



**NOT PROTECTIVELY MARKED**

**Public Board Meeting**

**29 September 2021  
Item No 08**

**THIS PAPER IS FOR APPROVAL**

**PATIENT EXPERIENCE ANNUAL REPORT 2020/21 (DRAFT)**

<b>Lead Director Author</b>	Professor Frances Dodd, Director for Care Quality and Improvement Mark Hannan, Head of Corporate Affairs and Engagement Alan Martin, Patient Experience Manager
<b>Action required</b>	The Committee is asked to approve the annual report.
<b>Key points</b>	<p>The draft Patient Experience Annual Report 2020-21 is attached for approval. It was approved by the Clinical Governance Committee at its meeting on 16 August 2021 subject to refinement before presentation to the Board to remove the use of acronyms.</p> <p>The report sets out latest developments, key statistics and performance for the year 2020/21</p>
<b>Timing</b>	Annual Report.
<b>Link to Corporate Objectives</b>	<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>
<b>Benefit to Patients</b>	Engaging with patients, the public, partners and our staff increases understanding, encourages valuable feedback and drives improvements to our services to ensure we continue to deliver the highest standards of care.

Updated Front Cover to be added

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# 1. Introduction

2020-21 has been the most challenging year that the Scottish Ambulance Service ('the Service') have ever faced.

From our frontline crews to our support staff, we are truly grateful for the work which has been done during this unprecedented year. Our staff have faced significant changes to their working and personal lives, including being separated from their loved ones because of restrictions.

Despite the immense pressures, the whole Service has risen to the challenge. We have adapted and found new and innovative ways of working to ensure we continue to provide the very best care to patients across Scotland.

This includes, for example, introducing new video triage of certain categories of patients by our specially trained clinical staff who have undertaken 69,725 telephone consultations since April. This has saved 26,332 ambulances being dispatched to people for whom more appropriate care pathways were found. We have also moved at pace to set up Mobile Testing Units and mobile vaccination centres reaching communities across Scotland.

Along with continuing to provide the best quality care to patients, a top priority for the Service has been the health and wellbeing of our own staff. Our Health and Wellbeing Strategy, approved this year, outlines our key aims over the next three years to enable our workforce to feel healthy, valued and supported by taking a more proactive and preventative approach to wellbeing. The strategy will continue to develop over the coming years.

As well as taking care of the wellbeing of our own staff, we have striven to deliver excellence in person-centred care to patients experiencing mental ill health or distress with the same commitment we do with physical health problems. Our ambition is to improve the identification of mental ill health, the assessment, treatment and experience of patients and improve access to onward care to prevent further deterioration. The recent launch of our Mental Health Triage Cars – a joint response car with a mental health practitioner, a paramedic and police officer on board – is an important step forward in how we care for patients under mental health distress.

To help best serve emergency demand, we have been carrying out work through our Demand and Capacity Programme which aims to predict current and future

demand and map out the levels of staff and vehicles required across different parts of Scotland to meet this demand.

Collaborative working with the Scottish Government and other key stakeholders, including territorial Health Boards and NHS 24, has seen the Redesign of Urgent Care work moving at pace to improve the experience for patients and staff across Scotland.

Alongside our A&E and specialist crews, our Ambulance Control Centre (ACC) staff who deal with all 999 calls, have also been at the frontline during the fight against COVID-19.

Around 20% of our call volume comes from other health professionals including NHS24, GPs, Out of Hours (OOH) and hospitals. Following feedback from staff, research and an analysis of data, we implemented an improved model for triaging such calls so that patients receive clinically appropriate response levels.

Our specialists have also played a vital role during the past year. Our Special Operations Response Team (SORT) has been on hand to help patients in dangerous or potentially risky environments, while our SCOTSTAR teams have unique skills in retrieving patients needing specialist care en-route to hospital, such as trauma patients or premature babies. Our SORT team were also the first crew to transport a COVID-19 positive patient last year.

Given that we provide care in some of northern Europe's most remote areas, patients in many parts of Scotland also rely on the swift response of our Air Ambulance crews. Our air ambulance crews are kept busy every day transporting patients from often hard to reach areas. In addition, 900 people work selflessly across Scotland as volunteer Community First Responders (CFRs) providing immediate assistance to people in need and supporting the ambulance response. While our CFRs were temporarily stood down last year because of COVID-19 for their own safety, the majority are now back up and running, providing a dedicated and valuable resource to Scotland's communities.

Our Scheduled Care service has also been integral during the Coronavirus pandemic and is an instrumental part of the health service, providing suitable patients transport to and from their hospital appointments. As a result of COVID-19 physical distancing restrictions, single patient journeys were introduced for staff and patient safety. In the past year, our fleet of Scheduled Care Ambulances has carried out 383,954 journeys across Scotland, providing invaluable support

to patients whilst adapting to new ways of working and supporting our A&E colleagues.

We have intensified our efforts to reduce drug related harm and have welcomed three new regional leads to the Service to support the targeted distribution of naloxone across Scotland. These specialist staff are currently leading the rollout of a national training programme to ensure all paramedics, technicians and nurses within the service are trained in how to supply naloxone to drug users and their families - an important drug which helps people recover from an overdose and saves lives.

Our team of trained vaccinators - operating out of a mobile vaccine clinic - delivered the COVID-19 vaccine to hard to reach groups as part of our inclusive healthcare plans. In addition to the vaccine, our team were able to carry out a level of targeted health promotion work which included naloxone kits, mental health advice and signposting to services.

We are currently implementing our remobilisation plan for 2021/22. This plan aligns to the Scottish Government's "Remobilise, Recover, Redesign: The Framework for NHS Scotland". As part of this work, we will continue to embed new ways of working, while supporting the physical and psychological wellbeing of our workforce.

So a huge amount of work done over the last year and more to come over the next 12 months as we look to build on the many improvements which have taken place in such a short space of time. We would like to acknowledge the fantastic contribution our staff and volunteers have made over the past year towards the continuous improvement of the care we provide for patients, despite the overwhelming and difficult challenges of COVID-19. We would also like to thank the many patients, charities and third sector organisations who have worked in partnership with us to help improve our services – from mental health, to falls and new pathways for patients with chronic conditions. Much work has been done despite the ongoing Covid challenges. This has certainly been an unprecedented year and one we will never forget. The Patient Experience Report, detailed below, provides a summary of our work in relation to feedback and patient engagement.

## 2. Encouraging and Gathering Feedback

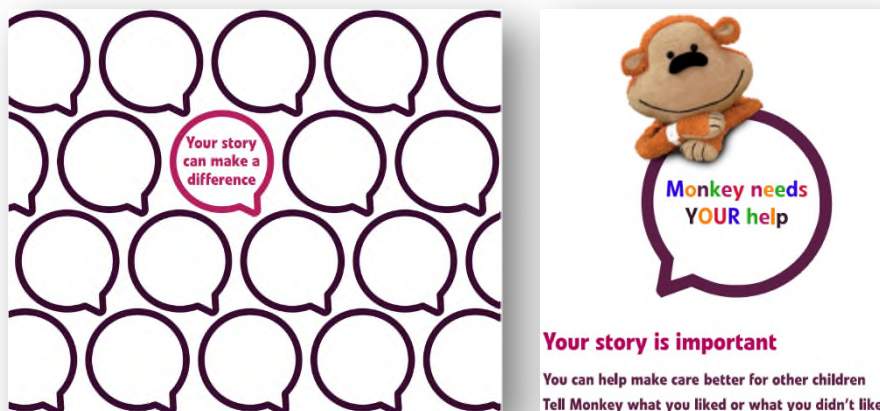
We actively promote a range of methods by which members of the public can feedback their experiences of the Scottish Ambulance Service. Email and telephone continue to be the primary methods of contacting us, but the public are increasingly utilising online channels such as Facebook, Twitter, the Scottish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

The vast majority of our feedback is positive and any comments from patients, their families, carers or members of the public are fed back directly to the staff involved and their manager.

Where negative feedback is involved, a thorough investigation is undertaken and we engage with complainants throughout the process to explain why certain actions were taken, where any lessons have been learned or where remedial action may have been taken. In certain cases, formal face-to-face meetings are offered and, where appropriate, a sincere apology offered.

### CARE OPINION

We continue to promote Care Opinion as a valuable channel for feedback from patients, families and carers who would rather express their views anonymously



or indirectly to the Service. The website allows their voice to be heard on a national forum and gives us a great opportunity to engage with them about the care they received or assist them with any ongoing issues.

## About Care Opinion

**Care Opinion is a place where you can share your experience of health or care services, and help make them better for everyone.**

At Care Opinion we make it safe and simple to share your story online and see other people's stories too. You can see how stories are leading to change.

We think that by sharing honest experiences of care, we learn to see the world differently. Working together, we can all help make care better.

The Service is dedicated to reviewing and responding to every post to support patients and their families and this year we responded to 93% of stories within 5 days. The Service is also keen to identify learning from the feedback we receive.

Between 1 April 2020 and 31 March 2021, 135 stories were posted on Care Opinion relating to the Service. This is a 5.5% decrease from the volume posted the year before. On 1 June 2021 these have been viewed 37,588 times. NHS Greater Glasgow and Clyde and NHS Lanarkshire board areas currently make up around 35% of the stories posted. Of these posts 63% were posted by the patient themselves.

Of the 135 posts, 76% were uncritical in tone. It should be noted that whilst the remaining 24% will have some form of criticality, this is not necessarily directed towards the Service, with the feedback often involving multiple NHS boards.

Below are some of the most popular tags for what was good about the Service this year.





You Retweeted



**Angela Holliday** @hollia11 · 16 Jun

Replying to @Scotambservice



Tears as Glasgow paramedics meet tiny baby they saved  
A paramedic's two-fingered CPR in the back of an ambulance saved the life of baby Finlay when he arrived 14 weeks early.  
[bbc.co.uk](https://bbc.co.uk)



4

26



You Retweeted



**Merrick Pope** @merrick\_pope · 28 Jun

A huge thank you to the paramedics who attended yesterday after my father fell and broke his ribs. Calm and professional, but as importantly kind and compassionate. @NHS\_Lothian @profalexmcMahon @Scotambservice #BeKind

8

3

64



**Hannah Mitchell** @hmittchellx · 23 May

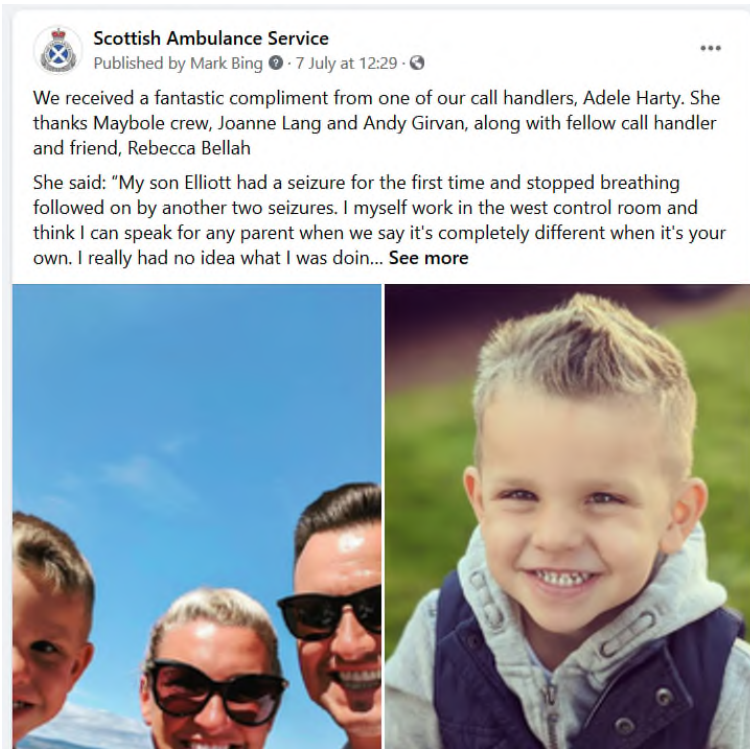
@Scotambservice Harris(2) would like to say thank you to the ambulance crew who made him better on Monday night! The crew from Kirkcaldy station were great with him! ❤️🇺🇸 so big THANK YOU 🙌



3

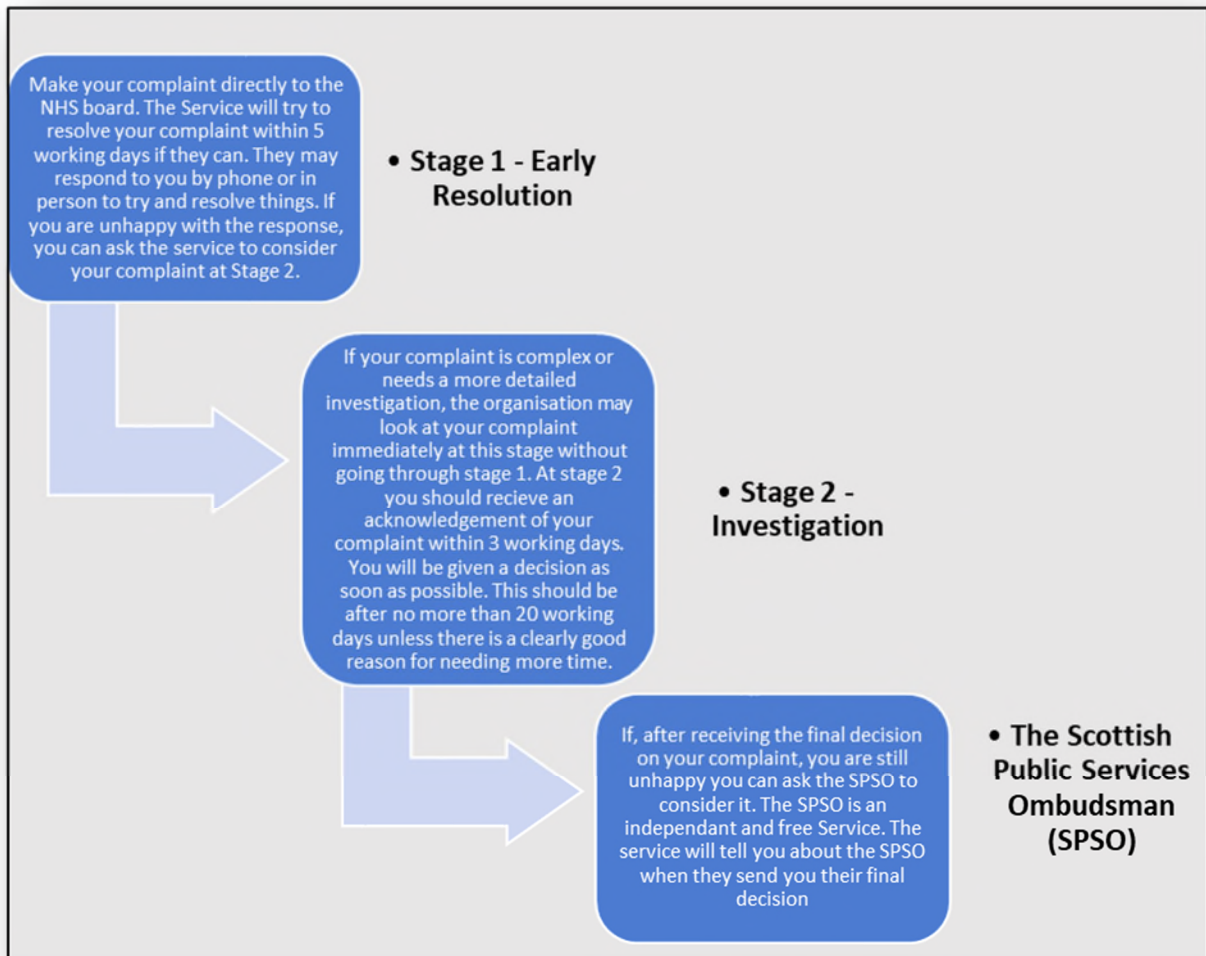
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### 3. Encouraging and Handling Complaints

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 sign posted to the Scottish Public Services Ombudsman (SPSO).



During 2020/21, 873 complaints were received. This is down by 24.8% from last year when we received 1161.

557 were 'Stage 1' complaints and 316 were 'Stage 2' complaints.

To provide some context, the number of complaints received by the Scottish Ambulance Service in 2020/21 represents around 0.06% of all the calls we received asking for our assistance.

While complaints handling is co-ordinated and quality assured by the Patient Experience Team, complaints are investigated in each region by local staff who will contact the complainant and any staff members involved to look into the issues raised and resolve the situation.

Early conversations with the complainant help to put in place a proportionate review or investigation into the circumstances that 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 that might relate to systemic issues.

There are a number of assurance groups within the Service to ensure that we take the learning from all complaints and utilise this valuable feedback to improve our services further. We also work closely with other health boards and ambulance services across the UK.

## 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 co-ordinated by the Patient Experience Team, with each complaint looked into at local level to drive improvement, while identifying any issues that require national consideration.

Complaints trends and themes are shared in a patient experience paper that is a standing item at our Clinical Governance Committee meetings and our Public Board meetings. This enables members of our Clinical Governance Committee and our Board to review emerging feedback and complaints trends and ensure 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.

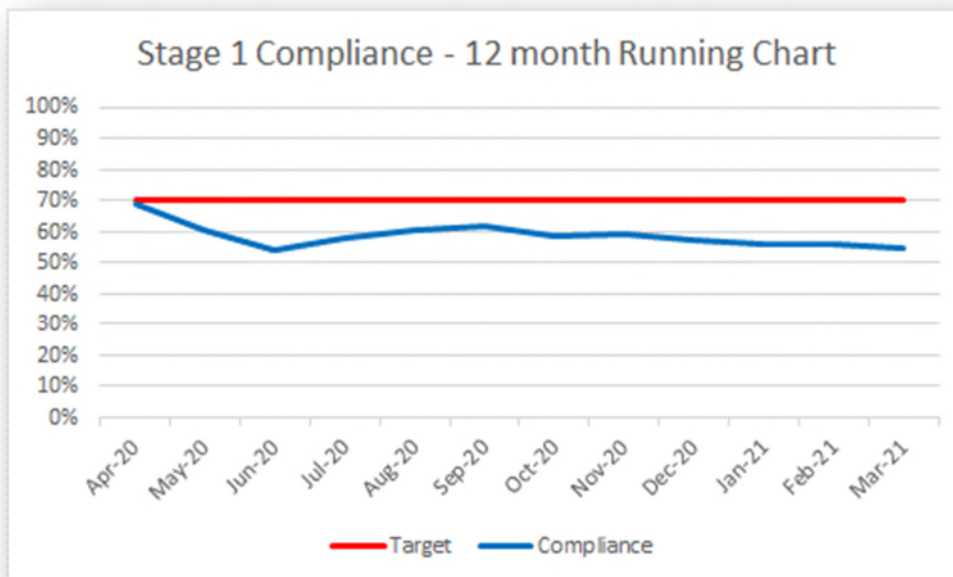
Unfortunately, the Scottish Ambulance Service did not meet the target this year. As we outlined in the introduction, this has been a hugely challenging year given the COVID pandemic and many of our resources were deployed to the front line to help treat COVID and non-COVID patients.

Whilst it is disappointing that the Service was unable to meet the target this year, we are working hard to put in place new processes and to increase resources to facilitate a quicker turnaround of complaints within the 20 working

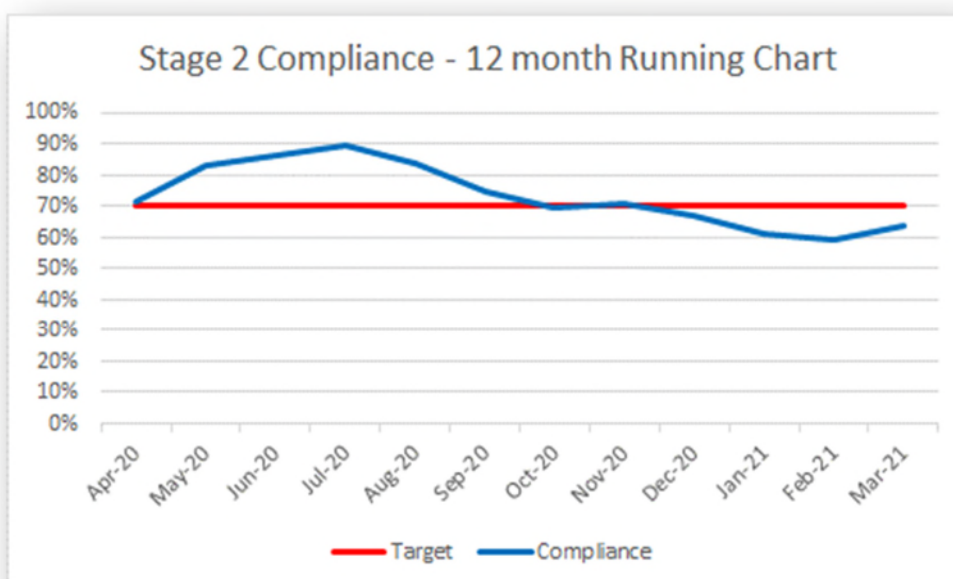
days' timeline. We are also ensuring that the quality of our investigations and our engagement with patients takes precedence over speed of response.

In 2020/21, Stage 1 compliance was 54.9%, down from 63.1% last year. Stage 2 compliance was 61.7%, up from 52% last year.

### Stage 1 Compliance Rates 2020/21



### Stage 2 Compliance Rates 2020/21



## Scottish Public Services Ombudsman (SPSO)

The Scottish Ambulance Service continues to have a positive and co-operative relationship with the Scottish Public Services Ombudsman.

In 2020/21 there were 6 SPSO cases fully investigated, this is the same as the previous financial year. The SPSO fully upheld 1, partially upheld 2 and did not uphold 3. Where cases are upheld or partially upheld, the Scottish Ambulance Service may already have undertaken much of the improvement work and any remedial action suggested by the SPSO in advance of the findings being formally issued. Where this isn't the case, a plan to complete the recommendations will be implemented.

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

We have made a clear commitment to ensuring the voice 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.

<b>Our Mission</b>	To deliver the best ambulance services for every person, every time					
<b>Our NHS Values</b>	Care and Compassion, Equality, Dignity and Respect, Openness, Honesty and Responsibility, Quality and Teamwork					
<b>Our Goals</b>	To ensure our patients, staff, and the people who use our services have a voice and can contribute to future service design, with people at the heart of everything we do.	Expand our diagnostic capability and the use of technology to enhance local decision making to enable more care to be delivered at home in a safe and effective manner.	Continue to develop a workforce with the necessary enhanced and extended skills by 2020 to deliver the highest level of quality and improve patient outcomes.	Evidence a shift in the balance of care through access to alternative care pathways that are integrated with communities and with the wider health and social care service.	To reduce unnecessary variation in service and tackle inequalities delivering some services "Once for Scotland" where appropriate.	Develop a model that is financially sustainable and fit for purpose in 2020.
<b>Our SAS Way</b>	Person-centred	Safe & Effective	Quality and Outcome Focused	Collaborative	Fair and Equitable	Value driven

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. Consideration of patient and public involvement at the earliest stages of scoping our projects enables us to build involvement into our projects from the start.

Another example of how seriously we take our responsibilities to involving patients and members of the public is illustrated by how we share patient and

carer films across different parts of the Scottish Ambulance 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.

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 also a regular topic in weekly staff engagement sessions, where staff can discuss their recent experiences and any aspects of patient care as well as listen to a weekly topical presentation.

The Scottish Ambulance Service proactively gathers patient and carer feedback on how we deliver services at a local and national level in accordance with our Involving People Strategy. Our Patient Focused Public Involvement (PFPI) Group allows us to receive and share ideas on future development and improvement. Further developing this group into the Involving People Network has meant that we have enhanced our work with patients beyond the regular scheduled national group meetings that occur four times a year.

Members of our Involving People Network are actively recruited into various support and advice roles within the Scottish Ambulance Service. Some become patient representatives that sit on strategic committees in our service to provide the views of the patient, others provide support and act as a critical friends on service developments. The events of the last year required us to support every member of our Network to ensure they felt able to participate via online rather than face to face meetings. These have worked effectively and have allowed us to expand our networks to involve people from the remote Highlands and Islands communities for example. We continue to involve people in our Network at every level of our service, both locally and nationally.

To increase what is already a high level of involvement, we have created a new Engagement Guide and Toolbox to aid in the gathering of patient and carer feedback and putting lived experience at the heart of every development we make. The idea is to co-design developments of our services with patients, expert organisations and other stakeholders. With this toolbox, we have empowered local project leads to involve their local communities.

For example, we continue our strategic partnership with the mental health organisation See Me. We are in the initial stages of national engagement work which will build on previous engagement work carried out for our mental health strategy. As the impact of the pandemic and restrictions on the way we



live our lives leads to more people struggling with their mental health, it is vital that we respond in a way that gives the best help and support to people. The feedback we get from our patients will help us develop a service that meets the needs of anyone we care for who is suffering from poor mental health. With See Me, we are also exploring a mental health section to the patient needs assessment for Scheduled Care.

This year we have been building relationships with Third-Sector organisations, Police Scotland, councils, health board and regional psychological services in the Forth Valley for example. We aim to build new referral pathways for patients presenting with a mental health issue in the area. We plan to use this as a model to replicate in other health board regions.

We have also worked with local partners to improve local falls pathways and undertaken work with patients to look at how we can improve services for those with chronic conditions.

Working in partnership with Save-a-Life for Scotland, we have released videos with the Scottish men's rugby team to promote learning Cardio Pulmonary Resuscitation (CPR) and improve confidence in performing this life saving technique. We are also working with Save-a-Life for Scotland on resources to teach people to learn and practice CPR at home. We also created a CPR course for disabled people, which is the first of its kind in the UK. We are working with Save-a-Life for Scotland to roll it out shortly. This contributes to our Out of Hospital Cardiac Arrest (OHCA) strategy which seeks to increase the number of potentially lifesaving interventions in place when someone has a cardiac arrest. For example, more members of the public trained in CPR and more publicly accessible equipment such as defibrillators in the community.



## Patient Experience

*Tell us about your experience ...*

We are working in tandem with regional health boards and Third-Sector organisations to engage with their pre-existing community networks and learn from their expertise. Through this and other work, we are promoting a culture of learning from feedback such as compliments, comments, concerns and complaints.

Our plan for the coming year is to build on this and further raise the standard of community engagement and involvement.

## 6. Improvements to Services

### **Complaint and concern themes and trends**

The top three complaint themes in 2020/21 were Delayed Response, Attitude & Behaviour, and Clinical Assessment.

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**

The Service does experience periods of excessive demand, particularly in cases where there have been a large number of call outs to help patients who are in an immediately life threatening situation, such as a cardiac arrest, or there has been very poor weather which results in delays around the workflow. As a result,

some less ill patients sometimes have to wait longer and this can understandably lead to complaints about why there was a delay in getting to a patient.

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.

As mentioned above, a strategic demand and capacity review is continuing to be 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. Whilst this programme was paused in March 2020 to allow focus on the pandemic, it has since restarted and we were pleased that the Scottish Government recently announced £20 million funding to help support investment in new staff and vehicles as part of the first stage of development.

### **Attitude and Behaviour**

We continue to promote positive patient experiences and the importance of good 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 negative 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 taking action as a result of this feedback with the staff members involved to identify any individual or organisational learning.

### **Clinical Assessment**

When the Service receives a complaint that has any clinical concerns it will go through a review carried out by a clinical manager and efforts will be made to identify any learning that may be available to the practitioner or organisation. Ambulance Clinicians carry out their practice following specific guidelines and guidance can be amended following a concern being raised.

If there is individual learning identified then the clinicians will be asked to carry out a reflective exercise or partake in a clinical review to try and understand the deeper reason as to why decisions were made. Often when you examine individual incidents in relation to the information clinicians had at the time, the decisions can often make sense in the context of the environment they were working in but important learning can be identified for future events of this nature.

## **Conclusion**

Reflecting on the year, it has been one of the busiest and challenging in history. Our staff have worked incredibly hard to help patients in need during an unprecedented global crisis and have strived to deliver first class patient care.

Although it has taken us longer to investigate and respond to complaints and feedback this year given the pressures, we have focussed at all times on ensuring that the quality of our investigations remains high, whilst learning lessons when things may have gone wrong. Despite the challenges, we have increased our partnership working with patients, the public and third sector, using their direct feedback to help shape improvements in services.

We'd like to say thank you to our staff for their commitment, dedication and hard work this year in continuing to deliver person centred care in the most difficult of circumstances. We'd also like to thank everyone who has given us feedback on our services throughout the year, from patients and their families, to members of the public, third sector organisations and partner agencies.

We hope that this report highlights some of the ways in which this important feedback is being utilised for the benefit of all.

**Contact us**

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