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Public Board Meeting

**30 September 2020
Item No 11**

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 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).
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**
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 10 September 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 299 complaints have been received by the Service since 1 April 2020.

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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.

Between 1 April 2020 and 10 September 2020, 52 stories were posted on Care Opinion relating to the Service. These have been viewed 12,861 times. NHS Greater Glasgow and Clyde and NHS Lanarkshire currently provide around 44% of the stories received between them.

Of the 52 posts, 77% were uncritical in tone. It should be noted that whilst the remaining 23% 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.

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 188,473 people in the month of August (up by 35% from the previous 28 days)
- Videos reached 24,944 people over the same period (up by 27% on the previous month)
- An extra 534 followers in June (36,407 followers)

Largest posts

The top five posts in June were:

- Stonehaven Incident - 50,131
- Don't abuse our staff message – 36,499
- Paramedic Michael Kidd raising awareness and funds for Aoife's Sensory Bus – 34,468
- Minute silence for Stonehaven – 34,087
- Taking over running of MTU – 26,358

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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 next meeting is planned in September 2020.

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)

Re-mobilisation Engagement

We have created a new Engagement Guide and Toolbox to aid in the re-mobilisation of services. This has been done to de-centralise the process, empower project leads and to standardise it across the country. Our plan is to raise the standard of community engagement and keep it consistent with what our Service expects and needs.

The new toolkit will allow engagement work to be carried out by the team creating, developing or changing a service or product. This will ensure the project can be fully detailed to the community, and any questions can be fully answered. It also gives the team first-hand exposure to thoughts and opinion of the patients they want to support by creating, developing or improving a service or product. In the guide, we take Service personnel through how to engage with the public; from the planning, the doing, and the reporting.

We have presented this work to the Recovery Group and have had a lot of interest from Service personnel interested in tailoring the guide and toolbox to suit staff engagement.

Volunteers

We continue to maintain close connections with our volunteer network through telephone, email and online platforms. As internal meetings are taking place over Microsoft Teams, our volunteer Patient Representatives have not always been able to take part due to technical issues. We are working with our Finance Director and ICT department to overcome the barriers our volunteers are facing, and we hope to welcome back their participation within our National Operational Governance Group (NCOGG) and Clinical Services Transformation (CST) Programme Board, in the coming months.

Patient Focus Public Involvement strategy

We have finalised our Patient Focus Public Involvement strategy which has been approved by Director leads and will now go to the Clinical Governance Committee for comment and approval.

This was written in collaboration with the National Patient Focus Public Involvement (PFPI) group and the wider PFPI network. It also went through a long consultation with key Service personnel from Clinical team, regional Heads of Service and Area Service Managers, key figures from Scheduled

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Care, Human Resources, Patient Experience and Strategic Planning. We wanted to hear the opinion of everyone in our Service with an interest in PFPI, patient collaboration and shared decision-making. We want this to be a statement of intent that staff and patients can proudly stand behind.

Complaints Mapping

We are testing a new approach of patient journey mapping using a small number of complaints from the East Region.

Patient journey mapping is a way of visualising and summarising the service experiences patients have. We are attempting to discover if complaints relate to something our Service does or how it functions regularly. This work has great potential and one which has been welcomed by our Quality Improvement Team. There is scope of it adding important qualitative data to supplement the quantitative data the Service holds in relation to complaints and learning.

Complaints Data

Between 1 April 2020 and 10 September 2020, a total of 299 complaints were received, with the Ambulance Control Centre (A&E) receiving slightly under 38% of these. This shows a 39.6% decrease from the same period last year where we had received 495 complaints.

Work started in September 2020 to closer analyse correlation between the number of complaints received and demand. A member of the Management Information team has been given complaints data and will look for statistically relevant patterns in an effort to not only capture trends in what has happened, but potentially forecast future complaints numbers and patterns.

Financial Year 1 April – 10 September	Total Contacts with Service (attended or not)	Total Complaints Received	% of Contacts to Complaints
2019/20	355, 544	495	0.14
2020/21	330, 628	299	0.09

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 - 10 September 2019	1 April 2020 - 10 September 2020
1. Delayed Response - 124 (25%)	1. Attitude and Behaviour - 74 (24.7%)
2. Attitude and Behaviour - 85 (17.2%)	2. Delayed Response - 61 (20.4%)
3. Triage/Referral to NHS24 - 67 (13.5%)	3. Clinical (other)* – 31 (10.3%)

(*Clinical other is a theme that incorporates complaints that have a clinical aspect to them but do not necessarily relate to the initial or subsequent clinical assessment. Examples of these may be moving and handling or the hospital chosen for destination)

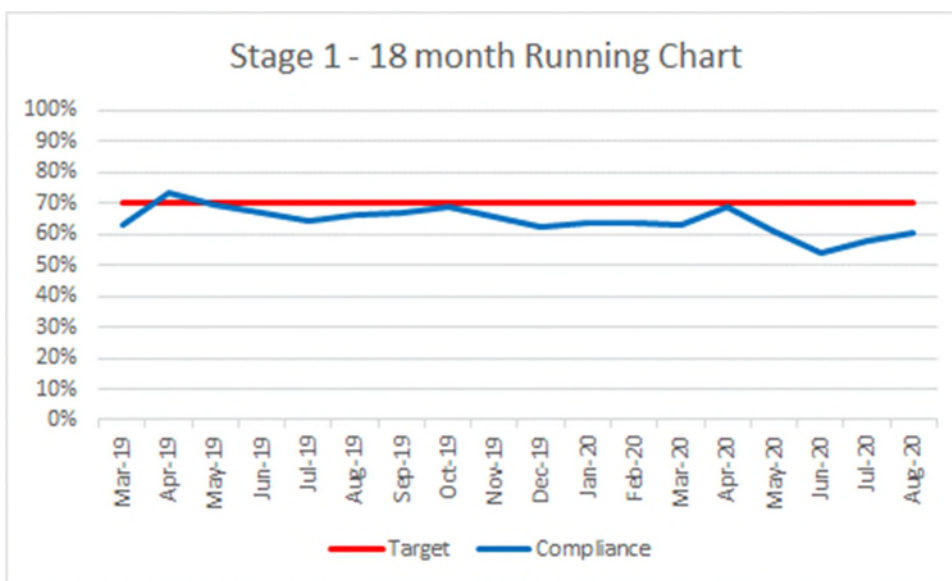
Data shows that 64.2% of the total complaints received this year are Stage 1 – Early Resolution Complaints (5-day target). This is an increase from last year where 48.8% of the total complaints received during this period were handled as Stage 1 Complaints.

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Stage 1 - (1 April 2020 – 1 September 2020)

Latest results indicate that Stage 1 complaints compliance is at 62%.

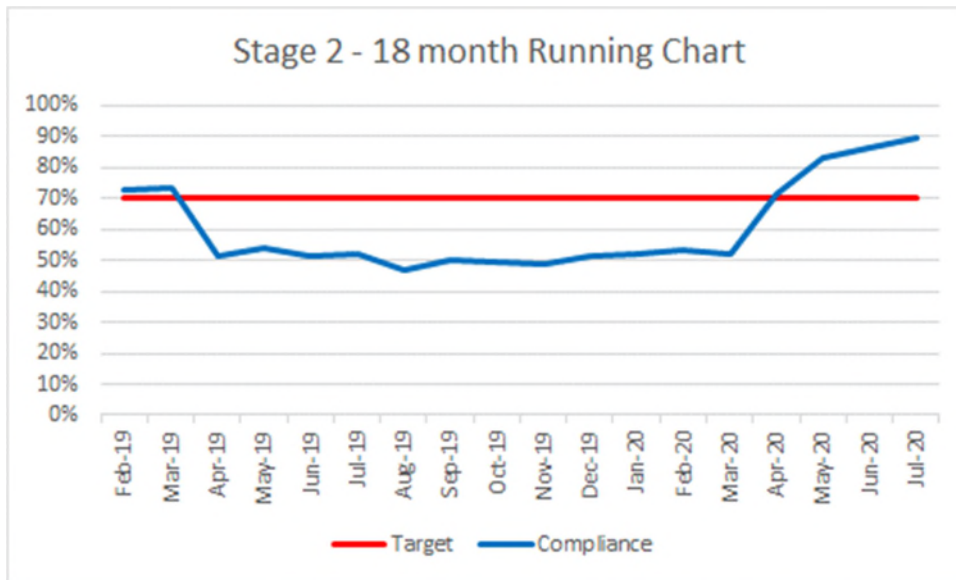
Stage 1				
	Closed within target			
	No	Yes	Total	Compliance
Ambulance Control Centre A&E	33	20	53	37.7%
Ambulance Control Centre PTS	8	28	36	77.8%
East Region	5	28	33	84.8%
North Region	2	5	7	71.4%
West Region	14	20	34	58.8%
Total	62	101	163	
Compliance	62.0%			



Stage 2 – (1 April 2019 – 11 August 2020)

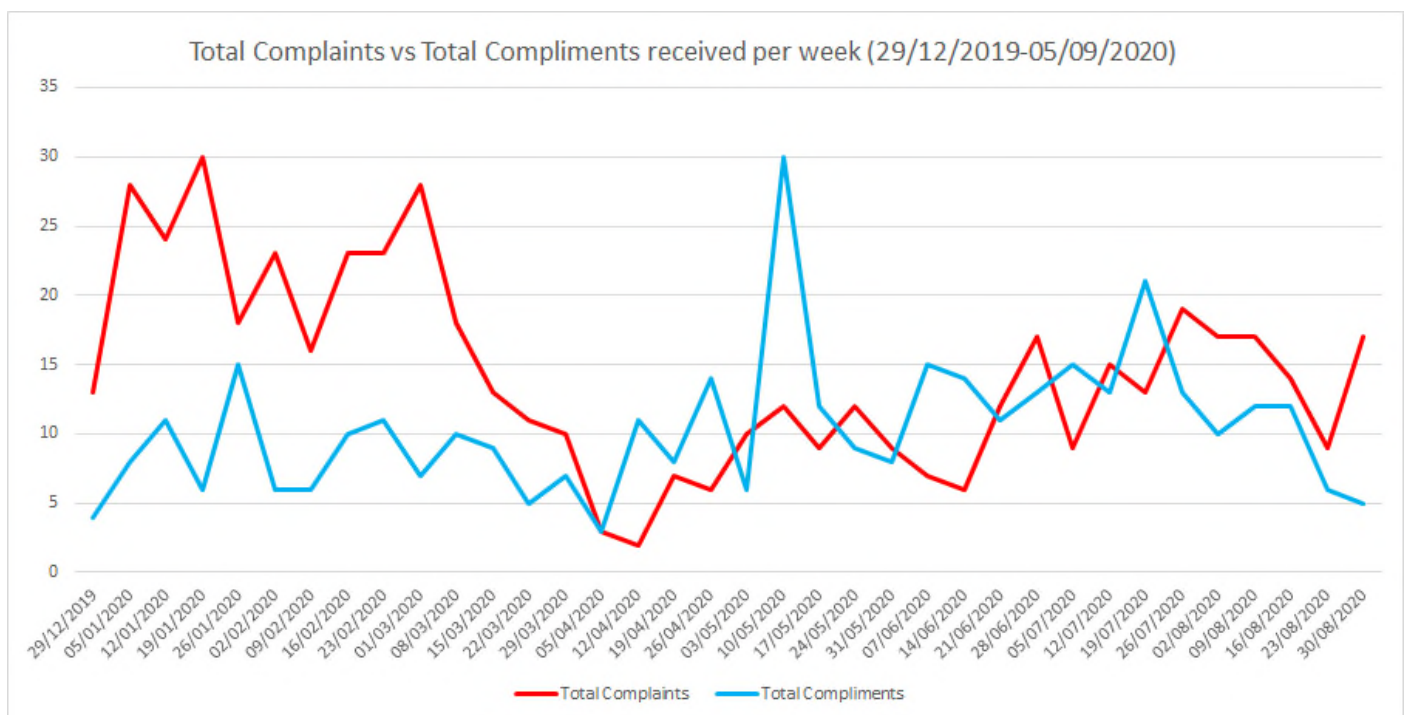
Latest results indicate that Stage 2 complaints compliance is currently 88.1%.

Stage 2				
	Closed within target			
	No	Yes	Total	Compliance
Ambulance Control Centre A&E	5	26	31	83.9%
Ambulance Control Centre PTS	1	2	3	66.7%
East Region	0	16	16	100.0%
North Region	1	7	8	87.5%
NHQ/Support Services	1	0	1	0.0%
West Region	0	8	8	100.0%
Total	8	59	67	
Compliance	88.1%			



Compliance Comments

It is encouraging to see a sustained increase in the percentage of complaints that are being handled at a Stage 1 level and, that the compliance of our Stage 2 complaints continues to be very positive in comparison to the same period last year. However, it is important to not be complacent. The number of complaints did reduce during the pandemic but it is increasing again as illustrated in the graph below.



SPSO

SAS Reference	SPSO Reference	Date SPSO began their review	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 (Complete and signed off) 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 (Complete and sent to SPSO)
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. Update SPSO on system changes to mitigate risk of CFR's not being dispatched (Ongoing) 4. Confirm a suitable protocol for when Satellite Navigation fails on vehicles (Ongoing) 5. Evidence this review has been fed back to the crew involved (Complete and sent to SPSO) 6. Consideration for aide memoirs for cease of resuscitation (Ongoing)
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 have upheld part 1 and part 2	1. SAS to send apology letter for failing to keep reasonable contact with complainant and for failing to handle the complaint reasonably (Complete and sent to SPSO) 2. SAS to consider and where appropriate take action to improve identified areas of error (Complete and sent to SPSO)
DATIX 4952	202001395	03/07/2020	1. Scottish Ambulance Service failed to provide patient with a response within a reasonable timeframe.	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	SPSO have not upheld	Appropriate Care Given - High standard of Review carried out
DATIX 4331	201907499	29/06/2020	1. Scottish Ambulance Service failed to provide patient with appropriate care and treatment on 31 January 2018	Upheld	With SPSO Advisors	With SPSO advisors
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	With SPSO Advisors	With SPSO advisors
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 as satisfied with SAS response and actions	SPSO not taking any further as satisfied with SAS response and actions

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

During the pandemic the Scottish Public Services Ombudsman continues to be very supportive of limiting the amount of interaction they have had with the Health Sector. This is to ensure that focus can remain on the efforts in managing the response and the Service has found this to be very helpful. However, a number of cases have begun to appear in quick succession and the Service is responding as required.

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