

NOT PROTECTIVELY MARKED

Public Board Meeting		November 2018
		Item 13
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	
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>	
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 BOARD

PATIENT EXPERIENCE

CLAIRE PEARCE, DIRECTOR OF CARE QUALITY AND STRATEGIC DEVELOPMENT

SECTION 1: PURPOSE

This paper covers the period between 1 April 2018 and 27 October 2018.

It provides an update on trends, themes and mitigating actions from patient and carer feedback. Monitoring of complaints and compliments helps identify areas for improvement. Proactive patient and public engagement helps us to work in partnership to develop improvements to our services and to ensure that any service change is improving the patient experience.

The paper also provides data on our performance against the complaints handling standard, the number of cases which have gone to 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 666 compliments have been received by the Service since 1 April 2018.

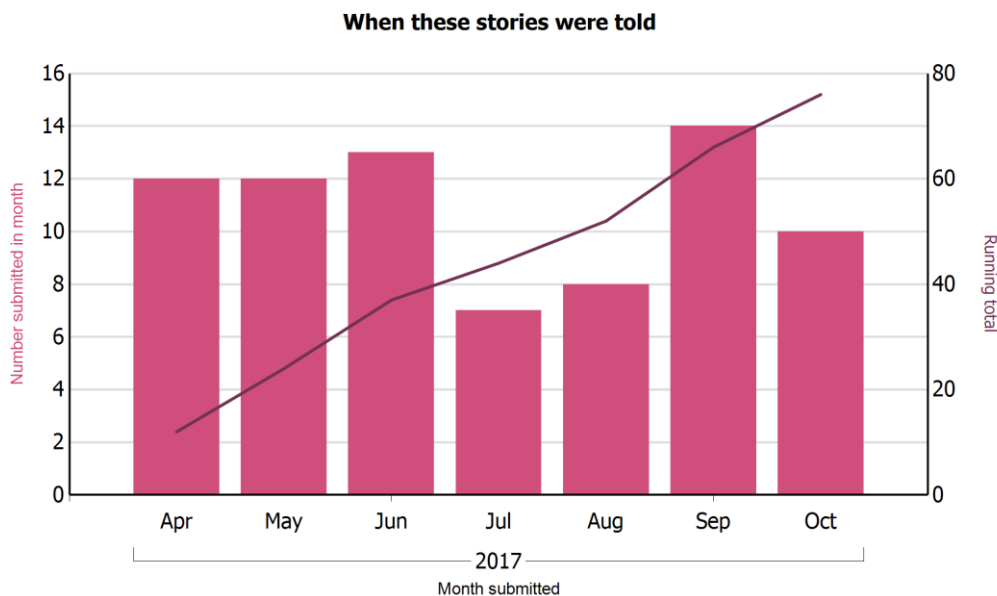
Care Opinion

Care Opinion continues to provide the Service with valuable feedback and we have seen some good examples of direct engagement in recent months with positive outcomes.

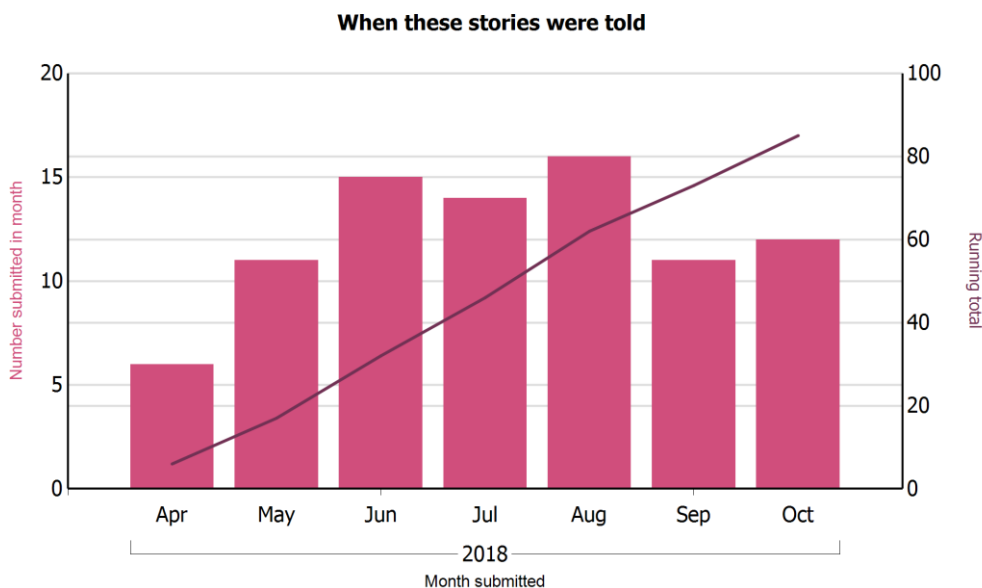
There were 85 posts on the Care Opinion website about care from the Service between 1 April and 27 October 2018. These were viewed 18,632 times.

Number of posts per month

2017

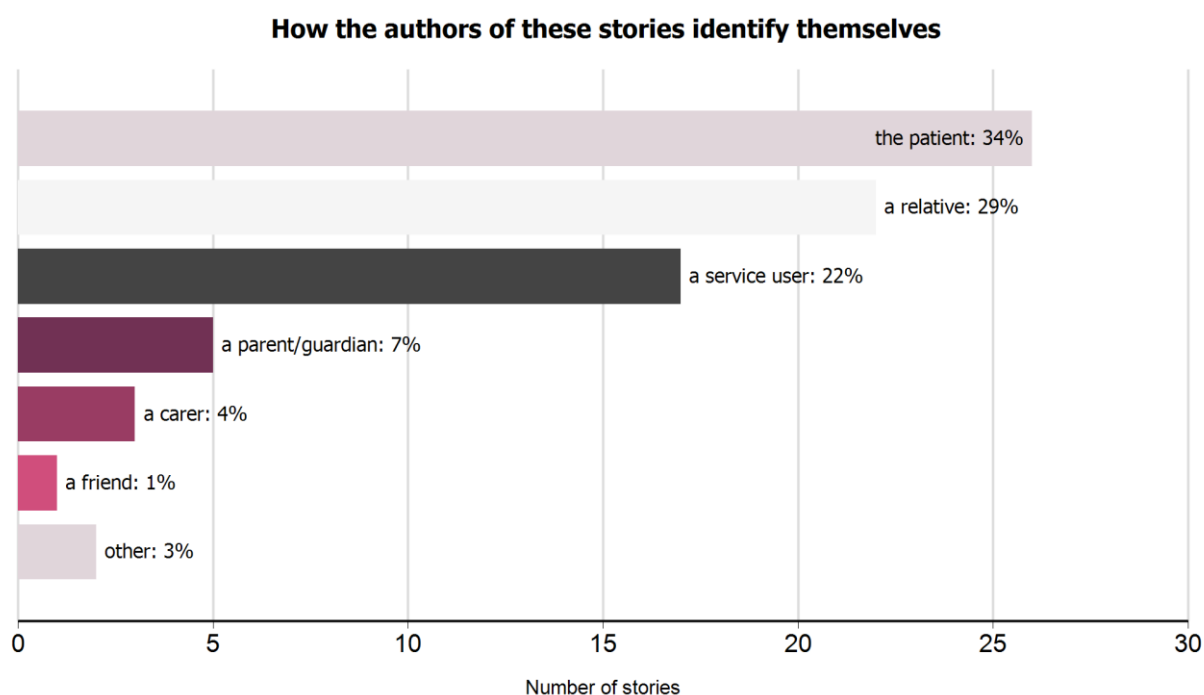


2018

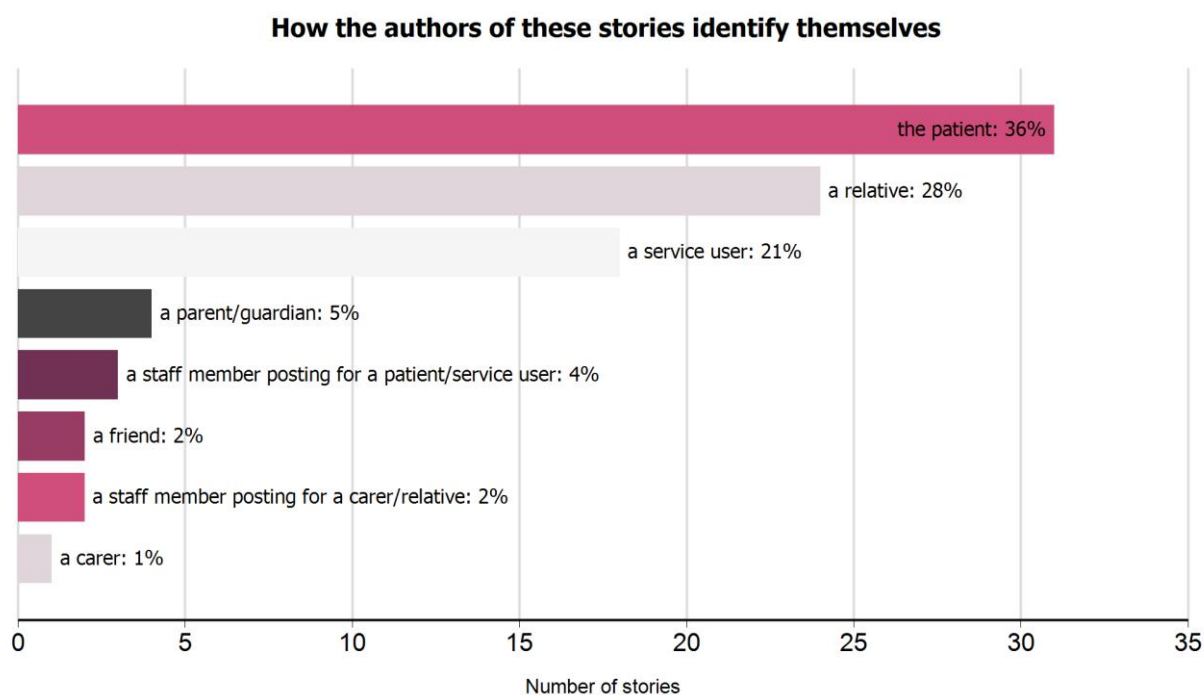


How the author of these posts identify themselves

2017

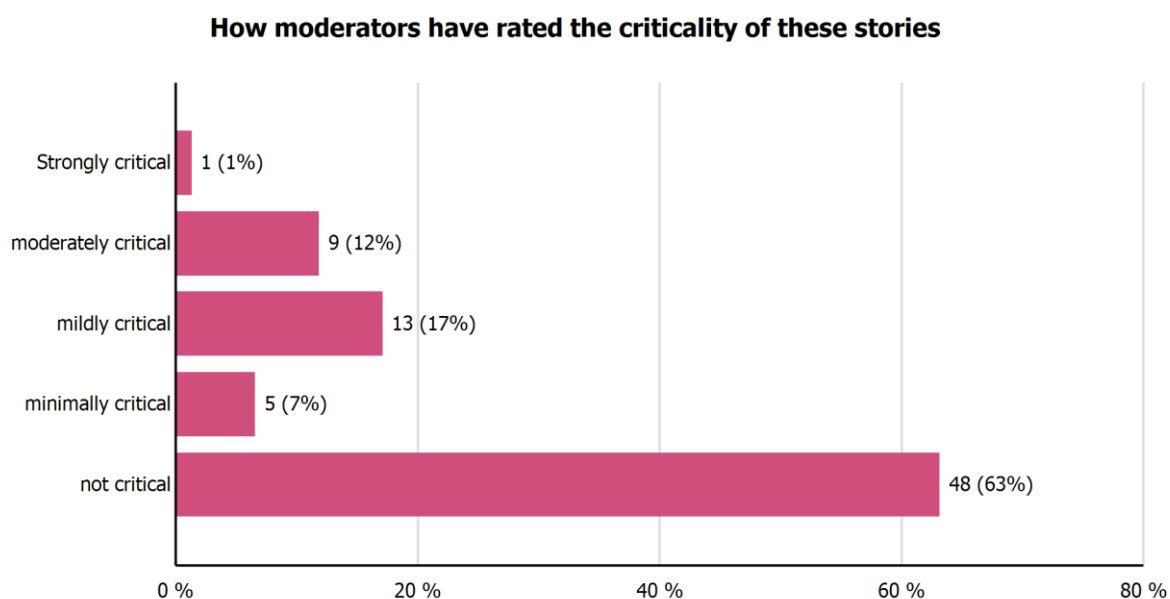


2018

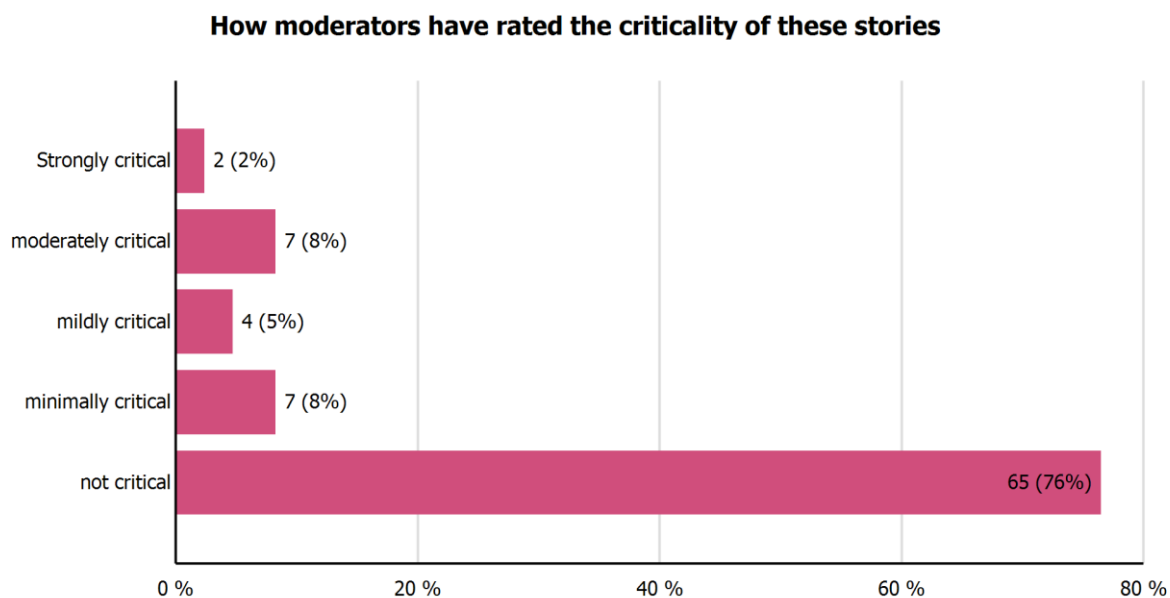


How moderators have rated the criticality of these stories

2017



2018



Of the posts on Care Opinion, 70 relate to Accident and Emergency services, 7 to the Patient Transport Service and three to Ambulance Control Centres.

The majority of compliments related to the clinical care of the patient and the care and compassion of our staff. The first of the strongly critical stories partly relates to a delayed response, while the other partly relates to the triage of the patient, with the rest about

other Health Boards. Of the seven moderately critical stories, two are about a delayed response, one is about triage and four relate to other Health Boards.

Compliments

The Service recorded 666 compliments between 1 April and 27 October 2018 across all channels. The number of compliments received via digital channels continues to increase, particularly on Facebook, Twitter and Care Opinion. Some examples of these, and other compliments, can be found in **Annexes A, B and C**.

Patient Focus Public Involvement (PFPI)

The Service is continuing to develop our new, improved approach to our PFPI arrangements. Our Community Engagement Officer is continuing to expand our outreach and engagement to new community groups within the third sector, including mental health charities.

Another successful PFPI meeting was held in October. There was a very large audience with representatives from as far away as Barra and charities such as Enable Scotland.

There were presentations on the new Patient Needs Assessment for Scheduled Care Services, communicating with diverse audiences such as those with learning difficulties, the new Paramedic degree programme, Advanced Paramedics in Primary Care and Medicines Management. Feedback from the day was very positive with engaging discussions taking place on all topics.

The next PFPI meeting will take place in early 2019.

Introduction of the new Model Complaints Handling Procedure (MCHP)

As highlighted previously to the Board, a new NHS Scotland Model Complaints Handling Procedure was introduced last year, to standardise the way in which NHS Boards handle complaints.

The 31st of March 2018 marked the end of the first full year of the new MCHP. During 2017/18, the Scottish Ambulance Service (SAS) received a total of 1,311 complaints.

Of the 1,311 complaints 722 were Stage 1 complaints and 589 were Stage 2 complaints. This represents a 2.7% increase from the previous year.

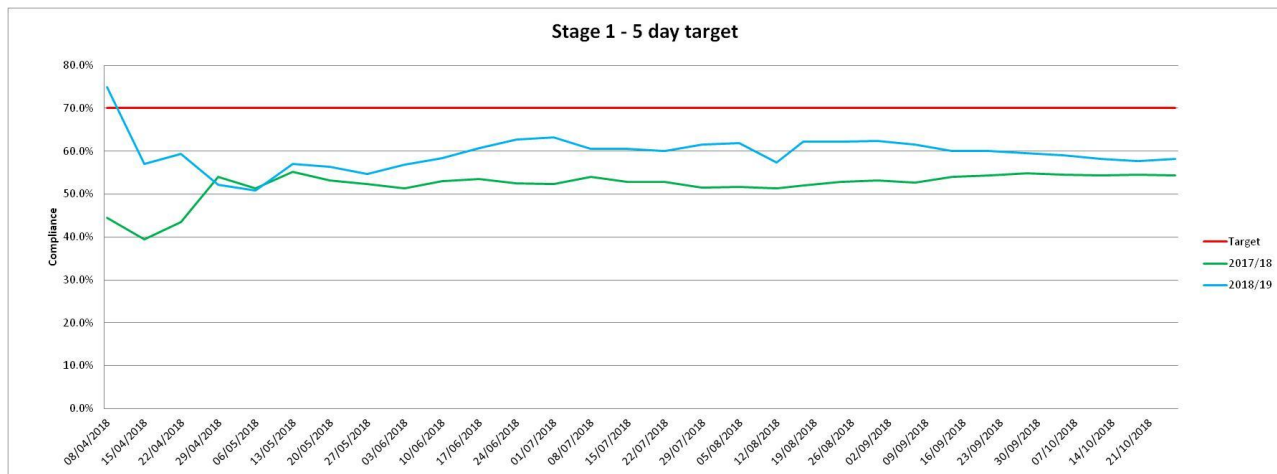
It should be noted that this represents 0.07% of the 1.8 million calls we received in the year.

The Service is currently developing the complaints module of DATIX, which is widely used across NHS Scotland Boards for complaints handling. The plan to move from our existing system 'Viewpoint' to DATIX is progressing and the design of the first draft interface is almost complete. The Patient Experience Manager and the Risk Manager have another implementation planning day scheduled this month and are hopeful that testing can commence starting January 2019.

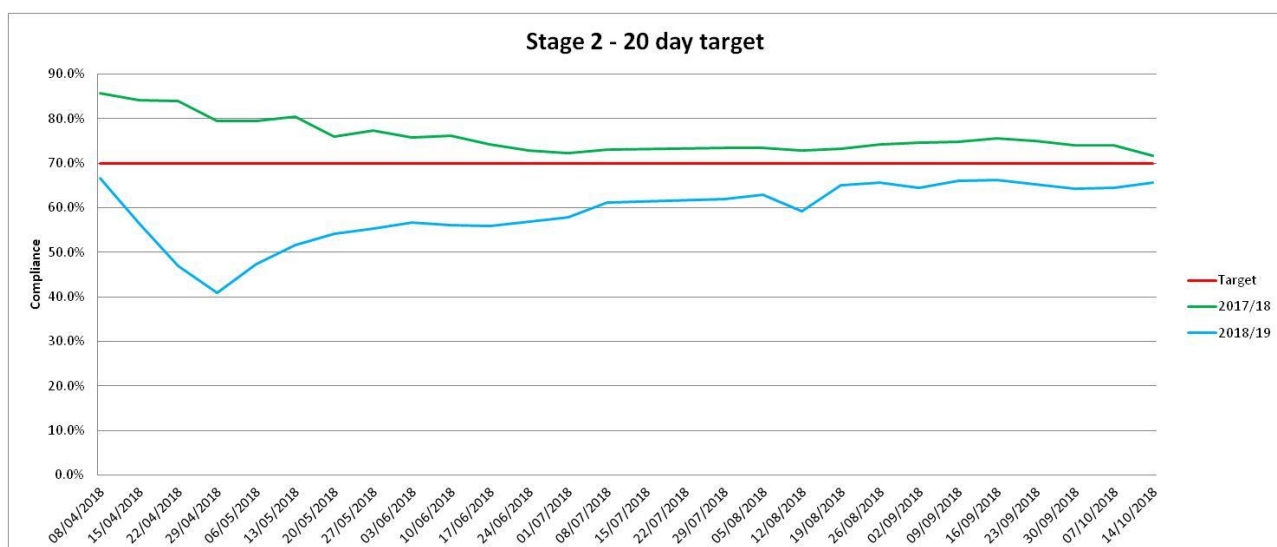
Complaints Data

The complaints handling standard for Stage 1 complaints is five working days and for Stage 2 complaints it is 20 working days.

Stage 1



Stage 2



Latest results indicate that Stage 1 complaints compliance is currently 58.2% up from 54.6% in the same period last year. Stage 2 complaints compliance is currently 65.6% down from 74.1% in the same period last year. The complaints compliance rate is recognised as an ongoing challenge and a progress report is being presented to the senior leadership team by regional representatives on a weekly basis to monitor improvement work being undertaken.

The Patient Experience Manager is providing a real time update on the compliance of each region every week and an update on complaints that are out of time. The directors, or their representatives, are then tasked with taking the necessary actions to move cases forward and improve the quality and response times of each complaint.

Latest actions from Scottish Ambulance Service to improve complaints handling

A range of actions are being taken across the regional divisions and ambulance control centres to improve complaints handling.

East region is piloting a revised complaints handling procedure focussing on improving compliance for Stage 1 complaints in particular, given the positive Stage 2 compliance rates they already have in the region. It is also introducing new Quality Improvement methods, overseen by a Business Support Manager and Service Improvement Facilitator. New processes have been implemented to improve responses and ensure apologies are issued more quickly, with more support and advice being given to staff based on best practice guidance. Additional customer care training has also been delivered to staff dealing with requests, as well as guidance on how to deal with challenging callers. These processes have helped improve Stage 1 compliance in the region in particular, whilst reducing workload on managers, giving them more capacity to address more complex Stage 2 cases.

West region has also carried out Quality Improvement sessions with a view to improving its Stage 2 compliance. New allocation processes have been implemented to ensure workload is more evenly distributed across the region and to maximise efficiency. A new information pack has been introduced, containing key information for staff to draw upon and reduce the 'dead time' between complaint allocation and collating the data to allow the manager to focus on the complaint, rather than dealing with the administration side of each complaint. A library of information has been introduced, containing advice, guidance and tools on best practice which staff can draw upon. This includes, for example, a bank of our best previously released response letters which staff can refer to. Complaints handling improvement workshops are being undertaken with key staff across the region. West region has also agreed to pilot a new attitude and behaviour survey for staff (developed by the Patient Experience Manager) which will be introduced on 1st December.

West region has also held their first complaints workshop which was designed by the Patient Experience Manager and the Business Support Manager for West. According to feedback, it was a success, providing case studies and up to date information on complaints handling. It also provided a forum for local management to ask any questions they may have had and bring up any risks or issues they may feel are being missed.

In the North region, there has been a significant focus on improving complaints. It was identified that the process for Stage 1 complaints were not being followed appropriately and this was leading to a number of complaints which could have been dealt with as Stage 1 concerns, turning into Stage 2 complaints. This has now been addressed through enhanced training and guidance in the region. Quality Improvement sessions have been undertaken in the region to improve efficiency of all processes and improve quality. This has resulted in an improved approach. For example, new tracking processes have been implemented and the status of each complaint is reviewed on a weekly basis. Daily updates on complaint progress once complaints reach day 13 are now also being tested. North are also looking to adopt the Stage 1 improvement methods which have proven so successful in the East. They are also looking to roll out additional training to staff.

The ACCs continue to manage the highest percentage of complaints in the Service. The Head of Professional Standards oversees ACC activity in this area and is currently

supporting the three ACC regional control managers as their roles are changed to include a specific patient experience function. These new roles will support enhanced identification of causal factors of complaints as well as closer scrutiny of cases. In addition, these managers will now manage stage 1 complaints (with ownership shared with A&E and PTS supervisors), and concerns, as well as taking ownership of monitoring of compliance for both stage 1 and stage 2 activity, currently overseen by the ACC admin team (who will continue to provide support). A Quality Improvement event is being organised with the ACC and with the NHQ communications team to seek opportunities to further improve management of complaints.

Nationally, it is acknowledged that there are additional ways we can educate staff on how to handle complaints. The Patient Experience Manager has therefore been in contact with the SPSO Training Lead to ask for information surrounding a 'Train the Trainer' course that could be held whereby the Service could have its own Complaint Handling Trainers delivering an SPSO built course. The SPSO have agreed to do this and funding is in the process of being allocated. The aim is that this course will be delivered in Spring 2019 with 15 candidates split between the regions and ACC.

The Patient Experience Manager has also started handling a complaint a month for each region to allow an insight into any barriers that may be in existence and will alter between regions and ACC.

The Patient Experience Manager is leading a Quality Improvement project on week commencing the 19th of November 2018. This event is focussing on remedial work. It has been identified that the Service could do more to learn from all complaints and a team, including representatives from clinical, education, operations and ACC are looking to improve the current systems.

Complaint Themes

The top five complaint themes, in order, between 1st April 2018 and 27th October 2018 were delayed response, attitude and behaviour, clinical assessment PTS Cancellations and calls not being upgraded.

Complaint Theme	Total Complaints
Delayed Response	108
Attitude & Behaviour	65
Clinical Assessment	46
PTS Cancellations	26
Call not upgraded by ACC	22

Mitigating Actions

The Patient Experience Manager delivered a presentation to the SAS 2020 Steering Group earlier this year outlining suggestions and options for improvement to enable Service managers to capture, record, and analyse the patient experience, as well as identify learning which could be implemented to improve patient care. Work is ongoing to shape a new approach to measurement and evaluation.

Delayed Response:

Complaints related to delayed responses continue to be a challenge, with periods of excessive demand leading to a minority of lower acuity cases where some patients may have to wait longer.

Our whole systems approach and improvement focus on the regions and the Ambulance Control Centres are addressing the complaints individually.

The Service is currently recruiting extra staff and aligning shift patterns to busy times of the day. A roster review is underway in the Ambulance Control Centres to determine the optimal shift coverage for Clinical Advisers to ensure that the necessary cover is in the right place at the right time to provide enhanced clinical triage for patients. The demand and capacity review implementation programme will significantly reduce delayed responses.

Attitude and Behaviour:

A new questionnaire has been designed for testing in the Service which will be utilised as part of the formal investigation process for every attitude and behaviour complaint. The Patient Experience Manager has been making good progress with this work and following productive discussions with colleagues, this new approach is going to be piloted by the West Region on the 1st of December 2018.

This questionnaire will allow the Service to identify and measure possible contributory factors more effectively such as time on shift, incidents which occur near end of shift, length of service, meal break data and last known CPD training sessions. This will allow us to identify areas for improvement and any additional support required.

Work is continuing to promote positive patient experiences through sharing patient and carer stories.

Patient experience is also embedded in our Organisational Development work programme focussing on change, values and culture.

Triage and Clinical Assessment:

The new response model is helping to get the right resource to patients within the appropriate timeframe to meet their needs. Ongoing investment in additional staff, along with the training and development of existing staff, is also helping improve the patient experience.

Eligibility and PTS Cancellations:

An improved version of the Patient Needs Assessment has been rolled out across Scotland, shaped by patients, road staff and members of Ambulance Control Centre. This is giving us a better understanding of patients' needs and making sure that the most appropriate resource is sent in response to a request. It is anticipated that by cutting down on the number of inappropriate journeys, the Service can increase the capacity of PTS and reduce cancellations.

ACC and Regional operational management teams have been working closely to ensure that health boards flex appointment times to allow better utilisation of ambulance resources, that patients with limited care requirements e.g. some renal patients are assessed for actual ambulance need and that shift patterns and local planning are as aligned as possible to improve journeys and reduce wastage.

Improved planning and capacity management arrangements are being implemented, with rosters submitted on a weekly basis to ACC showing what resources are available for the following week highlighting leave, as well as sickness. Capacity management aims to prevent any cancellations by not taking more bookings than seats available.

There have been some complaints as a result of people not passing the eligibility for the PNA which is to be expected with any new system implemented, but these are being managed and reviewed on a case by case basis.

ACC call upgrades

Any complaint relating to ACC not upgrading calls appropriately are reviewed on an individual basis to ascertain whether the actions were appropriate. If an error has been made, a full review is undertaken with the members of staff concerned and their managers to allow for reflection and learning. It should be noted that a number of complaints related to upgrading of calls are where the complainant disagrees with the level of emergency that has been assigned following triage, even where it has been assessed as safe and appropriate. The crew staff feedback processes for our clinical response model also allow SAS to monitor any concerns or potential adverse impact from the grading of calls.

This Year's Upheld SPSO cases

SPSO Tracker						
SAS Ref/Decision	Date Received from SPSO	SAS Decision	SPSO Ref	Complaint Overview	Recommendation	Status
WEMDC/34/109 16/18	6 th June 2018	Upheld	20170855 5	1. Delayed Response.	SAS recommendation: Discussions to take place with Dispatch for reflective practice SPSO recommendations: None	***This has been closed ***
EC/23/11007/18	9 th August 2018	Upheld	20180257 1	1. The Ambulance Crew unreasonably failed to take the patient to hospital.	SAS recommendation: Investigation commissioned with staff involved. SPSO recommendation: General feedback was given	Upheld by SPSO
WEMDC/31/869 1/17	11 th October 2017	Upheld	20170334 2	1. The Scottish Ambulance Service unreasonably delayed in sending an ambulance - UPHELD 2. The Scottish Ambulance Service then unreasonably delayed in transferring the patient from his local hospital - NOT UPHELD	SAS recommendation: Review to be undertaken with the dispatcher in the team. SPSO recommendation: Evidence that the SPSO findings in relation to this case have been considered and, where appropriate, action has been taken and any changes disseminated. Outstanding	Upheld by SPSO

EEMDC/25/108 45/18	6 th April 2018	Upheld	20170821 2	1. The Ambulance Service failed to provide reasonable care to the patient.	SAS recommendation: No recommendations SPSO recommendation: 1. Write a letter of apology. Complete 2. Feed back to the relevant staff in a supportive way the findings of the SPSO outcome. Outstanding	Upheld
EEMDC/25/110 79/18	3 rd May 2018	Not Upheld	20180018 9	1. Delayed Response.	SAS recommendation: None SPSO recommendation: 1. Write a letter of apology. Complete 2. Feed back to the relevant staff in a supportive way the findings of the SPSO outcome. Complete	Upheld
WC/24/8529/17	26 th October 2017	Not Upheld	20170314 1	1. SAS's actions in relation to assessment. Patient dissatisfied with immobilisation.	SAS recommendation: Reflective case review with both crew members, highlighting the Service values and the need for positive communication with patients and others on scene to be completed SPSO recommendation: 1. Write a letter of apology. Complete 2. Feed back to the relevant staff in a supportive way the findings of the SPSO outcome. Complete	Upheld
WC/34/10306/1 7	18 th April 2018	Part Upheld	20170914 8	1. Patient assessment.	SAS recommendation: Informal reflective case review with Paramedic to remind of the need to follow SAS policy on safety netting with appropriate documentation being completed. SPSO recommendation: 1. Write a letter of apology. Complete 2. Hold a reflective session with the crew to allow them to understand the outcome of this decision and to allow learning to take place. Complete	Upheld
WEMDC/34/105 93/17	12 th February 2018	Not Upheld	20170730 1	1. Delayed response.	SAS recommendation: Nil SPSO recommendation: 1. Write a letter of apology. Complete 2. Hold a reflective session with the clinical advisor to allow them to understand the outcome of this decision and to allow learning to take place. Complete	Upheld

SE/25/8150/18	8 th December 2018	Upheld	20170159 1	<p>1. SAS crew failed to transfer the patient to hospital in an appropriately safe manner.</p> <p>2. SAS's handling of the complaint was unreasonable.</p>	<p>SAS recommendation: Findings will be evidenced within remedial clinical review document which will be uploaded upon completion.</p> <p>SPSO recommendation: 1. Write a letter of apology. Complete</p> <p>2. Complete and share an anonymised case study highlighting and identifying the failings of this case. Complete</p> <p>3. Highlight the requirements of the complaints handling procedure and the findings of this outcome with the relevant complaints handling staff. Complete</p>	Upheld
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Examples of compliments received

I was injured when falling off my bicycle on Wednesday on the cycle path at Boleside, Galashiels. I want to thank the crew – C**** and partner, for coming to my rescue. They were very kind and professional and had a difficult job getting me up a hill to the ambulance. I am so grateful for everyone's help, a wonderful service!

On Tuesday night, I suffered my first - and very frightening - episode of heart palpitations. I was attended by an ambulance crew from Helensburgh: Crew ID HB 4635 (R**** and M*****). I would be most grateful if you could note my gratitude for their expert attention and their great kindness and patience. They proved to be an oasis of calm in an otherwise terrifying experience.

On Tuesday at around 5 am, i found that i had great difficulty breathing and had to call 999. I could hardly speak i was so out of breath, and could only say "Help!" When my call was answered. The call handler was absolutely brilliant and took over the conversation, asking me details of name and address to which I could only answer "Yes". This lovely lady stayed on the line with me till the ambulance arrived and took me to hospital. I wish to say Thank You to her. I was in a bad way, and believe she helped save my life. Thank you, Scottish Ambulance Service, and this lady. Xxx

Last week I required an ambulance due to a suspected heart attack. I would like to commend the First Responders, who attended so quickly, also the ambulance crew, who arrived minutes later. Immediately the paramedics took over, and with great patience, collated all my recordings. The two female paramedics were very professional and it was not long before I started to relax. With great ease, a move to Peterhead hospital was arranged. Following assessment at Peterhead hospital, I was so very luck to have K***** and N***** transfer me to ARI. They accompanied be the ward and ensured I had all I required. I would just like to bring to you attention, how professional these young women were. They did what they had to do, but were always respectful, discreet and maintained my dignity. From my initial judgements of how young they both were, I immediately felt safe and secure and confident in their abilities. This continued right up to last contact at ARI ward 101. In times of everyone wishing to slate all our public services, I want to highlight these two young ladies, in whom I made a poor initial judgement. Despite their age, they carried out their task in an extremely professional manner. You should be proud! Kind regards

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Social media

Just want to say a massive thank you to the paramedics at the Livingston depot, I took a massive heart attack end of July this ,they were absolutely brilliant with me and also looked after my wife, if not for their dedication and skill I doubt very much if I would be here today

Many thanks to R***** and M*** at the Princes Street @marksandspencer #Edinburgh store, the @Scotambservice and #nhs staff at the Infirmary for looking after my mum so well after her fall. She is definitely not allowed out now!

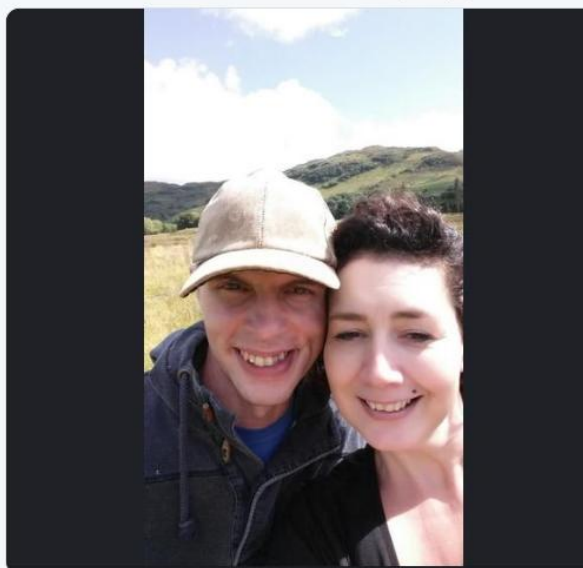


"If the paramedics had not been there and did what they did, she would not be here today." #lifesaver #glasgow #paisley The daughter of a woman left paralysed after falling down the stairs said her mum wouldn't be alive today if not for SAS. Read more at bit.ly/2NBy7zj



Scottish Ambulance @Scotambservice · Oct 30

"I am forever indebted to you for this second crack at life - it's the greatest gift I've ever received" - A dad seriously injured in a horror crash has sent a heartfelt letter to SAS. #fortwilliam #lifesavers read more at bit.ly/2NBy7zj



Scottish Ambulance Service

Published by scotamb.communications@nhs.net [?] · 9 October at 09:58 · 🌐

"I want to say thank you to the Scottish Ambulance Service – I am so lucky to be alive."

An HR worker who thought he was going to die after flying from his motorbike after a collision with a van has praised the SAS emergency responders who came to his aid.

Chris Prior, who works in Glasgow, was travelling home to Skye when he came flying off his Kawasaki Ninja motorbike.... See more



Care Opinion

" Recognise the wonderful jobs that you do everyday "

My father in law was a patient at Forth Valley Royal in the emergency department, acute assessment unit and ward A31 for 4 weeks. He had been very unwell over this time and is now recovering at home.

The care he received from all departments was fantastic. The ambulance service were quick to respond and to get him to hospital realising how unwell he was. The Emergency Department staff and Doctors treated him promptly and were professional and caring at all times. When he moved to AAU the care he received was exceptional. I was especially impressed that when he required one on one supervision from a nurse that this was put in place immediately. Staff again were fabulous. He spent 3 weeks in the care of Ward A31 being cared for by a fantastic team from the Consultants, Junior Doctors, Nurse Practitioner, Nurses, Physios/OT's, Auxiliaries, and Domestics. Everyone gave 100% I work for the NHS and am aware that not all patient journeys are like this but just wanted to recognise the wonderful jobs that you do everyday and the wonderful care you give to all. You should all be very proud of the work that you do.

" Excellent help "

I was recently on holiday in Scotland when I fell and broke my ankle in Inveraray. I had fallen down a slippery embankment at the castle. The Inveraray ambulance arrived quickly with only Lorne aboard. He realized that he would need help to get me up the slope to the ambulance. While we waited for his partner to arrive, he helped keep me calm, dry and as warm as possible. After waiting for over 45 min, he called the fire department and soon we had the help I needed. The team drove me to Lochgilphead hospital where it was decided that I needed transported to Paisley hospital. The Scottish ambulance service in Lochgilphead to the task! I was driven 3 hrs to Paisley by the wonderful two paramedics. The two teams in that area did a wonderful job of taking care of me. Now I am safely back in Canada recovering. Thanks to them all for their help

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