NOT PROTECTIVELY MARKED

Public Board Meeting	**29 July 2020** **Item No 10**

THIS PAPER IS FOR DISCUSSION

PERSON CENTRED CARE UPDATE

Lead Director **Author**	Professor Frances Dodd, Director of Care Quality and Professional 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	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.
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 BOARD

PATIENT EXPERIENCE

PROFESSOR FRANCES DODD, DIRECTOR OF CARE QUALITY & PROFESSIONAL DEVELOPMENT

SECTION 1: PURPOSE

This paper covers the period between 1 April 2020 and 28 June 2020. 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 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 102 complaints have been received by the Service since 1 April 2020.

Feedback analysis

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 2020 and 28 June 2020, 28 stories were posted on Care Opinion relating to the Service. These have been viewed 7,652 times. NHS Greater Glasgow and Clyde and NHS Grampian currently provide around 40% of the stories received between them equally.

Of the 28 posts, 89% were uncritical in tone. It should be noted that whilst the remaining 11% will have some form of criticality, this is not necessarily directed towards the Service, with the feedback often involving multiple NHS boards.

*There was 1 Strongly Critical story within these stories that was directed solely to the Service. The regional Deputy Director made contact through the channel of Care Opinion and the author replied. This feedback has now been taken through the NHS Complaints Handling procedure and the matter is now closed with the learning taken on board.

Compliments

Social media

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

During the pandemic the Service has received a significant increase in the amount of both compliments and support from the public and a number of celebrities including Lorraine Kelly, Shirley Manson and Frankie Boyle.

The communications team promotes these compliments through our social media channels and through internal communications channels to our staff. With the agreement of the patients involved, some of the stories told are targeted at national media outlets and feature pieces involving patients being reunited with the crews or Ambulance Control Centre staff who have assisted them.

Facebook

- Posts reached on average 265,068 people in the month of June (up by 11% from the previous 28 days)
- Videos reached 55,215 people over the same period (down by 57% on the previous month)
- An extra 621 followers in June (35,396 followers)

Largest posts

The top five posts in June were:
- Major incident in Glasgow – 74,581
- Advert for HCPC post – 60,918
- Staff member being reunited with daughter – 48,466
- 72nd Anniversary clap pipe playing – 44,321
- 72nd Anniversary reminder – 27, 288

Twitter

Over the month of June:

- 680,000 impressions (increase of 32.5% over previous month)
- 1,268 mentions (up by 31.4% over previous month)
- Followers up by 326 to 29,900

Top tweets

Top five tweets were:

- Major incident in Glasgow (two tweets in particular – 202,260 impressions and 66,502 impressions)
- Paramedic rescuing cute dog – 46,060 impressions
- 72nd anniversary – old picture in Pitlochry – 15,338 impressions
- 72nd anniversary old vehicles – 13,848 impressions
- 72 anniversary lighting up national landmarks – 12,959 impressions

Compliments

Compliments received from sources other than Social Media are logged and actioned on the DATIX system. Between 1 April 2020 and 28 June 2020 a total of 152 compliments have been received. Just under 56% of these compliments were received by East Region. The graph below shows the compliments received by each region.

Total Compliments Received

	East Region	West Region	North Region	Ambulance Control Centre A&E
	85	42	21	4

Learning from Events Group (LfEG)

On 25 June 2020, the inaugural meeting of LfEG was held over Microsoft Teams and chaired by the Director of Care Quality and Professional Development. The meeting was very positive and the Terms of Reference (Appendix 1) are attached.

This group is looking to identify trends across the breadth of feedback that the Service receives on a daily basis not just from the public and external stakeholders, but also from staff. This group intends to action the learning from these trends by encouraging and supporting improvement activity and thus providing assurance to the Board that the Service is acting on its moral and ethical responsibility to continually look at ways to improve patient care and outcomes whilst not losing focus on establishing the most positive staff experience possible.

This group will not be looking at individual learning or making any efforts to seek punitive measures. Instead it will be embracing a Learning Culture with staff involvement at the very heart of its design. With partnership on the membership and regular attendees of frontline staff, it is anticipated that this group will work with a bottom up approach, supporting local innovation and improvement drive. This group will report to National Clinical Operational Governance Group (NCOGG).

Patient Focused Public Involvement (PFPI)

Public Involvement is challenging in our new virtual world. We continue to maintain close connections with our volunteer network through telephone, email and online platforms. There is not a one size fits all approach in terms of engagement for our current network and we are using a wide variety of approaches - some prefer email, others the telephone and some are using online platforms.

In a test of engaging in all these different ways, we recently provided the Advance Practice team with feedback on a proposed survey they wanted to undertake with patients who had been video triaged. The test proved successful, as the team received useful feedback and our volunteers felt useful to the Service. However, working in this way is time-consuming and we are continuing to try and find the optimum approach which will help us to streamline the process without losing any of the impact of consistent engagement.

As internal meetings are taking place over Microsoft Teams, we are working quickly and intelligently to ensure our volunteers have the training and technology to take part in meetings using Teams. Some already use Teams in their day-jobs, so for them the switch is very easy and others need training to use the application. There are some without the technology to support Teams, and we are working with our ICT department to support them and bring them online. There are sadly two that have asked to pause their involvement with us at this time due to being uncomfortable with technology and we are working to support them moving forward. Our National Clinical Operational Governance and Clinical Services Transformation chairs support our efforts and welcome the input of our volunteers into their groups.

Recruitment of volunteers to increase the size of our network is another challenge. A lot of people we have spoken to are in a time of transition and upheaval because of the pandemic. This will continue to be the case for the short term. We are reaching out to people with experience of our service during the pandemic. We are looking to learn as much as we can from these people to aid us in ensuring feedback forms part of Service Improvement.

We have finalised our Patient Focus Public Involvement strategy, and look forward to presenting it to the Clinical Governance Committee.

The majority of our engagement work had been placed on hold, as individual volunteers and the Third-Sector come into their recovery phases. We continue to evolve our approach to digital engagement in order that we can be agile to respond when this work resumes shortly.

We continue to work with Young Scot on our Youth Engagement plan and will provide a more detailed update on this work soon.

Complaints Data

Between 1 April 2020 and 28 June 2020, a total of 102 complaints were received, with the Ambulance Control Centre (A&E) receiving slightly over 38% of these. This shows a significant 61.8% decrease from the same period last year where we had received 267 complaints. In terms of how this compares to overall demand levels within this Service this was down by 10.5% compared to the previous year.

Financial Year 1 April - 28 June	Total Contacts with Service (attended or not)	Total Complaints Received	% of Contacts to Complaints
2019/20	193,575	267	0.14
2020/21	173,242	102	0.06

Another shift is within the 3 most common themes for complaints. Below is a table comparing the themes from last year to this year.

1 April 2019 - 28 June 2019	1 April 2020 - 28 June 2020
1. Delayed Response - 66 (24.7%)	1. Attitude and Behaviour - 26 (25.5%)
2. Attitude and Behaviour - 42 (15.7%)	2. Triage/Referral to NHS24 - 16 (15.7%)
3. Triage/Referral to NHS24 - 37 (13.9%)	3. Delayed Response - 14 (13.7%)

Data shows that 64.7% of the total complaints received this year are Stage 1 – Early Resolution Complaints (5-day target). This is an increase from last year where 53.2% of the total complaints received during this period were handled as Stage 1 Complaints.

Stage 1 - (1 April 2020 – 20 June 2020)

Latest results indicate that Stage 1 complaints compliance is at 61.1%.

Stage 1				
	Closed within target			
	No	Yes	Total	Compliance
Ambulance Control Centre A&E	10	11	21	52.4%
Ambulance Control Centre PTS	0	6	6	100.0%
East Region	4	6	10	60.0%
North Region	1	0	1	0.0%
West Region	6	10	16	62.5%
Total	21	33	54	
Compliance	**61.1%**			
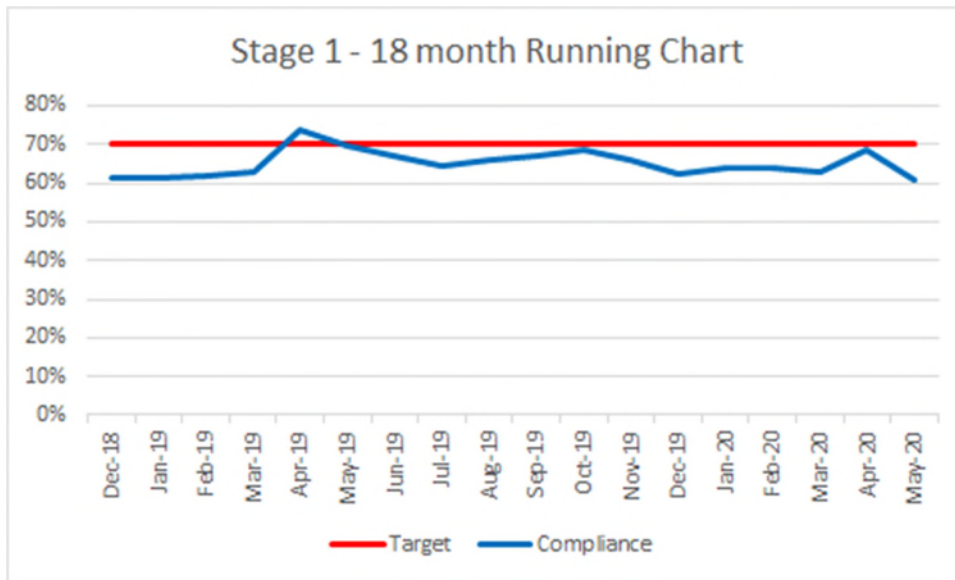
Stage 2 – (1 April 2019 – 31 May 2020)

Latest results indicate that Stage 2 complaints compliance is currently 83.3%.

Stage 2	Closed within target			
	No	Yes	Total	Compliance
Ambulance Control Centre A&E	0	6	6	100.0%
Ambulance Control Centre PTS	1	0	1	0.0%
East Region	0	7	7	100.0%
North Region	1	1	2	50.0%
NHQ/Support Services	1	0	1	0.0%
West Region	0	1	1	100.0%
Total	3	15	18	
Compliance	**83.3%**			
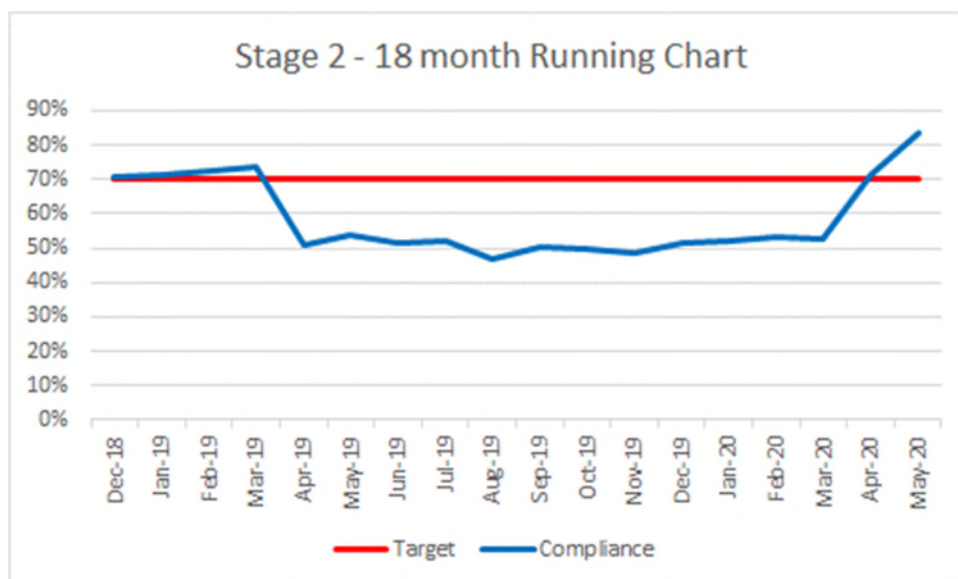
Compliance Comments

It is promising to see that there has been an increase in the percentage of complaints that are being handled at a Stage 1 level and, that the compliance of our Stage 2 complaints has got off to a very positive start in comparison to the same period last year. However, whilst it is good to see this, it is important to not be complacent, particularly as the number of complaints has reduced during the pandemic.

During the pandemic the Service, territorial and other health boards as well as partner agencies have all been required to adapt and work through a rapidly changing picture and the work carried out by all staff has been admirable. The data would suggest that the pandemic has resulted in a significant reduction in complaints (and increase in compliments) as illustrated below. Staff should be ready for any increase in workload as demand continues to increase.
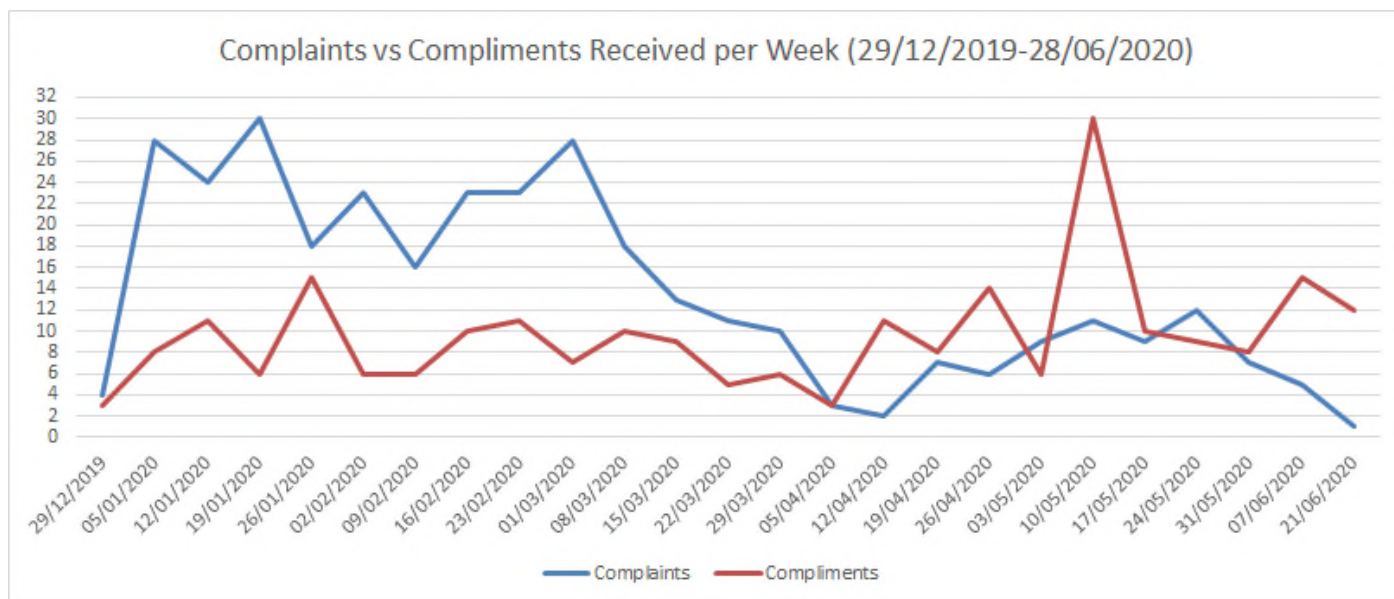
SPSO

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	SPSO Have upheld part 1 and not upheld part 2	1. SAS to send apology letter for issues identified 2. Feedback to Clinical Advisor the findings of this report and evidence adequate processes are in place to ensure CA callbacks are made 3. Feedback to crew the findings of this report
SW/31/12956/19	201801934	02/05/2019	1. Scottish Ambulance Service's response to an emergency call on specific date was unreasonable	Upheld	SPSO have upheld	1. SAS to send apology letter for issues identified (Complete and signed off) 2. Further evidence of reflection from Call Handler (Complete and sent to SPSO 3 July 20 - awaiting confirmation) 3. Update SPSO on system changes to mitigate risk of CFR's not being dispatched 4. Confirm a suitable protocol for when Satelite Navigation fails on vehicles 5. Evidence this review has been fed back to the crew involved (Complete and sent to SPSO 6 July 2020 - awaiting confirmation) 6. Consideration for aide memoirs for cease of resuscitation
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	With SPSO Advisors	Provisional Letter Received, replied with feedback - 06/07/2020
DATIX 4952	202001395	03/07/2020	Awaiting information, at provisional stages	Upheld	SPSO Sent information as requested - 06/07/2020 SPSO Have decided not to take this forward as nothing to add to SAS review - 07/07/2020	SPSO not taking on
DATIX 3990	202000080	07/07/2020	1. Scottish Ambulance Service failed to provide patient with appropriate care and treatment on 20 March 2019 (Joint review where NHSD&G led)	Not Upheld	With SPSO Advisors - Information sent 08/07/2020	Awaiting Outcome

To note, the SPSO recommendations for the first case (201809644) in the above table were received during the recent COVID period, but are being actioned.

During the pandemic the Scottish Public Services Ombudsman have been supportive of limiting the amount of interaction they have had with the Health Sector. This was to ensure that focus could remain on the efforts in managing the response and has been very helpful.

It is likely that there will be a number of cases that will appear in quick succession when business as usual returns and their staff return to the new normal working environment.

INTERNAL USE ONLY

**Learning from Events Group (LfEG)
Terms of Reference**

**Version: 0.10
Date: 13 July 2020**

**Author: Alan Martin, Patient Experience Manager
Region/Dept: Care Quality and Professional Development**

DOCUMENT CONTROL SHEET:

Key Information:

Title:	Learning from Events Group
Date Published/Issued:	
Date Effective From:	
Version/Issue Number:	0.10
Document Type:	Terms of Reference
Document status:	Draft for Approval
Author:	Patient Experience Manager
Approver:	Executive Management Team
Contact:	alan.martin2@nhs.net
File Location:	

Revision History:

Version:	Date:	Summary of Changes:	Name:	Changes Marked:
0.01	February 2020	Initial Document	AM	AM
0.02	February 2020	Suggested Additions by Frances Dodd	FD	FD
0.03	February 2020	Suggested Additions by Gary Rutherford	GF	GF
0.04	March 2020	Amendments by Alan Martin and Lindsey Ralph	AM + LR	AM + LR
0.05	March 2020	Amendments by Alan Martin and Gary Rutherford	AM + GR	AM + GR
0.06	March 2020	Suggested Additions by Frances Dodd	FD	FD
0.07	May 2020	Amendments on Membership to include ACC representative	AM	AM
0.08	June 2020	Formatting amendments	AM	AM
0.09	June 2020	Amendments to ScotSTAR Membership as well as additions to approval	AI + AM	AM
0.10	July 2020	Amendments as per feedback from LfEG	AM	AM

Approval: This document requires the following signed approvals.

Name:	Date:	Version:
Chief Executive		
Director of Care Quality and Professional Development		
Medical Director		
Chair of National Clinical Operational Governance Group		

Distribution: This document has been distributed to

Name/Group:	Date of Issue:	Version:
Board		
Executive Team		
Clinical Governance Committee		
National Clinical Operational Governance Group		

Patient Focus and Public Involvement (PFPI):

It is the aspiration of the group to identify a suitable patient representative for co-design, independent input and feedback.

1   Purpose

Learning from events is well-established as a routine safety improvement intervention in many care professions and organisations.

Following the publication of the Berwick Review, it became clear that there was a shift required in the culture of learning within the National Health Service (NHS). The Berwick Review, 'A Promise to Learn – a commitment to act' had ten recommendations, two of which are:

1. The NHS should continually and forever reduce patient harm by embracing wholeheartedly an ethic of learning.
2. All organisations should seek out the patient and carer voice as an essential asset in monitoring the safety and quality of care.

While the focus of healthcare learning has been on adverse events and patient harm, it is increasingly recognised that there is benefit in learning from everyday system function during different conditions. Therefore, the term 'event' is used to include *'significant adverse event review',* '*patient safety incident'*, '*critical incident'*, '*adverse event'*, '*near miss'*, '*never event'*, '*medical error'* '*feedback'*, '*complaint'*, '*good outcome'*, '*excellence'* and so on.

It is the role of the LfEG to increase organisational understanding of themes of things that don't go well, in addition to understanding system function when things do go well. We then must use this understanding to strengthen, enhance or re-design the system.

In addition, the group will have oversight on compliance of the NHS Scotland Complaints Handling procedure and the progress of the Service's Significant Adverse Event Reviews (SAERs), along with their actions given the reporting to the Significant Adverse Event Notification System now online with Healthcare Improvement Scotland (HIS).

2   Scope

Objective

The objective of the LfEG is to ensure that the learning gained from events is used to enhance system performance and optimise staff wellbeing, leading to optimal patient safety, outcome and experience. The Service should be able to demonstrate and evidence the learning and provide examples of how this has been shared.

Accountability

This group will report to the National Clinical Operational Governance Group.

3   Remit

Main Areas Covered

- Review and understand themes and trends of incidents reported through DATIX

- Review and understand themes of feedback received by patients and service users
- Review trends in SAER commission reasons and recommendations from SAER completion
- Support joined up learning from the above processes supporting future Learning in Practice across the service
- Explore how to understand everyday system performance and learn from when things go well.
- Discuss and commission methods to share learning across the Service
- Manage the Learning from Events action tracker
- Receive bespoke LfEG report from required Regions and Departments
- Ensure the Service's policies in respect to the above processes are adequate and effective
- Look for common themes and develop Service wide strategies for sharing learning
- Develop an approach to supporting staff learning from events including education and development
- Work with regional leadership teams and frontline staff to assess and optimise psychological safety within the Service to support learning from events
- Monitor Government requirements in respect to compliance, in particular compliance to the NHS Scotland Complaints Handling Procedure, and ensure that these are met where possible
- Ensure that the Services current learning processes, and the actions created as a result, are being robustly followed, actioned and reported to minimise recurrence

4   Membership

Job Title	Function/Role
Director of Care Quality and Professional Development	Chair
Associate Medical Director	Vice Chair
Deputy Director	Member
Patient Experience Manager	Member
Patient Safety Manager	Member
Clinical Risk Manager	Member
Corporate Risk Manager	Member
Clinical Governance Manager – Guidelines	Member
Clinical Governance Manager – Medicines	Member
Education Representation	Member
Partnership Representative	Member
Head of Clinical ACC	Member
Quality Improvement Representative	Member
Head of Service – North	Member
Head of Service – West	Member
Head of Service – East	Member
Head of Service – PTS	Member
Appropriate Representative – ScotSTAR	Member
Head of Service – NRRD/SORT	Member

Regular Attendees will be:

Job Title	Function/Role
Communications Officer	Group Communications
Patient Representative	Patient Representative
PTS Area Service Manager	PTS Representative
Paramedic	Frontline Representative
Paramedic Team Leader	Frontline Representative
ACC Supervisor	Frontline Representative
PA to Director of Care Quality and Professional Development	Secretary, Administration Support

Any other member of staff invited to attend the group must be authorised by the Chair or one of the Co Vice-Chairs

If any member of the group is unable to attend then a Deputy must be nominated to attend on their behalf.

5. Quorum

Quorum is eight members, one of which must be the Director of Care Quality and Professional Development or one of the Co Vice-Chairs. No business shall be transacted unless this minimum number of members is present. Members attending by either video or teleconference link will be determined to be present.

6. Meetings

Frequency

Meetings of the group will be held quarterly and timed to allow reporting into the National Clinical Operational Governance Group.

Agenda and Papers

The Agenda and any supporting documents/papers will be made available electronically 7 days in advance of the meetings

All documents or papers will clearly state the agenda reference and be accompanied by a cover paper.

Minutes

This meeting will normally work in a non-minuted format unless the Chair decides that there is a requirement.

In the event that the Chair determines there is a requirement for a subject or meeting to be minuted, these minutes will be submitted for approval at the next meeting.

Approved action trackers and decision logs shall be presented to the National Clinical

Operational Governance Group for information. If due to the schedule of meetings the approved action tracker and decision logs are not available, a verbal update of the most recent meeting shall be provided with the approved action tracker and decision logs being presented to the next meeting.

The action tracker will be maintained to track actions arising from each meeting. This log will be reviewed at subsequent meetings and actions will be evidenced and closed.

7. Responsibility

a. Accountability

The Group will review its Terms of Reference annually. The revised Terms of Reference must be submitted to the National Clinical Operational Governance Group/Clinical Governance Committee for approval.

b. Authority and Decision Making

c. Other