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Public Board Meeting

**March 2021
Item No 10**

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 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> <p>Updates on the progress to develop the infrastructure to support the new Whistleblowing arrangements for the 1st April 2021.</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.
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**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 2020 and 7 March 2021. 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, note progress 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 774 complaints have been received by the Service between 1 April 2020 and 7 March 2021.

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Feedback analysis

Social media

In addition to more traditional public engagement channels such as print and broadcast, the Service continues to utilise social media to engage with our audiences updating them on key developments, promoting positive patient and staff stories and participating in two-way discussions with them.

Our most popular social media channels are Facebook and Twitter. Latest data relating to activity on these channels is outlined below.

'Reach' is the number of users who saw either a specific post or any content posted on our Facebook page.

'Impressions' is the total number of times a tweet has been seen.

The data also shows which types of content work for each channel.

The latest statistics show increased levels of engagement from our audiences in the content we created and we also gained over 660 new followers across our channels.

Facebook

- Posts reached on average 121,759 people between 11 February and 10 March (down by 61% from the previous 28 days. For context, it increased 368% in the last recorded session, so reach is now balancing out to normal levels)
- Videos reached 7,231 people over the same period (down by 35% on the previous month)
- An extra 213 followers during this period (39,799 followers)

Largest posts

The top five posts between 11 February – 10 March were:

- Highland Spring donation – 42,401
- MTU operator recruitment (16/02) – 40,705
- MTU operator recruitment (09/03) – 24,108
- Photo of MTU staff in snow – 15,691
- Prince of Wales message – 15,599

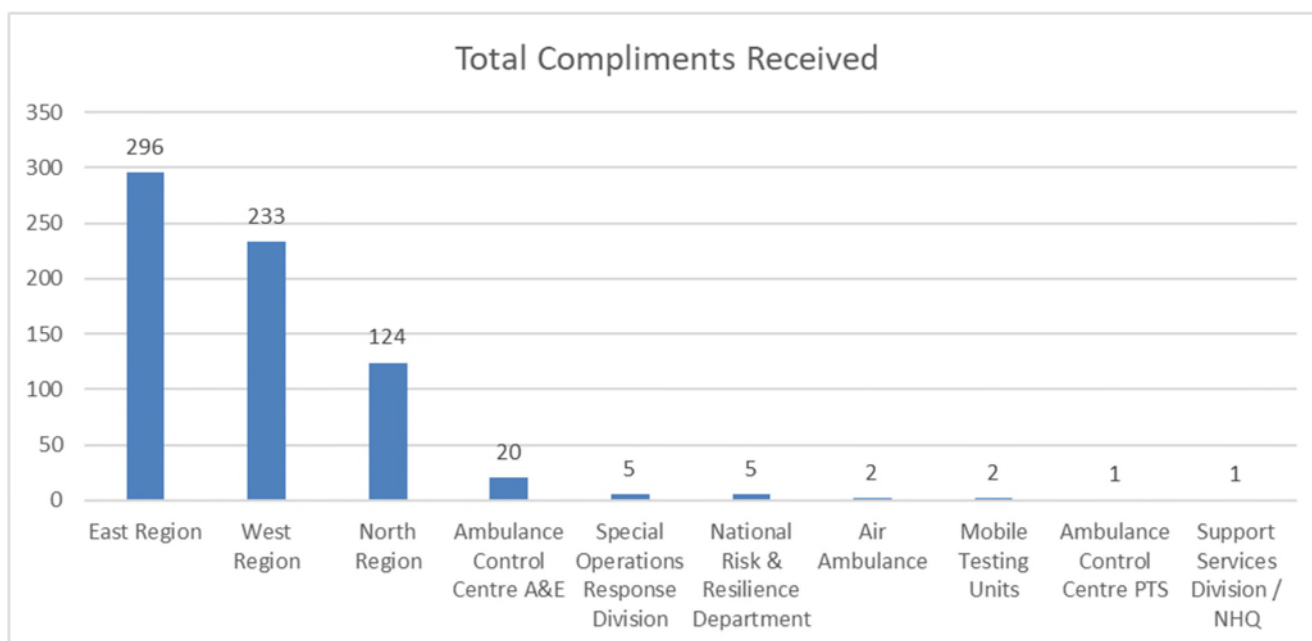
Twitter

Between 11 February – 10 March:

- 313,500 impressions (increase by 1.62% from last recorded period)
- Followers up by 451 to 31,393

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The graph below shows the compliments received by each region.



Patient Focused Public Involvement (PFPI)

Remobilisation Engagement

The Service has now completed two pilots of the Engagement Guide and Toolbox with the Clinical Services Transformation (CST) team on falls and COPD pathways.

For each pathway the Service ran a patient survey, with 200+ responses, multiple (n=6) focus groups with people that have lived experience of these conditions and a Third-Sector consultation with responses from Age Scotland, Alzheimer's Scotland, Stroke Scotland, Coalition of Carers, Capability Scotland, Chest, Heart & Stroke Scotland, Asthma UK/the British Lung Foundation and Spirit Advocacy. The feedback received from the consultation process will allow the Service to benefit from the research, themes and expertise held in the organisations.

Based on the results and insights gained, the Service is exploring a new national falls pathway with Age Scotland, and continue to work with NHS 24 on the access and production of digital falls resources. The Service is planning a joint social media campaign with NHS 24 and Age Scotland to promote alternatives to 999 for falls patients.

The Service is exploring a local COPD pathway for Greater Glasgow & Clyde and Lothian areas with support from NHS Scotland's new digital service and team of specialists. We also continue our work with Public Health Scotland to access NHS Scotland data on COPD, and are taking forward a project to highlight the benefit of pathways/care at home through interviews with patients.

Our National Involving People group (formally Patient Focus Public Involvement group) will evaluate this and future work to give assurance that the engagement and involvement work the Service has undertaken for pathways has been carried out to a high standard.

With this work, we hope to highlight the benefits of engagement, involvement and cross-agency working. We are already identifying ways of maximising resource, increasing goodwill towards the

Service, and achieving better outcomes for patients. Through the Engagement Guide and Toolbox, we have given all of our staff the skills and capabilities to make this happen on a wider scale, locally and nationally, in the months and years ahead.

A paper detailing the results of the trials of the Engagement Guide and Toolbox will be available by the end of March 2021.

National Involving People group meeting

A meeting of the National Involving People Group was held on the 8 February 2021 via Microsoft Teams. The purpose of this meeting was to provide feedback on the falls and COPD alternate pathways and to determine if the appropriate engagement and involvement work had been conducted. 10 participants were present during the meeting, and our feedback comes from discussions and from a follow-up survey that was sent to all participants.

There was clear support for alternate pathways from those present at the meeting who wished to see a further rollout of similar approaches for all long-term conditions.

The meeting allowed our National Involving People Group to give feedback on our COPD and Falls alternate pathway/care at home designs and give approval of the Engagement and Involvement work done to support them, whilst giving their assurance to the Clinical Services Transformation Programme Board, the Executive Team and Clinical Governance Committee.

In terms of other issues, questions were raised by members about the role of Community First Responders (CFRs) in Urgent Care, and whether they could be used to provide non-medical assistance to save an ambulance resource or as an aftercare service to cut down on the amount of time crew members are at a job. With the CFR strategic review currently taking place within the National Risk & Resilience Department this will be fed into this process.

Involving People (PFPI) Strategy

The new strategy was approved at the February 2021 Clinical Governance Committee meeting. It includes a timeline as an appendix, which lays out how and when we will meet our ambitious, but achievable, PFPI goals.

CPR course

The Service created a CPR course for people with disabilities, which is the first of its kind in the UK. We are working with Save a Life for Scotland to roll it out in the spring. This contributes to our out of Hospital Cardiac Arrest (OHCA) strategy and the new Save a Life strategy.

The Service will be producing training videos with a production company. Inclusion Scotland, the largest disabled people's organisation (DPO) in Scotland have agreed to review and give assurance on the final product before it is publicised.

Whistleblowing Arrangements Update

A partnership group was established to develop the Service's infrastructure in response to the Independent National Whistleblowing Officer (INWO) standards and principles laid out in the new Once for Scotland Policy in relation to Whistleblowing and the implications for the Service.

This group, was led by the Director of Care Quality and Professional Development as Executive Lead for Whistleblowing and was meeting fortnightly and latterly weekly to ensure arrangements

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were in place for the launch of the new whistleblowing national infrastructure and local systems as of 1st April 2021.

The INWO standards and principles were defined as the policy and, although there was thought to be a formal policy document, NHS Boards were informed in late January 2021 that this document would form the policy.

A range of infrastructure elements have been put in place to assure the Board of the arrangements for Whistleblowing, these are as follows:-

- Identified Non-Executive Whistleblowing Champion for the Board in place
- Identified Executive Director lead for Whistleblowing in place
- Development of an @SAS Whistleblowing page and a section on the Service's public website for contract workers in relation to Whistleblowing in place
- Section on @SAS Whistleblowing site linked to INWO site and Once for Scotland Policy
- Development of staff and managers guidance, flowchart and FAQs to support staff and develop knowledge in place
- A communications plan, with communications every two weeks in the Chief Executive's brief, to support staff understanding of the new policy, staff engagement session in March to brief staff, update to the Clinical and Staff Governance Committees on arrangements to provide assurance of processes and whistleblowing briefing to Non-Executive Directors in place
- Identification of a small number of confidential contacts across the Service who will be trained to deal with Whistleblowing concerns in place
- Development of Datix reporting to record and allow reporting for governance arrangements in relation to Whistleblowing in place
- Phone line and dedicated email for whistleblowing developed in place
- Access to comprehensive staff and manager education materials available on @SAS in place
- Identifying a cadre of staff who will be trained as whistleblowing investigators in development

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[@SAS](#) @SAS Departments HR Connect Toolbox Applications Useful Forms Online Directory Work Area Edit

+ New Send by email Promote Page details Published 10/03/2021 Edit


Whistleblowing

Mark Bargon (SAS)


To contact the Whistleblowing team:

Email: sas.whistleblowingconfidential@nhs.scot


Telephone: Telephone 0131 314 0000 (Option 3). Your call will be answered by the Patient Experience Team.




Current Whistleblowing Policy



National Whistleblowing Standards training



Independent National Whistleblowing Officer Website and contact details



Whistleblowing FAQs


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Whistleblowing FAQs

Mark Bargon (SAS)

What is Whistleblowing?

Whistleblowing is defined in the Public Services Reform (the Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 as: when a person who delivers services or used to deliver services on behalf of a health service body, family health service provider or independent provider (as defined in section 23 of the Scottish Public Services Ombudsman Act 2002) raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing.

In simple terms, Whistleblowing is another word for raising a concern when things are not right and the issue is in the public interest.

What are the new Whistleblowing Standards?

The Standards set out:

- How whistleblowers are protected if they raise a concern

Complaints Data

Between 1 April 2020 and 7 March 2021, a total of 774 complaints were received, with the Ambulance Control Centre (A&E) continuing to receive slightly over 38% of these. This shows a 30.5% decrease from the same period last year where we had received 1114 complaints.

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Common themes are listed in the table below:

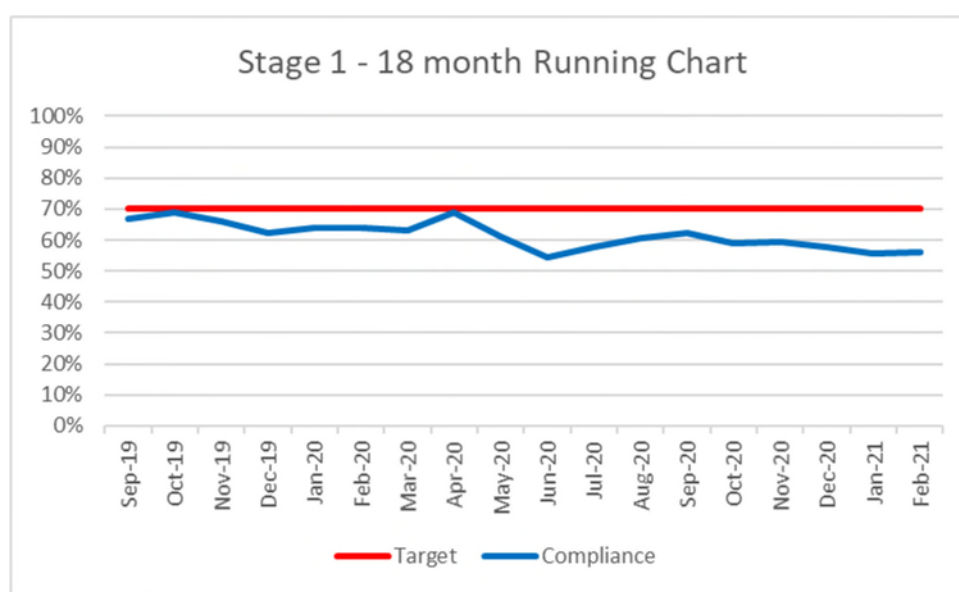
1 April 2019 - 7 March 2020	1 April 2020 - 7 March 2021
1. Delayed Response - 328 (29.4%)	1. Delayed Response - 176 (22.7%)
2. Attitude and Behaviour - 181 (16.2%)	2. Attitude and Behaviour - 167 (21.6%)
3. Triage/Referral to NHS24 - 111 (10%)	3. Triage/Referral to NHS24 – 75 (9.7%)
4. Clinical Assessment – 104 (9.3%)	4. Clinical Assessment – 73 (9.4%)

Data shows that 64.9% of the total complaints received this year are Stage 1 – Early Resolution Complaints (5-day target). This is an increase from last year where 54.4% of the total complaints received during this period were handled as Stage 1 Complaints.

Stage 1 - (1 April 2020 – 28 February 2021)

Latest results indicate that Stage 1 complaints compliance is at 55.9%. This compares to 59.6% in the last Board paper update.

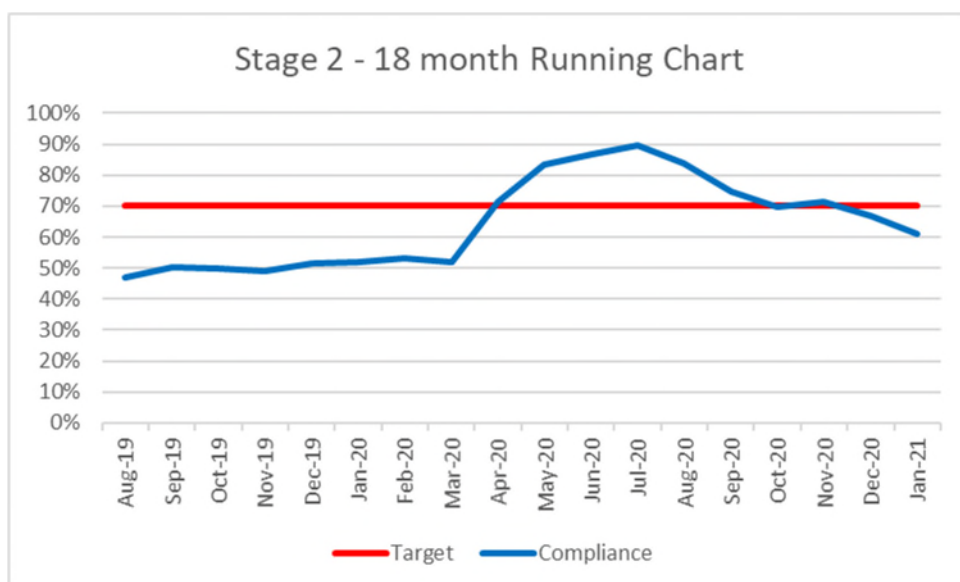
Stage 1				
	Closed within target			
	No	Yes	Total	Compliance
Ambulance Control Centre A&E	106	63	169	37.3%
Ambulance Control Centre PTS	24	70	94	74.5%
East Region	18	60	78	76.9%
Mobile Testing Units	5	3	8	37.5%
North Region	14	8	22	36.4%
West Region	35	52	87	59.8%
Total	202	256	458	
Compliance	55.9%			



Stage 2 – (1 April 2020 – 7 February 2021)

Latest results indicate that Stage 2 complaints compliance is currently 61.4%. This compares to 70.2% in the last Board paper update.

Stage 2				
	Closed within target			
	No	Yes	Total	Compliance
Ambulance Control Centre A&E	54	48	102	47.1%
Ambulance Control Centre PTS	8	5	13	38.5%
East Region	7	38	45	84.4%
Mobile Testing Unit	0	1	1	100.0%
North Region	6	11	17	64.7%
NHQ/Support Services	5	1	6	16.7%
Special Operations Response Division	1	1	2	50.0%
West Region	7	35	42	83.3%
Total	88	140	228	
Compliance	61.4%			



Compliance Comments

It is acknowledged that the pandemic has been a significant challenge for the Service, and staff have worked admirably to manage multiple demands. However, in recent weeks there has been a reduction in compliance rates, particularly around Stage 2 complaints, compared to previous months. A new document containing detail on outstanding complaints and the timelines needed to meet compliance standards is being sent to Senior Leadership Teams across all departments on a weekly basis to allow them to quickly identify work required and to help them manage complaints amongst their teams. This supplements the continued reporting of latest data to the Performance and Planning Steering Group, which shows real time complaints information that may require urgent

intervention. Managers across all regions are working hard to complete complaints procedures in a timely manner, whilst not compromising on the high quality of investigations and important learning.

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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	Open/ Closed
WEMDC/34/12576/18	201809644	01/05/2019	<ol style="list-style-type: none"> 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.	23/04/2020	<ol style="list-style-type: none"> 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 call backs are made. 3. Feedback to crew the findings of this report. 	<ol style="list-style-type: none"> 1. Complete and signed off by SPSO. 2. Complete and signed off by SPSO. 3. Complete and signed off by SPSO. 	Closed
SW/31/12956/19	201801934	02/05/2019	<ol style="list-style-type: none"> 1. Scottish ambulance Service's response to an emergency call on specific date was unreasonable. 	Upheld	SPSO have upheld	07/11/2019	<ol style="list-style-type: none"> 1. SAS to send apology letter for issues identified. 2. Further evidence of reflection from Call Handler. 3. Update SPSO on system changes to mitigate risk of CFR's not been dispatched. 4. Confirm suitable protocol for when Satellite Navigation fails on vehicles. 5. Evidence this review has been fed back to the crew involved. 6. Consideration of aide memoires for cease of resuscitation. 	<ol style="list-style-type: none"> 1. Complete and signed off by SPSO. 2. Complete and signed off by SPSO. 3. Complete and signed off by SPSO. 4. Complete and signed off by SPSO. 5. Complete and signed off by SPSO. 6. Complete and signed off by SPSO. 	Open
DATIX 35926 (SAER)	201804510	30/10/2018	<ol style="list-style-type: none"> 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 have upheld part 1 and part 2.	28/07/2020	<ol style="list-style-type: none"> 1. SAS to send apology letter for failing to keep reasonable contact with the complainant and for failing to handle the complaint reasonably. 2. SAS to consider and where appropriate take action to improve identified areas of error. 	<ol style="list-style-type: none"> 1. Complete and signed off by SPSO. 2. Complete and signed off by SPSO. 	Closed
DATIX 4952	202001395	03/07/2020	<ol style="list-style-type: none"> 1. Scottish Ambulance Service failed to provide patient with a response within a reasonable timeframe. 	Upheld	<p>SPSO sent information as requested - 06/07/2020</p> <p>SPSO has decided not to take this forward as nothing to add to SAS review 07/07/2020</p>	07/07/2020	SPSO not taking on.	N/A	Closed
DATIX 3990	202000080	07/07/2020	<ol style="list-style-type: none"> 1. Scottish Ambulance Service failed to provide patient with appropriate care and treatment on 20 March 2019. <p>(joint review where NHSD&G led)</p>	Not upheld	SPSO has not upheld.	17/08/2020	Appropriate care given - high standard of review carried out.	N/A	Closed

DATIX 4331	201907499	29/06/2020	1. Scottish Ambulance Service failed to provide patient with appropriate care and treatment of 31 January 2018.	Not upheld	With SPSO Advisors	N/A	With SPSO Advisors	N/A	Open
DATIX 5016	201911093	31/08/2020	1. Scottish Ambulance Service failed to provide patient with reasonable care and treatment on 1 June 2019.	Not upheld	SPSO have not upheld.	12/10/2020	Evidence in favour of appropriate care given and allegations unsubstantiated.	N/A	Closed
DATIX 5146	202000072	25/08/2020	1. Scottish Ambulance Service failed to provide a reasonable response to the 999 call	Upheld	SPSO not taking any further action as satisfied with SAS response and actions	02/09/2020	SPSO not taking any further as satisfied with SAS response and actions.	N/A	Closed
DATIX 3629	201904012	13/11/2019	1. Scottish Ambulance Service unreasonably failed to respond to calls for ambulance in accordance with their procedures. 2. Scottish Ambulance Service unreasonably failed to properly investigate the complaint and provide an appropriate response.	Upheld	SPSO has upheld part 1 but not part 2.	01/10/2020	1. Letter of apology to be written to complainant for failing to confirm whether or not their patient's condition had worsened before continuing the call. 2. Remind relevant staff to clarify whether or not a patient has deteriorated when making calls through the welfare call back process.	1. Complete and signed off by SPSO. 2. Complete and signed off by SPSO.	Closed
DATIX 4714	201909475	17/11/2020	1. Scottish Ambulance Service staff failed to transfer patient in a safe manner. 2. Scottish Ambulance Service failed to carry out a reasonable clinical assessment of patient's condition.	Not upheld	With SPSO Advisors	N/A	N/A	N/A	Open
DATIX 5157	202004950	18/11/2020	1. Scottish Ambulance Service staff failed to provide patient with reasonable care and treatment	Upheld	SPSO not taking any further as satisfied with SAS response and actions.	10/12/2020	SPSO not taking any further as satisfied with SAS response and actions	N/A	Closed
DATIX 5931	202005747	21/12/2020	1. Scottish Ambulance Service failed to provide patient with a response within a reasonable timeframe.	Upheld	SPSO not taking any further as satisfied with SAS response and actions.	13/01/2021	SPSO not taking any further as satisfied with SAS response and actions.	N/A	Closed