



**NOT PROTECTIVELY MARKED**

**Public Board Meeting**

**25 January 2023**

**Item No 10**

**THIS PAPER IS FOR DISCUSSION**

**PERSON CENTRED CARE UPDATE**

<b>Lead Director</b>	Emma Stirling, Director of Care Quality and Professional Development
<b>Author</b>	Mark Hannan, Head of Corporate Affairs and Engagement Alan Martin, Patient Experience Manager
<b>Action required</b>	The Board is asked to discuss and note the paper.
<b>Key points</b>	This paper provides an update of our patient experience activity and 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).
<b>Timing</b>	An update is presented bi-monthly to the Board.
<b>Associated Corporate Risk Identification</b>	Risk 4638 – wider system changes and pressures
<b>Link to Corporate ambitions</b>	We will <ul style="list-style-type: none"> <li>• Provide the people of Scotland with compassionate, safe and effective care where and when they need it</li> <li>• Work collaboratively with citizens and our partners to create healthier and safer communities</li> <li>• Innovate to continually improve our care and enhance the resilience and sustainability of our services</li> </ul>
<b>Link to NHSScotland's quality ambitions</b>	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.
<b>Benefit to Patients</b>	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.

<b>Equality and Diversity</b>	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**

University National NHS Board



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**SCOTTISH AMBULANCE SERVICE BOARD**

**PATIENT EXPERIENCE**

**EMMA STIRLING, DIRECTOR OF CARE QUALITY & PROFESSIONAL  
DEVELOPMENT**

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## **SECTION 1: PURPOSE**

This paper covers the period between 1 April 2022 and 31 December 2022. It provides an update on trends, themes and mitigating actions from patient and carer feedback.

The paper also provides data on our performance against the complaints handling standard, cases which are being considered by the Scottish Public Service Ombudsman (SPSO) and the outcome of these cases.

## **SECTION 2: RECOMMENDATIONS**

The Board is asked to discuss and note the paper.

## **SECTION 3: EXECUTIVE SUMMARY**

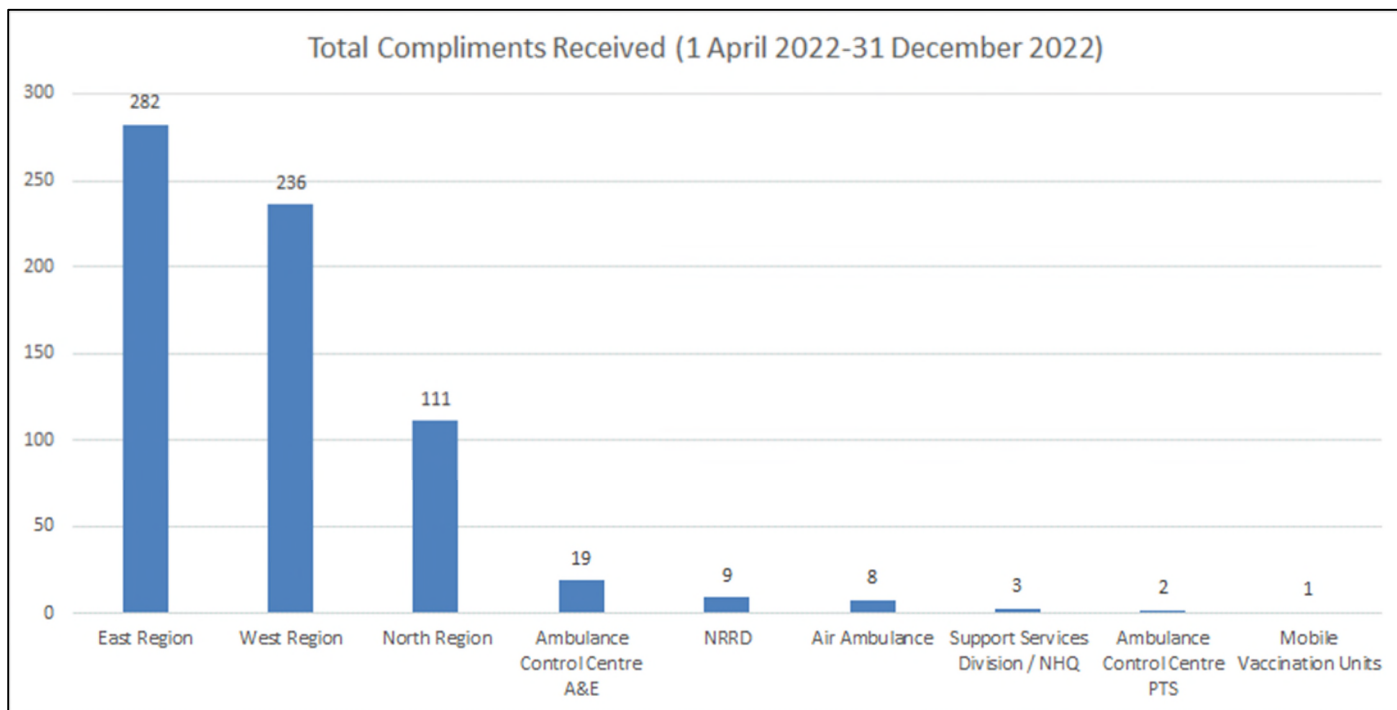
The Service actively seeks feedback on its services in order that it can continue to make improvements. We have many ways of gathering feedback – face to face, patient forums, online portals, complaint and concern channels.

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## Feedback analysis

### Compliments

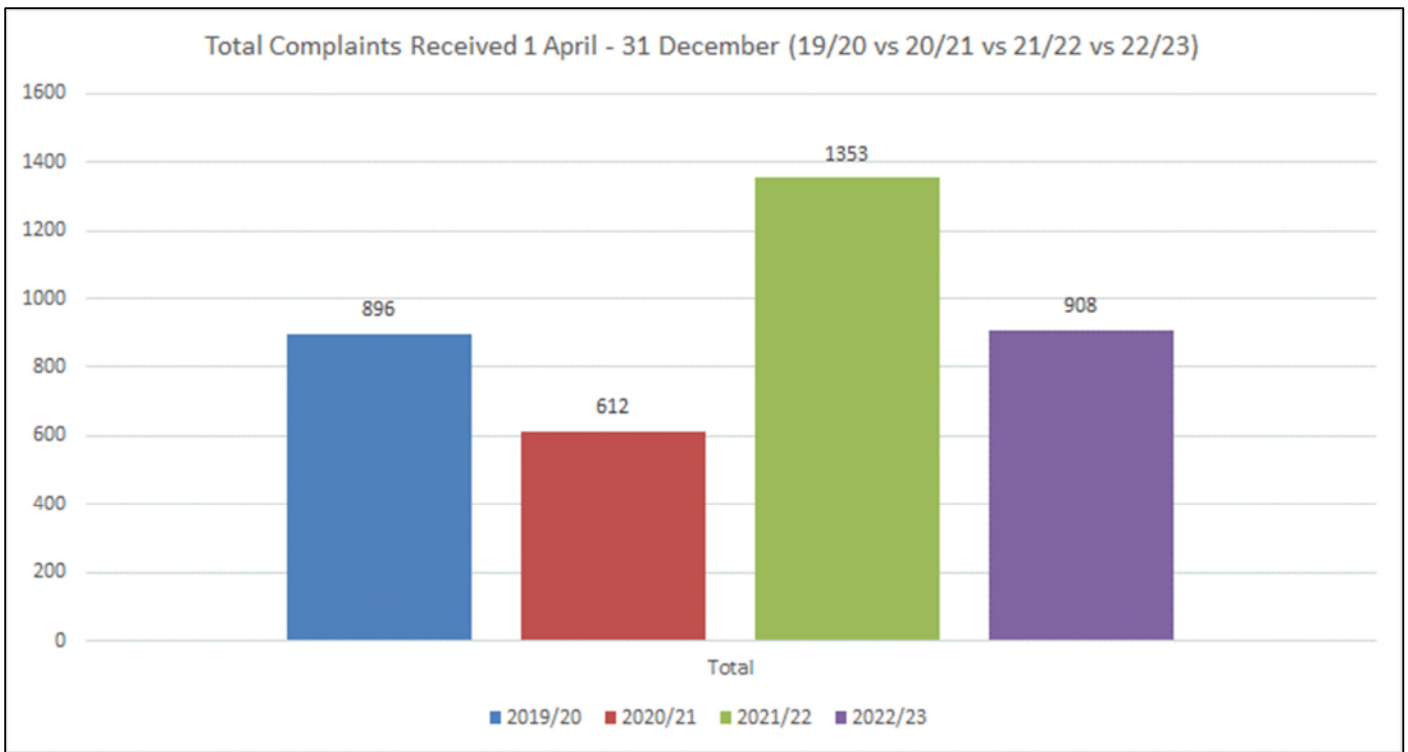
Compliments received from sources other than Social Media are logged and actioned on the DATIX system. Between 1 April 2022 and 31 December 2022, a total of 671 compliments have been received. East Region received around 42% of these compliments. The graph below shows the compliments received by region for the financial year.



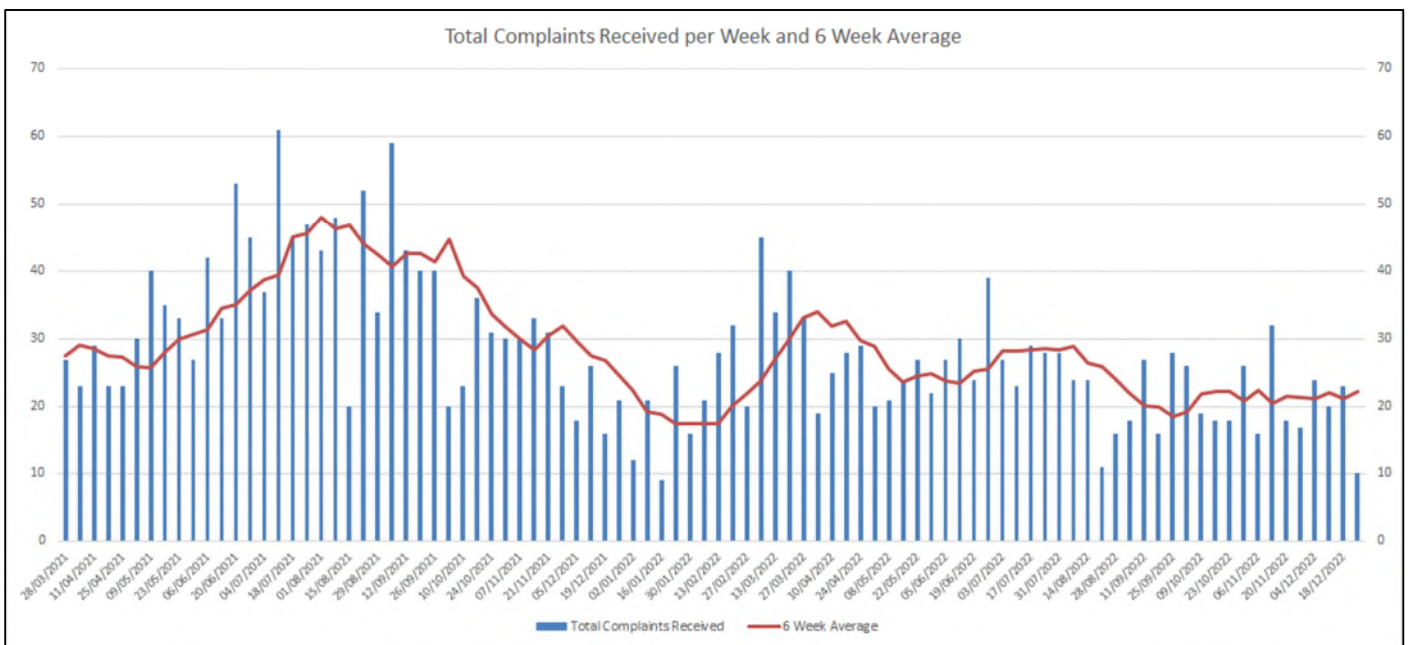
### Complaints Data

Between 1 April 2022 and 31 December 2022, a total of 908 complaints have been received. This shows a decrease of 445 (32.9%) complaints in comparison to 2021, but is similar to the number of complaints received during this time period in 2019/20 where we had 896 complaints.

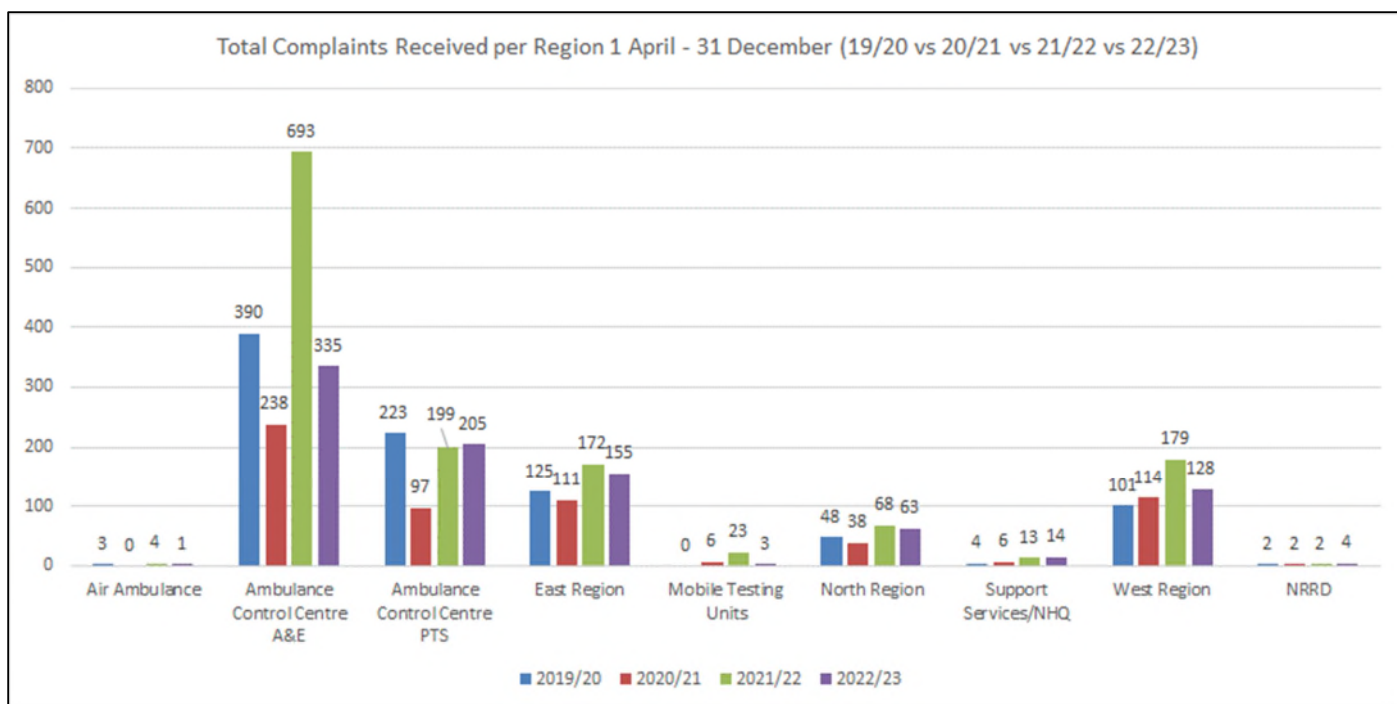
The data shows that in 2020, during COVID, there was a substantial decrease in the number of complaints received. In 2021, there was then an increase in complaints as restrictions eased across Scotland. This latest data shows that the number of complaints appear to have stabilised back to the pre-COVID levels seen in 2019/20.



The challenges the Service has faced since the beginning of the pandemic have been significant and this has been reflected in the above data. Last year saw the highest volume of complaints that the Service has received, however challenges such as rising staff absences, increased hospital turnaround times as well as the continuing pandemic and its recovery are likely to have impacted on these numbers. The increase in complaints last year has been reflected across the country in most other health boards.



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



## Complaint Themes

Of the 908 received, the 3 most common themes for complaints are

1. Attitude and Behaviour – 188 complaints (20.7% of the total, compared to 20.8% in the last paper)
2. Delayed Response – 179 complaints (19.7% of the total, compared to 19.3% in the last paper)
3. Triage/Referral to NHS24 – 126 complaints (13.9% of the total, compared to 13.6% in the last paper)

## Actions from Complaints

The top 5 themes of complaint have remained stable over the last 3 years. As is illustrated there is a reduction in the volume of complaints this year in Delayed Response and Clinical Assessment categories. The volumes of complaints relating to Attitude and Behaviour has been noted and discussed previously and work is progressing to better understand this complex issue. More detailed narrative around this will be included in the March 2023 paper. Among potential current contributory factors are abstractions resulting in increased overtime, delayed and missed rest breaks, more complex patient presentations and challenges with hospital turnaround times and pathways.

The increase in complaints relating to the Patient Transport Service, in particular the PTS Booking Line, was primarily due to delays in callers being able to get through to a call handler. 2022 saw some severe staff shortages which was identified and addressed and for November and December 2022 the Service has seen significant improvement in call answering standards.

## Stage 1 Complaints (1 April 2022 – 22 December 2022)

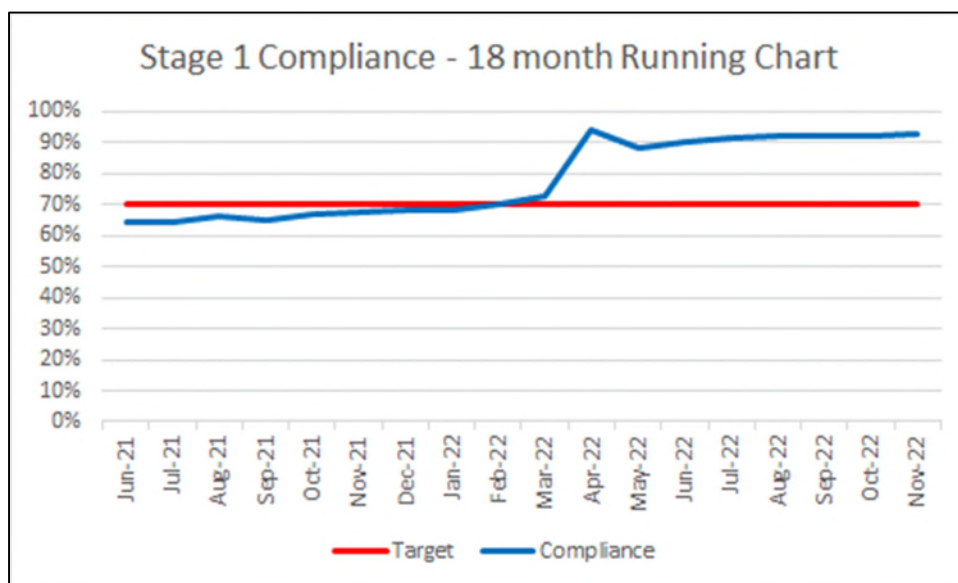
Stage 1 complaints have a 5-day target to be closed. This can be effected through direct contact with the complainant at supervisor level. This may be by phone, email or a face-to-face contact. There should be no complaints where a patient has come to harm or there is a clinical challenge completed as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

Stage 1					
	Closed within target				Still Open and now overdue
	No	Yes	Total	Compliance	
Ambulance Control Centre A&E	3	199	202	98.5%	0
Ambulance Control Centre PTS	2	167	169	98.8%	0
East Region	3	94	97	96.9%	0
Mobile Testing Units	3	0	3	0.0%	0
North Region	16	27	43	62.8%	2
Support Services/NHQ	3	3	6	50.0%	0
West Region	13	78	91	85.7%	1
NRRD	3	0	3	0.0%	0
<b>Total</b>	<b>46</b>	<b>568</b>	<b>614</b>		<b>3</b>
<b>Compliance</b>	<b>92.5%</b>				

Latest results indicate that Stage 1 complaints compliance is at 92.5%, a slight increase from 92.2% in the previous paper.

The government target is 70% of complaints to be dealt with by the target day. Focus is being targeted in the North region to improve compliance in this area, although the numbers are small, the compliance is below the target.

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



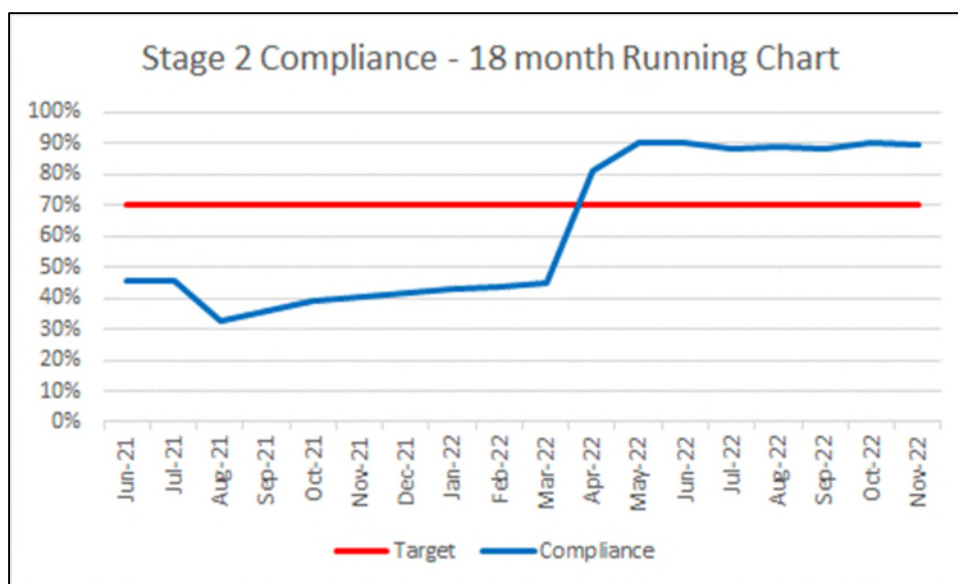
## Stage 2 Complaints (1 April 2022 – 1 December 2022)

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

Stage 2					
	Closed within target				Still Open and now overdue
	No	Yes	Total	Compliance	
Air Ambulance	1	0	1	0.0%	1
Ambulance Control Centre A&E	4	109	113	96.5%	0
Ambulance Control Centre PTS	0	32	32	100.0%	0
East Region	3	49	52	94.2%	0
North Region	4	11	15	73.3%	1
Support Services/NHQ	3	3	6	50.0%	0
West Region	12	23	35	65.7%	3
<b>Total</b>	<b>27</b>	<b>227</b>	<b>254</b>	<b>89.4%</b>	<b>5</b>
<b>Compliance</b>	<b>89.4%</b>				

Latest figures show the Service is sitting at a compliance rate of 89.4%, compared to 88.4% in the previous paper. There is a 70% target for such complaints. Focus is targeted in the North and West regions to improve compliance in these areas, although the numbers are small, the compliance remains below the target.

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



### Compliance Comments

The Service's staff have made considerable efforts to continue this performance throughout the year. As the Service enters into the final quarter of the financial year, it is on direction for its highest performance since the NHS Model Complaints Handling Procedure began. The Patient



Experience Team would like to thank each and every member of staff involved in complaints handling for their professionalism and hard work in achieving this.

## **Care Opinion**

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

Between 1 April 2022 and 31 December 2022, 145 stories were posted on Care Opinion relating to the Service. These have been viewed 33,915 times.

Of the 145 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.

Each of the concerns raised was responded to and where actions were required to be taken, these were followed up with the teams involved. All positive feedback where identifiable is shared with the teams involved.

## **Patient Focused Public Involvement (PFPI)**

### **Patient Representation**

#### **Recruitment**

We have a growing network of 25 volunteers that want to give up their time to help us to increase lived experience in the services we provide.

We have actively recruited Patient Representatives to the Infection Control Committee and Air Ambulance Re-procurement Board with the help of Third-Sector partners, Age Scotland and the Glasgow Disability Alliance (GDA).

### **2030 Delivery Meetings**

The Strategy and Planning Team met with Patient Representatives from NHS 24 and Healthcare Improvement Scotland. The team discussed our 2030 Service Strategy and our ongoing commitment to providing people with the right care, at the right time and in the right place. Highlighted was our work on prevention to improve the health and wellbeing of our population and investing in the education and the wellbeing of our staff. The team also discussed the importance of utilising new technology.

The team then questioned participants on how we can best deliver this Strategy with our communities. The participating Patient Representatives were located throughout Scotland, from the Highlands to the Borders, and had many ideas involving capacity-building in rural communities and public education.

We will soon be holding similar meetings in partnership with the Royal National Institute of the Blind (RNIB), and members from the Glasgow Disability Alliance (GDA).

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## **Air Ambulance Re-procurement Engagement Sessions**

We have held multiple engagement sessions with patient and Third-Sector groups to aid in the procurement of new air ambulance provision. Patient and Third-Sector groups throughout the North of the country have been keen to hear what themes have come out of the engagement work so far and to hear the direction this travel.

We held a successful meeting with the Age Scotland dementia and carer group in Orkney. We also held a meeting with RNIB members from throughout the country to listen to and learn from the experiences of our partially sighted and blind patients. The feedback from this session was supplemented by a survey we designed for partially sighted and blind people unable to access an online meeting. We ran a discussion group in Argyll and Bute with the Medcats, which is the oldest and longest running patient group in Scotland, and we ran a successful meeting with Patient Representatives from the NHS Western Isles lived experience forum.

The feedback we received pointed to a general lack of knowledge from this section of the public regarding the Air Ambulance Service. An engagement plan will now be undertaken aimed at increasing understanding and knowledge amongst wider members of this community.

## **BAME Engagement**

Through a fact-finding process with help from Third-Sector partners CEMVO Scotland, The Scottish Refugee Council, BEMIS and Refugee, we will be developing an Engagement Strategy to help us involve and communicate with people and patients from BAME and New Scot communities.

We are producing an information leaflet explaining who the Scottish Ambulance Service are, and when we can help. With the help of CEMVO and BEMIS, this leaflet will be translated into four languages and distributed among BAME communities in Scotland.

## **Mental Health Lived Experience Forum**

With the advice and guidance of Third-Sector partners, we are developing a lived experience forum. The creation of this forum will help us gaining lived experience, insight and guidance into strategic decisions we are making.

It is hoped that this forum will be a model for other teams in the service to adopt.

## **Scheduled care mental health training**

We are setting up a training schedule to trial the use of the new mental health training package put together by the mental health and dementia team, guidance and expertise from See Me - with the insights from volunteers and patients.

This work was undertaken after a plea from scheduled care call handlers for more guidance in dealing with mental health patients, particularly with regard to communication.

In the future, we hope to tailor this package for Ambulance Care Assistants.

## **SPSO**

The Service currently has 6 open cases from the SPSO and has closed 4 since the previous paper.

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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
DATIX 10967	202202435	09/11/2022	1. Scottish Ambulance Service unreasonably failed to send an ambulance to patient	Not Upheld	SPSO Reviewing	N/A	N/A	N/A	Open
DATIX 7895	202200270	09/08/2022	1. Scottish Ambulance Service failed to reasonably carry out a clinical assessment of patient which resulted in a discharge	Part Upheld	SPSO Reviewing	N/A	N/A	N/A	Open
DATIX 8570	202105207	05/07/2022	1. Scottish Ambulance Service failed to reasonably send an Ambulance to patient	Not Upheld	SPSO Reviewing	N/A	N/A	N/A	Open
DATIX 5661	202006236	31/08/2021	1. Scottish Ambulance Service unreasonably failed to send an ambulance to patient	Not Upheld	SPSO Reviewing	N/A	N/A	N/A	Open
DATIX 5488	202000766	10/02/2021	1. The care that Patient A received from the Scottish Ambulance Service was unreasonable; 2. The handling of the complaint was unreasonable	Upheld	SPSO have upheld both parts	25/04/2022	<ol style="list-style-type: none"> <li>Letter of apology to complainant</li> <li>Share review with the involved operational staff for feedback and learning around patient assessment and dispatch processes</li> <li>Share the review with the involved operational staff around the management of cardiac arrest and for SAS to consider two points: how it can evidence that treatments have been performed on a patient and also; for SAS to consider issuing guidance around the management of cardiac arrest in a moving vehicle</li> <li>Share the review with the involved Complaints handling staff for reflection and learning</li> <li>Provide further training on complaints handling and evidence of how this learning is being monitored to ensure that the complaints handling process is being followed and applied appropriately</li> <li>Share the review with the involved operational staff for reflection and learning on asking bystanders to do CPR</li> <li>Evidence that relevant staff have undertaken complaints handling training and evidence that quality assurance is in place to ensure complaints investigations are monitored to ensure they meet required expectations</li> </ol>	<p>Recommendation 1 closed and signed off (23/05/2022)</p> <p>Recommendation 2 completed, awaiting sign off from SPSO</p> <p>Recommendation 3 completed, awaiting sign off from SPSO</p> <p>Recommendation 4 completed, awaiting sign off from SPSO</p> <p>Recommendation 5 completed, awaiting sign off from SPSO</p> <p>Recommendation 6 completed, awaiting sign off from SPSO</p> <p>Recommendation 7 completed, awaiting sign off from SPSO</p>	Open
DATIX 7795	202103065	15/10/2021	1. Ambulance Crew unreasonably failed to take Patient to hospital	Part Upheld	SPSO Reviewing	N/A	N/A	N/A	Open
DATIX 8565	202111369	30/11/2022	1. Scottish Ambulance Service failed to reasonably transport patient to hospital	Not Upheld	SPSO have not taken forward	12/12/2022	N/A	N/A	Closed
DATIX 8767	202200050	09/08/2022	1. Scottish Ambulance Service unreasonably failed to send an ambulance to patient	Not Upheld	SPSO have not taken forward	02/11/2022	N/A	N/A	Closed
DATIX 7732	202105253	06/07/2022	1. Scottish Ambulance failed to reasonably manage situation where there were challenges in accessing property	Part Upheld	SPSO have not taken forward	01/11/2022	N/A	N/A	Closed
DATIX 9493	202111671	31/08/2022	<ol style="list-style-type: none"> <li>Scottish Ambulance Service treated patient in an inappropriate and unprofessional manner</li> <li>The treatment the patient received was not appropriate for their condition</li> </ol>	Not Upheld	SPSO have not taken forward on the basis that 1 recommendation is accepted.	30/11/2022	1. Take paper to CAG around guidance for painful stimuli	Open	Closed