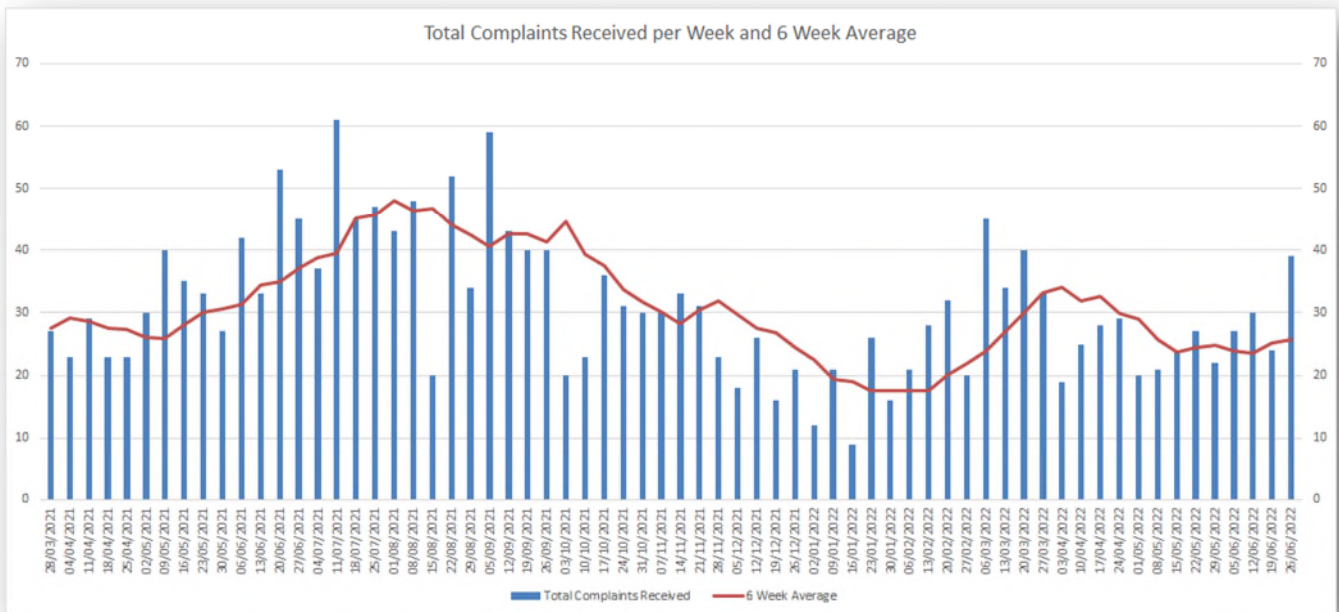
Complaints Data

Between 1 April 2022 and 30 June 2022, 338 complaints have been received. This shows a decrease of 99 (22.7%) complaints in comparison to the previous financial year but an increase of 72 (27.1%) from 2019/20 (2019/20 data included due to the low levels seen through COVID).

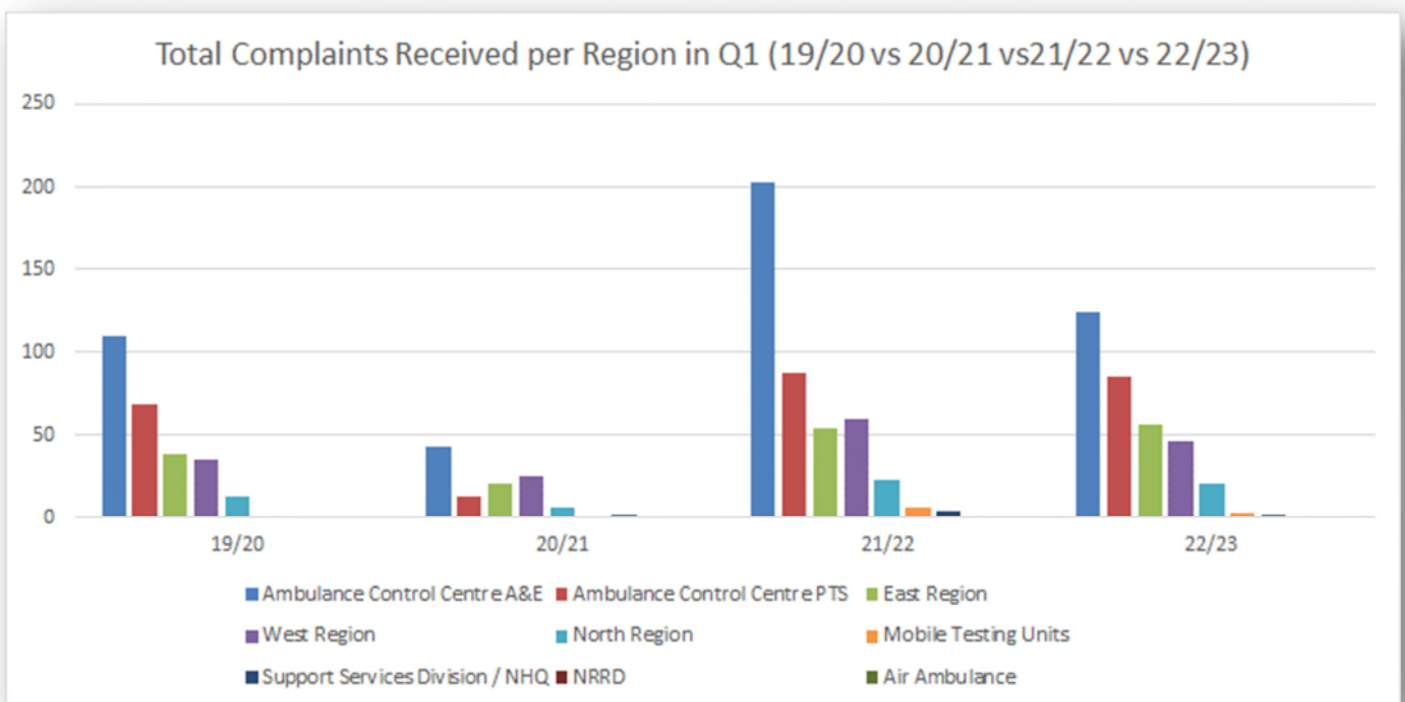
Although the numbers are still higher than pre-COVID, this is to be expected given the continued system pressures. It is however positive to see the complaints numbers decrease from what was an exceptionally challenging year for the Service in all aspects. Credit should be given to all staff who have worked tirelessly to ensure that not only frontline operations remain functional, but that support mechanisms such as complaints handling are being managed.



The chart above compares the volume of complaints received in Quarter 1 over the last four years and the chart below shows the number of complaints received per week from quarter 1 last year with a 6 week rolling average line to provide a clearer trend. What is clear from below is the number of complaints per week, whilst rising in February 2022 into March 2022, has declined gradually. This is evidenced in the compliance section below.



The chart below shows that the majority of complaints continue to be owned by the Ambulance Control Centre, A&E and PTS, but these figures are now balancing with the gap reducing in comparison to the previous year back to a similar position to pre-COVID.



Complaint Themes

Of the 338 received, the 3 most common themes for complaints are

1. Delayed Response – 20.7% of the total (33.9% in the last paper)
2. Attitude and Behaviour – 20.7% of the total (14.9% in the last paper)
3. Triage/Referral to NHS24 – 13.9% of the total (10.9% in the last paper)

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Actions from Complaints

The recent increase in Attitude and Behavior complaints has caused some concerns and when capacity allows, the Learning from Events Group has asked that a deep dive into a sample of these complaints be carried out. This will be led by the Patient Experience Manager with support from a Clinical Governance Manager and a clinician who is on alternative duties. This piece of work will seek to understand if there are any trends in the working environment such as time of day, how many hours into the shift, have staff had a meal break to name a few.

Whilst the reduction in Clinical Assessment complaints should be taken as a positive, work will always be ongoing to learn from these incidents. Following the management of an SPSO case, the Service itself identified that there is a requirement to standardise and improve the quality of the Clinical Review process. This has resulted in work being asked to be carried out by the executive to create a robust and standard review template to allow supportive and reflective learning to be facilitated and carried out when an error has been identified.

In respect to Delayed Response complaints the process is to feedback audits to call handlers and dispatchers in a supportive manner. This is carried out by a line manager and documented to provide assurance and consistency. The majority of Delayed Response complaints continue to be identified as pressures on demand and capacity. The Service is currently recruiting significant volumes of frontline operational posts to support the Demand and Capacity review, as well as new posts being created within the clinical hub in ACC to improve patient safety by better managing the patients who are waiting.

Stage 1 Complaints (1 April 2022 – 28 June 2022)

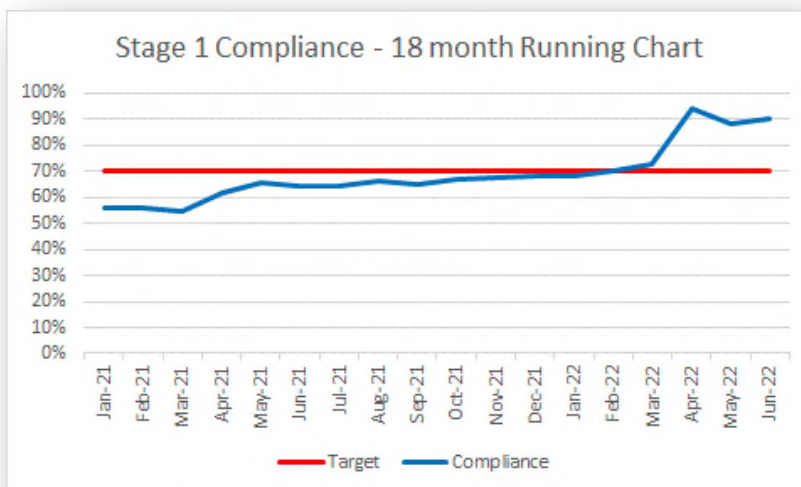
Stage 1 complaints have a 5-day target to be closed. Generally, this can be done by direct contact with the complainant from supervisor level up. This may be by phone, email or a face-to-face contact. There should be no complaints where a patient has come to harm or there is a clinical challenge completed as a stage 1.

Stage 1					
	Closed within target				Still Open and now overdue
	No	Yes	Total	Compliance	
Ambulance Control Centre A&E	2	71	73	97.3%	0
Ambulance Control Centre PTS	1	70	71	98.6%	1
East Region	3	33	36	91.7%	0
Mobile Testing Units	3	0	3	0.0%	2
North Region	6	8	14	57.1%	0
Support Services/NHQ	0	1	1	100.0%	0
West Region	7	29	36	80.6%	1
NRRD	1	0	1	0.0%	1
Total	23	212	235		5
Compliance	90.2%				

Latest figures show the Service is sitting at a compliance rate of 90.2%, an increase from 88.1% in the previous paper. The government target is 70% of complaints to be dealt with by the target day.

Focus is being targeted in the North region to improve compliance in this area, although the numbers are small, the compliance is significantly below the target.

Below is the 18-month running chart of Stage 1 compliance.



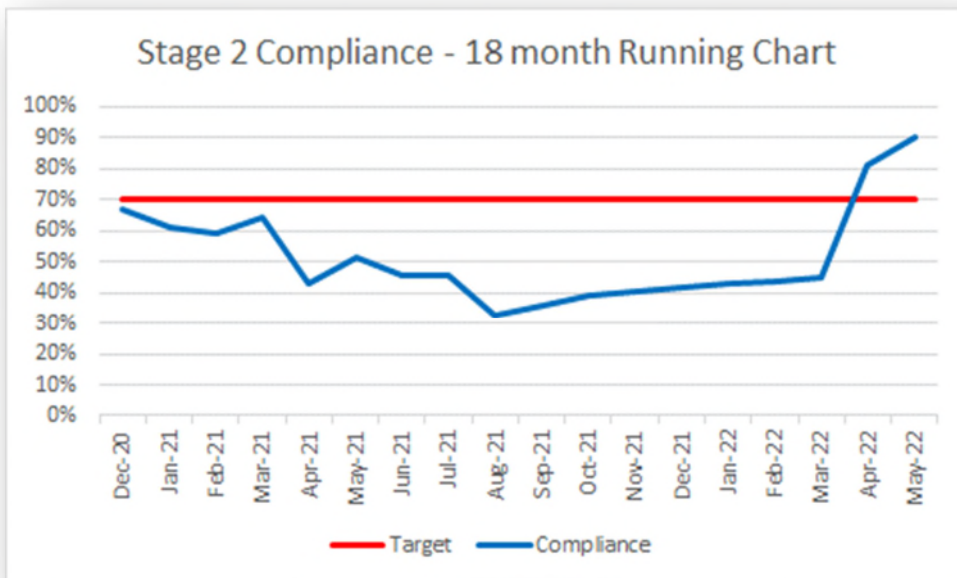
Stage 2 Complaints (1 April 2022 – 8 June 2022)

Stage 2 complaints have a 20-day target to be closed and all stage 2 complaints should be closed with a final response letter from a director. A full investigation is also required and all evidence collated to ensure the investigation will stand up to scrutiny from the SPSO, other auditors and legal personnel. The complaint is dealt with by Manager level and above.

Stage 2					
	Closed within target				Still Open and now overdue
	No	Yes	Total	Compliance	
Ambulance Control Centre A&E	2	28	30	93.3%	1
Ambulance Control Centre PTS	0	12	12	100.0%	0
East Region	0	17	17	100.0%	0
North Region	2	2	4	50.0%	0
West Region	4	3	7	42.9%	0
Total	8	62	70		1
Compliance	88.6%				

Latest figures show SAS is sitting at a compliance rate of 88.6%, an increase from 83.7% in the previous paper, against a target of 70%. Focus is targeted in the North and West regions to improve compliance in this area, although the numbers are small, the compliance is significantly below the target.

Below is the 18-month running chart of Stage 2 compliance.



Compliance Comments

The Service, as a whole, continues to perform strongly and continues to work hard to focus on keeping compliance above 70% and as high as possible.

There continues to be an encouraging ratio of Stage 1 to Stage 2 complaints with the ratio currently sitting at just above 3:1. The desire of managing more complaints at the early resolution stage of the Complaints Handling Procedure is being actioned within the regions and national operations. This is positive in that not only does it align with the SPSO guidance of seeking early resolution, it allows more time to focus on more serious complaints that require more in depth review due to either significance of event or complexity of concern. This is evidenced in the table below which shows the total complaints received in the first two months of the financial year for the previous four years. Whilst it is difficult to set a target for a ratio of Stage 1 to Stage 2 complaints, 3:1 is realistic. The ratio with health boards across the country varies significantly from 1:5 to almost 6:1. The Service's performance is somewhere in the middle.

Total Complaints between 1 April - 5 July (19/20 vs 20/21 vs 21/22 vs 22/23)												
	2019/20			2020/21			2021/22			2022/23		
	Stage 1	Stage 2	Total	Stage 1	Stage 2	Total	Stage 1	Stage 2	Total	Stage 1	Stage 2	Total
Air Ambulance	0	1	1	0	0	0	0	0	0	0	0	0
Ambulance Control Centre A&E	30	89	119	28	16	44	102	110	212	80	51	131
Ambulance Control Centre PTS	58	15	73	12	3	15	80	9	89	80	14	94
East Region	25	16	41	15	9	24	30	28	58	39	20	59
Mobile Testing Units	0	0	0	0	0	0	6	0	6	3	0	3
North Region	8	5	13	4	4	8	18	6	24	16	6	22
Support Services/NHQ	0	1	1	0	2	2	1	3	4	2	0	2
West Region	24	12	36	20	7	27	45	15	60	37	10	47
NRRD	1	0	1	0	1	1	1	0	1	1	0	1
Total	146	139	285	79	42	121	283	171	454	258	101	359
Percentage Ratio	51.23%	48.77%		65.29%	34.71%		62.33%	37.67%		71.87%	28.13%	

Care Opinion

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

Between 1 April 2022 and 30 June 2022, 35 stories were posted on Care Opinion relating to the Service. These have been viewed 6817 times. NHS Lothian and NHS Lanarkshire board areas currently make up around 37% of the stories posted.

Of the 35 posts, 60% were uncritical in tone. It should be noted that whilst the remaining 40% will have some form of criticality, this is not necessarily directed towards the Service, with the feedback often involving multiple NHS boards.

Each of the concerns raised was responded to and where actions were required to be taken, these were followed up with the teams involved. All positive aspects of feedback were fed back to the teams involved, where possible, to ensure feedback is shared with the source of the positive care.

Patient Focused Public Involvement (PFPI)

CPR for Disabled People.

The Service has been leading this work and are now working with Save a Life for Scotland (SALFS), who will be formally launching the programme over the summer to support disabled people across Scotland. This is supported by the Scottish Government and Resuscitation Council UK. A website hosting accessible training materials and advice/guidance for trainers is currently being trialled by disabled people and Disabled People's Organisations, like Inclusion Scotland and the Glasgow Disability Alliance, to ensure the materials are fit for purpose.

East Neuk First responders have been trialling the materials and providing some accessible sessions (including delivering a CPR session in Makaton). Feedback from participants and trainers has been very positive.

Work is currently under-development to provide audio CPR instruction to someone when the provider cannot perform CPR themselves but will support another bystander to do it.

Given the high-number of the disabled population in Scotland (1 in 5 of the population with a recognised disability), this project has the potential to have a huge impact on public health. With our expertise and support, the Service is contributing to one of the Scottish Government's Out of Hospital Cardiac Arrest Strategy 2021-26 aims of making CPR training more accessible and improving population health.

Air Ambulance re-procurement and 2030 Strategy engagement.

We are working with NHS colleagues and national third sector organisations, such as Age Scotland, Stroke Scotland, Alzheimer's Scotland, and the Carer's Trust to reach their members with both consultations.

We are arranging focus groups with NHS Western Isles, Grampian and Shetland to discuss the air ambulance consultation with our Highland and Island communities. We are also working with NHS Tayside, the Glasgow Disability Alliance and Alzheimer's Scotland to discuss our 2030 Strategy and the care we provide local communities.

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Mental health awareness training for scheduled care call handlers.

Based on engagement from scheduled care call handlers, the mental health training given to scheduled care call handlers during induction has been redesigned and developed to better meet their needs and expectations. The development was carried out by our mental health team, the mental health organisation See Me, patient volunteers and facilitated by our Engagement and Involvement manager. We are aiming to trial the new training with scheduled care colleagues over the summer. In the future, we aim to redesign the mental health training given to scheduled care assistants.

See Me have also delivered a mental health CPD session for our staff. The session covered how to identify and safely work with someone that has mental health issues and we would anticipate this being an ongoing engagement for See Me to support Service staff development going forward.

See Me will be working with us to trial the mental health section of the patient needs assessment for scheduled care.

Involving People Volunteers.

We continue to actively recruit volunteers and third sector organisations to our Involving People Network. These volunteers provide a patient and member of the public's voice to internal Service discussions.

Based on feedback, we are taking inspiration from NHS colleagues in Tayside and creating an application and framework for Service members requiring a face to face involving group meetings of two or more volunteers. This will be done to help the engagement team devote resources wisely, it will help for engagement and research audit purposes, and it will help a volunteer's understanding of what is being asked of them.

We continue to internally promote the engagement and toolbox. Service members are finding it to be a simple method to involve people in their project.

Going forward and now that Covid restrictions have eased, we can restart work on our Patient Representative Support Package. The package and accompanying framework is being designed to offer volunteers the tools they need to fulfill their roles with us and deepen their knowledge of our service.

- We aim to enable our volunteers to safely visit sites relevant to their roles e.g. The patient representative for the Service's Air Ambulance Reprourement board will visit the air ambulance site in Aberdeen or Glasgow, speak to crews, and broaden his understanding of how the air ambulance operates and the pressures it is under.
- We aim to publish case studies of the work done by our volunteers, to share best practice across the network and to disseminate during recruitment, in order that new recruits may get an insight into to what it means to volunteer with us.
- We aim to setup an optional, quarterly peer supervision group. This will give volunteers the opportunity to share issues they are having, solutions, best practice, and research shows how peer supervision can aid wellbeing.
- Included will be a wellbeing framework for Involving People volunteers.

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SAS Reference	SPSO Reference	Date SPSO began their review	Complaint Overview	SAS Decision	SPSO Stage and Outcome	Date SPSO completed their review	Recommendations	Status of Recommendations
DATIX 7820	202103662	16/06/2022	1. Scottish Ambulance Service crew attitude and Behaviour complaint	Not Upheld	SPSO Reviewing			
DATIX 9060	202109176	31/03/2022	1. Scottish Ambulance Service handover included inaccurate information	Not Upheld	SPSO have not taken forward	31/03/2022	N/A	N/A
DATIX 7120	202100614	18/05/2022	1. Scottish Ambulance Service unreasonably left patient at home	Not Upheld	Awaiting Consent			
DATIX 5661	202006236	31/08/2021	1. Scottish Ambulance Service unreasonably failed to send an ambulance to patient	Not Upheld	SPSO Reviewing	N/A	N/A	N/A
DATIX 5488	202000766	10/02/2021	1. The care that Patient A received from the Scottish Ambulance Service was unreasonable; 2. The handling of the complaint was unreasonable	Upheld	SPSO have upheld both parts	25/04/2022	<ol style="list-style-type: none"> Letter of apology to complainant Share review with the involved operational staff for feedback and learning around patient assessment and dispatch processes Share the review with the involved operational staff around the management of cardiac arrest and for SAS to consider two points: how it can evidence that treatments have been performed on a patient and also; for SAS to consider issuing guidance around the management of cardiac arrest in a moving vehicle Share the review with the involved Complaints handling staff for reflection and learning Provide further training on complaints handling and evidence of how this learning is being monitored to ensure that the complaints handling process is being followed and applied appropriately Share the review with the involved operational staff for reflection and learning on asking bystanders to do CPR Evidence that relevant staff have undertaken complaints handling training and evidence that quality assurance is in place to ensure complaints investigations are monitored to ensure they meet required expectations 	Recommendation 1 closed and signed off (23/05/2022) Remaining Recommendations open and being progressed
DATIX 3850	201903984	16/03/2021	1. Scottish Ambulance Service failed to reasonably assess patients condition and; 2. Scottish Ambulance Service failed to reasonably assess the complaint	Upheld	SPSO have not upheld part 1 but upheld part 2	15/03/2022	<ol style="list-style-type: none"> Letter of Apology to complainant Share the review with Investigating Officer 	<ol style="list-style-type: none"> Complete Complete
DATIX 6701	202007781	28/04/2021	1. Scottish Ambulance Service failed to respond reasonably to a request for an ambulance from NHS24 and; 2. Scottish Ambulance Service failed to respond reasonably to a 999 call	Upheld	SPSO have not upheld	29/03/2022	SPSO conclude that SAS complaints process was adequate, highlighting high standards and professionalism by call taker	N/A
DATIX 7795	202103065	15/10/2021	1. Ambulance Crew unreasonably failed to take Patient to hospital	Part Upheld	SPSO Reviewing	N/A	N/A	N/A