



NOT PROTECTIVELY MARKED

Special Board meeting

**June 2019
Item No 07**

THIS PAPER IS FOR APPROVAL

**DRAFT ANNUAL REPORT 2018-19
FEEDBACK, COMMENTS, CONCERNS AND COMPLAINTS**

Lead Director Author	Claire Pearce, Director of Carer Quality and Strategic Development Mark Hannan, Head of Corporate Affairs & Engagement
Action required	The Board is asked to approve the draft Annual Report.
Key points	<p>The Service is required to publish an annual report on feedback, comments, concerns and complaints to evidence the organisation is listening to patients and acting on feedback.</p> <ul style="list-style-type: none">• The report shows that during 2018/19 there were 155 posts on Care Opinion about the Service, which were viewed 35,261 times – a 9% increase compared to the previous year.• The Service received nearly 800 compliments in 2018/19.• The Service received 1,113 complaints - this was a reduction from last year's total of 1312, a drop of 15%. 591 were Stage 1 and 522 were Stage 2 complaints. This represents around 0.08% of the calls received last year asking for our assistance.• Stage 1 compliance was 62.8%, up from 45% last year. Stage 2 compliance was 73.4%, up from 63% last year.• There were no Investigation Reports laid before Parliament. There were 13 SPSO fully investigated in 2018/19. The SPSO upheld seven complaints, part upheld two, did not uphold two and the remaining cases were withdrawn.• There were 8 incidents where the Duty of Candour legislation may have applied.
Timing	The report is presented to the Board for approval, prior to submission to Scottish Government by end June 2019.
Link to Corporate Objectives	The Corporate Objectives this paper relates to are 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	Listening to and acting on patient and carer feedback will promote service development which meets the needs of patients.

Benefit to Patients	Patient and carer feedback involvement in service development helps ensure services meet patient needs and their 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



Feedback, Comments, Concerns and Complaints

2018/19



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1. Introduction

As the population of Scotland changes, the Scottish Ambulance Service continues to transform its services to best meet patient needs in order to save more lives, treat people safely and improve patient and staff experience.

Emergency demand has grown significantly in recent years and as we look to the future, this trend is likely to continue.

During the year 2018/19, we received nearly 1.5 million calls, responded to over 770,000 emergency incidents, completed over 660,000 patient transport journeys, 3,700 air ambulance missions, 45,000 inter hospital transfers and 2,200 ScotSTAR specialist transfers and retrievals across Scotland.

The Scottish Ambulance Service is making significant progress towards achieving the strategic objectives set out in our five-year strategy: "Taking Care to the Patient." We are introducing new advanced and clinical roles and have recruited record numbers of new staff towards meeting our goal of training 1,000 additional paramedics.

We recognise that the development of our workforce is vital as we enhance partnership working with colleagues across the NHS and improve the care we are providing for patients. Paramedic and technician roles have been re-evaluated to reflect these developing roles resulting in higher pay bands.

Our advanced paramedics are now working in rural and urban GP surgeries across Scotland, helping to treat more patients in their home, avoiding unnecessary trips to hospital.

We also continue to invest in the development of clinical advisors in our Ambulance Control Centres (ACCs) and are supporting frontline managers to make more time for helping staff, improving their working lives and the care they provide to patients.

Meanwhile, our improved staff survey has introduced new ways of engaging with staff at every level of the organisation about their experiences and is helping to drive forward positive change, based on their feedback.

Working with other NHS Boards, Integrated Joint Boards and third sector health and social care organisations, we are ensuring patients are getting the right treatment by better identifying their particular needs. This means, for example, that people who fall and those with mental health needs get the right care, rather than simply being whisked off to the nearest A&E Department. This is shifting the balance of care and ensuring that these patients can access the help they need within their local communities. Meanwhile, we have established a 24/7 Specialist Services Desk (SSD) and a major trauma triage tool which is having a positive impact in helping patients who need highly specialised treatment. This work has been further boosted this year by the opening of two new Major Trauma Centres in Dundee and Aberdeen.

Our new Clinical Response Model, launched in November 2016, is continuing to improve the care we are delivering to patients. People with immediately life threatening conditions, such as a cardiac arrest, or who have been involved in serious road traffic incidents for example, are prioritised

and receive the fastest response. In less urgent cases, call handlers may spend more time talking to the caller to better understand the patients' health needs and ensure we send the most appropriate resource for their condition. The new model focuses on improving patient survival and treatment, rather than simply measuring the time it takes to respond.

There have been improvements in getting the right type of response to the patient first time. There has also been an increase in the number of Out of Hospital Cardiac Arrest patients who have been successfully resuscitated on scene, leading to an increased chance of surviving.



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."

At the start of this year, two in-depth analyses were published which showed that this Clinical Response Model is saving more lives. Our [own review](#), and an analysis by the [University of Stirling](#), showed that patients whose lives were most at risk had a better chance of surviving since the introduction of the model. The results show that 43% more of our most critically ill patients had survived for more than 30 days in the first year of the pilot alone. This is something we are very proud of and is a great platform to build upon in the coming years.



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."

Our patient representatives have very much welcomed the results of this evaluation and we are now working closely with them to examine further improvements which can be made to improve patient experience.

Elsewhere within the Service, we've seen improvements in the patient care provided in less urgent cases, with paramedics treating more people in their home, relieving pressure on GP surgeries and busy A&E Departments.

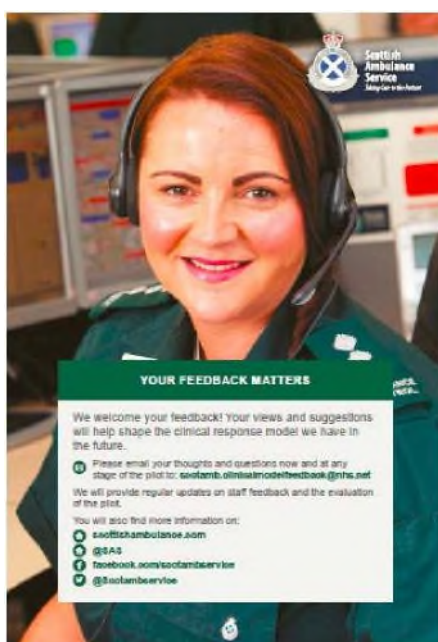
To boost this element of our work, we are enhancing our Ambulance Control Centres and are working collaboratively with flow and discharge centres.

The Service has introduced new electronic tablets and software into every emergency ambulance across the country. This new technology provides an update to the Electronic Patient Report (EPR) currently in use and is supporting clinicians to treat patients more effectively by providing easy access to a growing volume of information, regardless of their location.

Our Patient Transport Service (PTS) continues to undertake over 660,000 journeys every year providing care for patients who need support to reach their healthcare appointments due to their medical and mobility needs. Meanwhile, the improved Patient Needs Assessment process which was implemented in 2017/18 is ensuring that the patients who need our support are being identified more effectively and having their ambulance assistance booked appropriately.

2. Encouraging and Gathering Feedback

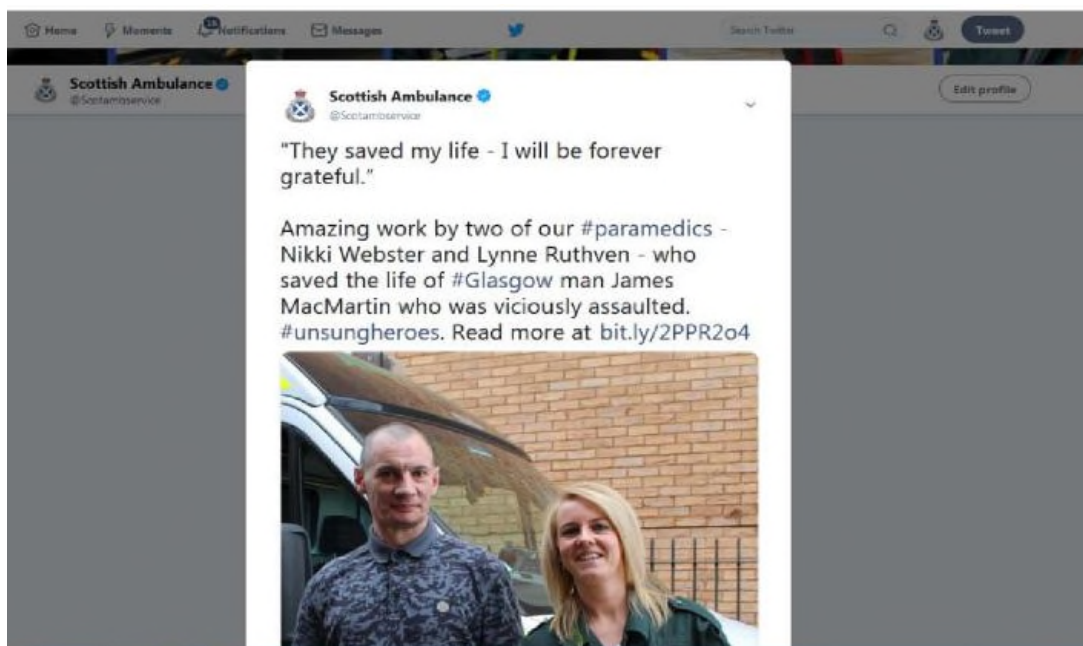
We actively promote a range of methods by which members of the public can feedback their experiences of the Scottish Ambulance Service. Email and telephone continue to be the primary method of contacting us, but the public are increasingly utilising online channels such as Facebook, Twitter, the Scottish Ambulance Service website and Care Opinion. We also encourage feedback through the Citizens Advice Scotland 'Patient Advice and Support Service'.



Social Media Engagement

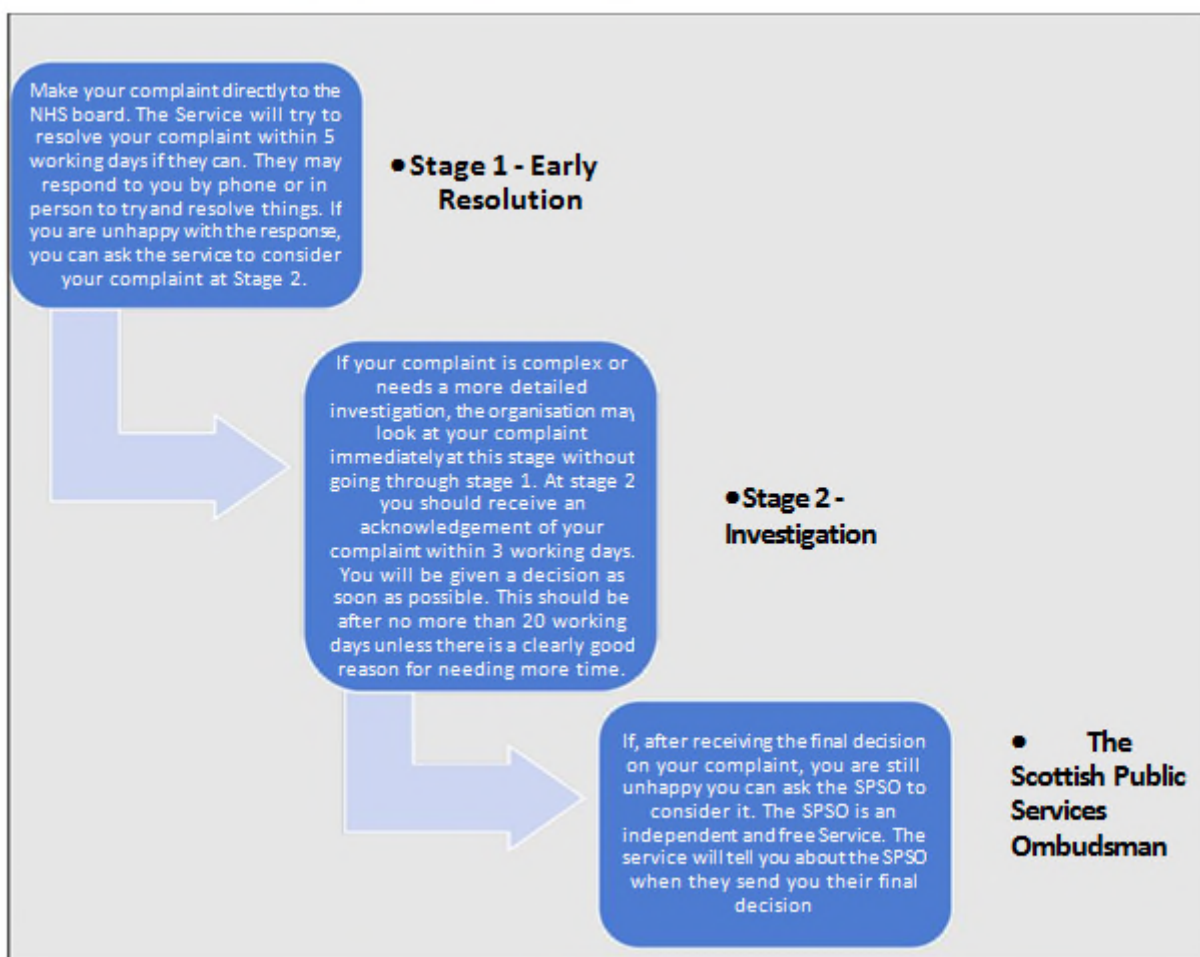
We receive the vast majority of our compliments via digital media channels such as Facebook, Twitter and our website, and this positive feedback continues to grow.

The majority of stories shared with our Board in 2018/19 also came directly from digital feedback received by our Patient Experience Team.



3. Encouraging and Handling Complaints

On the 1st of April 2017, NHS Scotland implemented a new NHS Complaints Handling Procedure (CHP). This was put in place in an effort to improve and standardise how all NHS Boards handle complaints. There is now a two stage process in place. If at the end of this process, the complainant is not satisfied with the outcome, they are signposted to the Scottish Public Services Ombudsman (SPSO).



This new process has required a period of transition for the Service, but it has been a positive development. The new Complaints Handling Procedure has led to a more robust system which allows internal investigations to be handled in a more standardised manner. We have also seen improvements in the way in which we are working together with other NHS Boards to respond to complaints which involve multiple departments or agencies.

During 2018/19, 1113 complaints were received. This was a reduction from last year's total of 1312, a drop of 15%.

591 were 'Stage 1' complaints and 522 were 'Stage 2' complaints.

To provide some context, the number of complaints received by the Service in 2018/19 represents around 0.08% of all the calls we received last year asking for our assistance.

While complaints handling is coordinated and quality assured by the Patient Experience Team, the complaints investigation is handled locally by operational colleagues, who will contact the complainant and staff members about the issues raised in order to promote early resolution and learning. Early conversations with the complainant also help to put in place a proportionate review or investigation into the circumstances which led to the complaint. Local managers have access to report functions in order to understand what is working well and to identify areas for improvement.

The Patient Experience Team reviews feedback data at a national level to identify any emerging trends which might relate to systemic issues. The Patient Experience Manager also sits on the National Clinical Operational Governance Group (NCOGG) to ensure complaints themes are cross-referenced against Significant Adverse Event Reviews. He is also a member of the UK National Ambulance Service Patient Experience Group (NASPEG) which enables us to look at the patient feedback we receive in the context of other UK Ambulance Services and Trusts.

4. Accountability and Governance

We ensure patients and carers continue to have access to a range of feedback options for providing feedback to the Service.

Complaints handling is coordinated by the Patient Experience Team, with each complaint looked into at local level to drive improvement, while identifying any issues which require national consideration. Our Patient Experience Manager is also a practising paramedic and thus is able to identify any potentially serious clinical complaints quickly.

Complaints trends and themes are shared in a patient experience paper which is a standing item at our Clinical Governance Committee meetings and our Public Board meetings. This enables members of both of these meetings review emerging feedback and complaints trends whilst ensuring individuals and groups of staff are given responsibility for addressing areas for improvement and embedding good practice.

Complaints Compliance

Guidance states that all NHS Boards in Scotland should aim to respond to 70% of 'Stage 1' complaints within five working days and 70% of 'Stage 2' complaints within 20 working days.

Unfortunately, the Scottish Ambulance Service did not meet its Stage 1 compliance response target last year, although it did exceed its Stage 2 targets this year. As a result of significant improvement work and additional training across the service in the last year, there has been a continued rise in compliance.

In 2018/19, Stage 1 compliance was 62.8%, up from 45% last year. Stage 2 compliance was 73.4%, up from 63% in 2017/18.

Scottish Public Services Ombudsman

The Scottish Ambulance Service continues to have a positive and cooperative relationship with the Scottish Public Services Ombudsman (SPSO).

In 2018/19, there were 13 SPSO cases fully investigated. The SPSO upheld seven complaints, part-upheld two, did not uphold two and the remaining cases were withdrawn. Where cases are upheld, the Service may already have undertaken much of the improvement work as part of the original investigation by SAS. However, we are keen to learn from each and every complaint which is made. As such, we work closely with the SPSO to identify any additional learning for individual staff and the organisation as a whole – giving evidence to the SPSO of the actions which have been taken as a direct result of their findings and recommendations.

We have also commissioned the SPSO to provide additional training to our staff in complaints handling to further improve our processes. In some cases, this may also reduce the number of cases going to the SPSO for investigation.

Duty of Candour

All Health and Social Care Services in Scotland have a duty under the Duty of Candour Procedure (Scotland) Regulations 2018. This is a legal requirement which means that when unintended or unexpected events happen that result in death or harm as defined in the Act, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future.

As an organisation, we aim to be open and honest with patients and families as part of our commitment to our Adverse Event and Duty of Candour Policies.

As such, each adverse event is reviewed to understand what happened and how we might improve the care we provide in the future. The level of review depends on the severity of the event as outlined in our policy.

Recommendations are made as part of the Adverse Event Review and we develop improvement plans, as incident reviews are taken through our Clinical Governance processes. We track the completion of these actions centrally through our Adverse Event Reporting System.

All relevant managers receive one-to-one training on how to manage an adverse event on the reporting system and also on implementation of the Duty of Candour Legislation so that they understand when it applies and how to trigger the duty. The service also developed a family liaison course for managers who are regularly key points of contact with people who have been affected by an adverse event. We intend to further develop and spread this course.

We know that adverse events can be distressing for staff as well as people who we treat and their families. We have support available for all staff through our line management structure as well as through Occupational Health Services. This means that staff can contact a confidential telephone line to speak to trained counsellors.

Between 1 April 2018 and 31 March 2019, there were 8 incidents where the Duty of Candour legislation may have applied.

Duty of Candour legislation applies when there are unintended or unexpected incidents that result in death or harm. Furthermore, the Duty of Candour Act also states that incidents considered should not relate directly to the natural course of someone's illness or underlying condition.

In the cases that we have examined where patient harm, deterioration or death occurred, we have comprehensively reviewed each of these in line with our Significant Adverse Event processes. In none of the cases referred to in this report can it be stated with absolute certainty that the Scottish Ambulance Service actions or omissions alone caused harm to patients, as each case also included major factors relating to the natural progress of ongoing illness.

However, in each case, system changes have been identified to improve elements of our service delivery and make our response and care as safe as possible.

5. Our Culture of Learning from Feedback, Comments, Concerns and Complaints

We have made a clear commitment to ensuring the voices of our patients, their carers and the public have a say in how our services are delivered. This explicit commitment featured prominently in our corporate objectives. The first goal of our 2020 Strategy: "Taking Care to the Patient" commits to ensuring our patients, our staff and the people who use our services have a voice and can contribute to service design, with people at the heart of everything we do.

The goal is translated into action in many ways. For example, our project governance documents require project boards to review patient and public involvement requirements in relation to every project to be delivered. Patient and public involvement is considered at the earliest stages when scoping our projects, this enables us to build involvement into our projects from the start.

The Service continues to gather patient and carer feedback on how we deliver services at a local level. The role of the Scottish Ambulance Service is integral to the entire healthcare system in Scotland and our Patient Focused Public Involvement (PFPI) Group has allowed us to share and receive ideas on future developments and improvements.

We continue to grow our network of individual, public sector and third sector organisations to act as representatives. They then feed into these groups letting us hear exactly how we can continue to deliver a quality service and the best experience for our patients, carers and their loved ones.

For example, patient representatives sit on our steering groups to provide the public/patient voice into the forming and exploring of key decisions our service makes on service improvement and delivery. Stroke Scotland, the Royal National Institute for the Blind (RNIB) and the North Lanarkshire Carers Network have been working with us this year to support and inform the patient representatives we have from their organisations in our Clinical Services Transformation (CST) Group, National Clinical Operational Governance Group (NCOGG) and our Scheduled Care Group (SCG). This vital input means that we are getting more public feedback than ever before.

Our Community Engagement Officer has been rapidly growing our relationships and ties to local communities and increasing our engagement with minority voices and the third sector, establishing new links and partnerships. This year, we have grown from a base of 6 individual patient representatives to 22 individual patient representatives and 52 organisations on our national patient and public engagement group. This includes key third sector charities such as Deaf Action, Spinal Injuries Scotland, Headway, Disability Equality Scotland, GAMH, Young Scot and BME groups.



We have held a number of meetings in 2018/19 with patient representatives and community groups, seeking their input and feedback on a range of new developments within the Scottish Ambulance Service and to help us improve our services. Topics discussed have ranged from an evaluation of our NCRM, to assistance in improving the support we provide to members of the public experiencing mental health difficulties, to how we can better assist patients in the community through the roll out of specialist paramedics working alongside GP practices.

Through this work, we are creating a space for open dialogue where community representatives can give us direct feedback and based on their insights, we can implement change. For example, this coming year, we will be seeking help, advice, assistance and support from the group on the development of our new strategy towards year 2030 and trialing a new co-design approach with our patient and public representatives over key plans to improve services for patients across Scotland.

This is valuable feedback we would not otherwise be able to access through our formal channels or through a more passive approach.

We are also working in tandem with regional health boards to engage with their pre-existing community networks, as well creating our own new regional groups, alongside partners such as the Scottish Health Council.

Through this and other work we are promoting a culture of learning from feedback such as compliments, comments, concerns and complaints.

Our award winning, quarterly staff magazine 'Response' contains an anonymised case study from a recent Significant Adverse Event Review (SAER) which is designed to share with staff where we got things wrong, and where we got things right.



The experience of our patients also features strongly in Chief Executive communications with our staff, where good practice is highlighted in the weekly staff update. Developments in patient care are a regular topic in her quarterly webcast, where staff from across the Service can discuss their recent experiences and any aspects of patient care.

Patient and carer films are also shared across different parts of the Service so that our staff can hear real examples of what went well and what could have been done better in incidents taking place across the country.

6. Improvements to Services

Complaint and concern themes and trends

The top five complaint themes in 2018/19 were Delayed Response, Attitude & Behaviour, Eligibility, PTS Cancellations and Clinical Assessment.

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.

Delayed Response:

Complaints related to delayed responses have declined since 2017. However, we do experience periods of excessive demand, particularly in cases where there have been a large number of call outs to help people who are in an Immediately Life Threatening Situations, such as a cardiac arrest. As a result, some less ill people sometimes have to wait longer and this can understandably lead to complaints about why there was a delay.

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 and meets with patients to apologise and explain why a delay may have occurred. We also explain what we are doing to improve the situation.

The Service is continuing to recruit extra staff, invest in our fleet and is aligning shift patterns to busy times of the day. For example, we are making good progress in our commitment to train an additional 1,000 paramedics to 2021 and are implementing a £78 million investment plan for our fleet of vehicles. An evaluation of our NCRM published this year also showed a 43% increase in survival for our sickest, most seriously ill patients. This demonstrates that we are getting it right when it comes to our highest priority cases and is a positive platform to build upon. Work is now underway to look at how we can improve response times for less ill patients.

A strategic demand and capacity review has also been undertaken to identify current and predicted future demand across the country and this exciting piece of work will allow us to strategically align resources with demand. The aim is to significantly reduce delayed responses by ensuring we have the right resources, in the right place, at the right time.

Attitude and Behaviour

We continue to promote positive patient experiences and the importance of positive attitude and behaviour through sharing patient and carer stories with all our staff and linking with our education department to ensure best practice is highlighted.

It is encouraging that the number of compliments the Service receives about the positive attitude and behaviour of our staff far outweighs the number of complaints received about the same issue. However, we are keen to know more about the reasons for these complaints in order to learn from them. We are working alongside patients in each and every case to better understand what may have gone wrong and are taking action as a result of this feedback with the staff members involved to identify any individual or organisational learning.

Eligibility for patient transport

When the revised Patient Needs Assessment was introduced at the end of 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 stabilised and remain at a level which matches those from the period prior to implementing the new system. PTS Control Centres are 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, we believe there will be a resultant improvement in the patient experience.

Clinical Assessment

A new DATIX technology system introduced this year will allow a more in depth review of the clinical assessment themes. With the previous 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. The aim is to bring these themes to the National Clinical and Operational Governance Group (NCOGG) on a regular basis for analysis, discussion and action across the organisation.

PTS Cancellations

PTS 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 Centres are 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 Centres 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.

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