



# NOT PROTECTIVELY MARKED

# **Public Board Meeting**

# November 2019 Item No 12

# THIS PAPER IS FOR DISCUSSION

# PERSON CENTRED CARE UPDATE

Lead Director	Claire Pearce, Director of Care Quality and Strategic 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	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	<ul> <li>1.1 – Engage with partners, patients and the public to design and co-produce future service.</li> <li>1.2 - Engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people.</li> </ul>
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 BOARD

# PATIENT EXPERIENCE

# CLAIRE PEARCE, DIRECTOR OF CARE QUALITY & STRATEGIC DEVELOPMENT

# **SECTION 1:**

## PURPOSE

This paper covers the period between 1 April 2019 and 7 November 2019. 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 967 compliments have been received by the Service since 1 April 2019, compared to 666 in the same period last year.

As at 7 November 2019, 713 complaints had been received. This shows a slight increase from the same period last year where we received 691 complaints. Stage 1 compliance is currently 68.6% and Stage 2 compliance is 50.7%.

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## 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.

So far this year, there have been 89 stories posted on Care Opinion relating to the Service. These have been viewed 17,593 times, with Lanarkshire receiving the highest volume of stories.

Of the 89 posts, 69% were uncritical in tone. It should be noted that whilst the remaining 31% will have some form of criticality, this is not necessarily directed towards the Service, with the feedback often involving multiple NHS boards.

The Service continues to provide swift and high quality responses to the feedback we receive.

Latest data shows that 94.4% of stories related to the Service have been responded to within 5 days.

The data shows that 60% of the feedback we received was from patients themselves, with 31% from family members. Work continues to encourage a more local response and Heads of Service have been given access to the subscription. They are being supported by the Patient Experience Manager and have been asked, where possible, to reply to posts pertaining to their area.

### 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. Some examples of these compliments can be found in Annex A.

Since 1<sup>st</sup> April, we have received 967 compliments, with 589 of these sent by patients and their families to our Facebook channel. The 3 top themes emerging from this positive feedback was attitude and behavior, professionalism and the clinical skills of our staff.



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## Patient Focus and Public Involvement (PFPI)

## Mental Health Strategy

We have been working with over 40 third-sector organisations to disseminate an on-line patient survey to their wide network of members to seek input and feedback on the development of our new mental health strategy. The survey has been co-produced with the mental health organisation See Me and we are gathering views from hundreds of members of the public. This engagement includes conversations with past patients of the Service who presented with a mental health issue to determine which areas they feel our strategy should focus on as well as ways in which we can better support people in crisis.

We will soon begin focus group work in order to support this quantitative data.

## **Scheduled Care/PTS**

We hosted a disability equality roadshow at Falkirk Ambulance Station earlier this month. The event was attended by members of Disability Equality Scotland, local authorities, transport providers, transport organisations and staff from the Service who gave a presentation on Scheduled Care and answered questions about the services we provide. Following this, group discussions were held to debate a wide range of issues such as the Patient Needs Assessment, wheel chair access, how the Service can get more information about patients before we pick them up and appointment times.

Positive feedback was received following the event from all those involved and Disability Equality Scotland have fed back that they would like to collaborate on similar, more regular, events with us in the future.

## National PFPI group

Our next meeting is scheduled for 28 November and we will be discussing the development of a new draft PFPI strategy and methods of effective working.

We have received very positive feedback from staff and members of the public whilst consulting on the content of the strategy and are now considering how best to take on board the suggestions made and how best to present the strategy.

### **Complaints Data**

Between 1 April 2019 and 7 November 2019, a total of 713 complaints were received. This shows a slight increase from the same period last year where we received 691 complaints.

The 3 most common themes for complaints are:

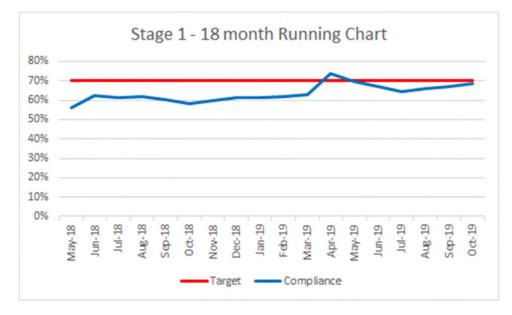
- 1. Delayed Response
- 2. Attitude and Behavior
- 3. Triage/Referral to NHS 24

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Data shows that 48% of the total complaints received are Stage 1 – Early Resolution Complaints (5-day target).

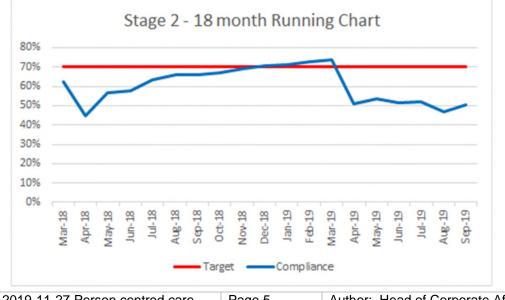
<u>Stage 1</u> - (1 April 2019 – 31 August 2019)

Latest results indicate that Stage 1 complaints compliance is at 68.8% up from 64.5% detailed in the previous Board paper.



## Stage 2

Latest results indicate that Stage 2 complaints compliance is currently 50.5%. We are exploring possible reasons for the dip in complaints compliance and looking at any additional support which may be needed to help improve this figure. The Service moved to a new software programme (DATIX) to record complaints progress on 1 April 2019 and this may have been a factor. Training continues to be offered to Divisional colleagues around the new system and a guidebook is available to all users. We are also exploring with divisions whether there are any other reasons for the drop in compliance, such as resourcing or absence among staff who lead on complaints locally.



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The Director of Care Quality and Strategic Development has commissioned a working group to look at the process of all complaints to try and improve the system, increase efficiency and streamline the system. This group met for the first time on 24 October 2019.

There are a number of actions that have come from this initial meeting and there will be subsequent meetings to follow this up and ensure the actions are being taken forward. The Executive Team continue to receive regular updates and continue to ensure there is a sharp focus on complaints handling in their regions and divisions.

#### Learning

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

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

#### Attitude and Behaviour:

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

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

The Patient Experience Manager, Patient Safety Manager and one of the Associate Lecturers from Glasgow Caledonian University have organised a training event on attitudes and behaviour in an effort to improve awareness, particularly around communication which is often the root cause of the perceived poor attitude. Work is also being undertaken to produce case study examples and regular workshops with patient representatives to talk directly to staff at training events about the positive and negative experiences they have had when using the Service.

#### **Delayed Response:**

Complaints around Delayed Response continue to make up just over one quarter of the complaints received by the Service. It is hoped that the Demand and Capacity Review, along with the work focusing on lower acuity calls will help to lower this in the future and our colleagues in the Ambulance Control Centre continue to work extremely hard to provide as quick a response as possible to patients based on their clinical needs.

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## **Triage/Referral to NHS24**

Following previous tests over winter 2017/18, it was agreed with NHS 24 to further increase the number of calls that are transferred as part of business as usual in order that patients receive the most appropriate care.

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

This allows the Service to free up more Clinical Advisor capacity to carry out increased welfare triage and refer suitable patients within the yellow response category.

### Staff training

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

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

Additional courses are taking place at the end of November for those members of staff who could not make the previous courses. Once delivered, the Service's performance against SPSO referrals can be measured and a decision taken on whether further support is required. Further training around other factors that have been identified so far is also being discussed and future dates will be confirmed shortly.

#### **Complaints Workshops**

The Patient Experience Manager has arranged to run two more complaints workshops complaints in November. He is also in discussions with South East division with a view to delivering an additional workshop for staff later in the year. The aim is to increase awareness of the process, best practice and to encourage early resolution.

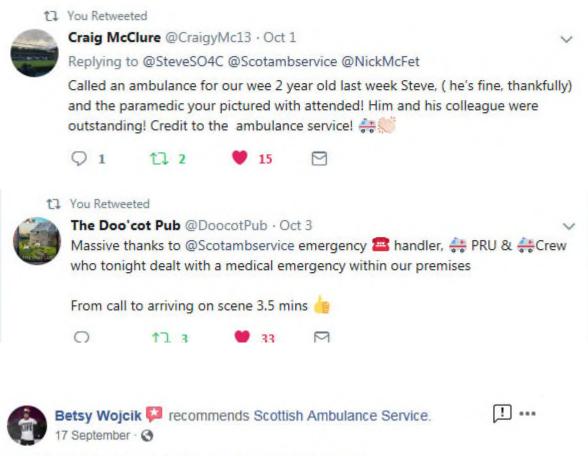
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# SPSO

SAS Reference	SPSO Reference	Date Received	Complaint Overview	SAS Decision	SPSO Stage and Outcome	Recommendations
WEMDC/34/12576/18	201809644	01/05/2019	1. Scottish Ambulance Service failed to respond reasonably to the request for an emergency ambulance to attend patient. 2. Scottish Ambulance Service failed to respond reasonably to complaint of November 2018	Upheld	With SPSO advisors	Awaiting outcome
SW/31/12956/19	201801934	02/05/2019	1. Scottish Ambulance Service's response to the emergency call on 5 January 2018 was unreasonable	Upheld	With SPSO Advisors	Awaiting outcome
DATIX 35926 (SAER)	201804510	30/10/2018	1. Scottish Ambulance Service 's response to the emergency call was unreasonable 2. Scottish Ambulance Service failed to conduct a reasonable investigation around complaint of response	Upheld	SPSO currently awaiting response from SAS internal review of SAER.	Awaiting outcome
NW/14/12652/18	201809363	09/04/2019	1. Scottish Ambulance Service did not transfer complainants grandchild to specialist hospital from current hospital in a reasonable timescale 2. Scottish Ambulance Service failed to provide a reasonable response to complaint.	Not Upheld	SPSO have provided a provisional decision which is being challenged	Awaiting outcome
DATIX: 3704	201903349	30/10/2019	1. There was na unreasonable delay in the Scottish Ambulance Service providing an ambulance for patient on two seprated occasions	Not Upheld	SPSO have requested SAS Documentation to consider investigation	Awaiting outcome

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## ANNEX A



Can't thank SAS enough for the care I received on Sunday. Taken from home to VHK at 6.30am by two wonderful guys (sorry, didn't catch their names) - then at high speed to RIE by Graham and James, I was treated with skill, patience and kindness throughout. Fantastic teams!

1 Comment

On behalf on my family and I, I would like to thank the two paramedics who attended to my mum on Thursday 7th November in Langton gate , Newton Mearns at approx 9am. Unfortunately I didn't get their names, one male, one female. Their professional care to my mum was outstanding, and not only that they kept my family informed at every step of their assessment in what was a very distressing and anxious time while attending to my seriously unwell mum. As a nurse myself of 38years experience ,I know what I would expect from any health care professional, and these two paramedics displayed every aspect of the best care possible. Thank you so much, my mum is now in ICU and making slow progress.

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The 4 paramedics that attended an incident at Currie bowling club yesterday due to my fiance taking a reaction to nuts!

Can't praise them enough! Once I got to the club..... They were in high spirits and kept my fiance focused and laughing!



#### 1 You Retweeted





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