



## NOT PROTECTIVELY MARKED

**Public Board Meeting**

**July 2019**

**Item No 09**

**THIS PAPER IS FOR DISCUSSION**

**PERSON CENTRED CARE UPDATE**

<b>Lead Director Author</b>	Claire Pearce, Director of Care Quality and Strategic Development Mark Hannan, Head of Corporate Affairs and Engagement Alan Martin, Patient Experience Manager
<b>Action required</b>	The Board is asked to discuss the paper and provide feedback.
<b>Key points</b>	<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>
<b>Timing</b>	An update is presented bi-monthly to the Board.
<b>Link to Corporate Objectives</b>	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.
<b>Contribution to the 2020 vision for Health and Social Care</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 BOARD**

**PATIENT EXPERIENCE**

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**CLAIRE PEARCE, DIRECTOR OF CARE QUALITY AND STRATEGIC DEVELOPMENT**

### **SECTION 1: PURPOSE**

This paper covers the period between 1 April 2018 and 30 June 2019. 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, 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.

Doc: 2019-07-31 Person Centred Care Update	Page 2	Author:
Date: 2019-07-31	Version 1.0	Review Date: September 2019

## **Feedback**

### **Care Opinion (Data correct as of 3<sup>rd</sup> July 2019)**

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

During the first quarter of the financial year 2019/20, the Service has received 36 stories. These have been viewed 4,705 times.

The number of posts have increased by 4 compared to the previous year.

Of the 36 posts, 69% were uncritical in tone.

The Service continues to focus on providing swift and high quality responses to the feedback we receive with 100% of the stories received being responded to.

### **Social media**

In addition to Care Opinion, we receive a large volume of feedback via our other digital channels - Facebook, Twitter and the Service's website.

Between 1 April and 30 June 2019 there were 21 Facebook compliments and 10 twitter compliments.

Compliments received from sources other than Social Media are now being logged and actioned on the DATIX system. Between 1 April 2019 and 30 June 2019 the Service recorded 85 Compliments with our East Region receiving a little over 63% of these. The vast majority of these compliments were about the attitude and behaviour of the Service's crews.

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

Our PFPI network continues to grow nationally. There are now 62 third and public sector organisations working with us to provide their member's feedback, whether through compliments, complaints or suggestions on how to improve our approach as an organisation. We are also actively recruiting patient representative through these organisations, through social media, and with the help of Edinburgh College.

We continue working on our PFPI Strategy through the help of our PFPI volunteers and will soon put this to a wider membership to allow for further feedback.

We are building the infrastructure we need for PFPI to aid in providing positive outcomes for our patients, staff and the Service.

Doc: 2019-07-31 Person Centred Care Update	Page 3	Author:
Date: 2019-07-31	Version 1.0	Review Date: September 2019

## Mental Health Strategy

To aid in the development of our Mental Health Strategy we first identified what factors contribute to poor mental health and wellbeing and then contacted third-sector, public-sector and community groups to identify what members of the public want from the Service regarding mental health, wellbeing and crisis, to find out what resources currently support people's mental health and wellbeing in their communities and what gaps have they identified. As with all things, it is very important to us that we provide everyone an opportunity to be involved.

We are working with larger third-sector organisations like Scottish Association for Mental Health (SAMH), Stonewall, Samaritans and Breathing Space to provide us with recurring themes and highlight any consistence or inconsistencies in provision and care around Scotland. Also, through local authorities Third Sector Interface, we are working with many local, third-sector organisations and groups, like Cope and Quarriers, and asking the same questions. These smaller groups have no capacity to attend meetings, so are providing written feedback. We are speaking to groups from as far North as Shetland.

We are producing an online survey to go out to third-sector members and individuals. This is an approach adopted by Health and Social Care Partnerships in Aberdeenshire and Lothian, among others, when forming their MH strategy. This is our second approach for ensuring everyone has the opportunity to be involved.

Focus Groups provide a third approach, and we are working with the third-sector organisations Carers UK, Enable Scotland and See Me, among others, to arrange.

### Scottish Prison Service (SPS)

We surveyed our crews who attend jobs in prisons and we asked them for positive and negative feedback from their experience. The most common challenge reported was when crews tried to take their mobile phones into the prison. SPS rules dictate that all phones be surrendered upon entry and the time spent explaining that the requirement for the phone was to send heart rhythms (telemetry) would slow down our crews' access and possibly impact on patient outcomes.

Through discussion our colleagues in SPS understand the requirement for our teams to keep their phones which is part of the medical equipment. Service staff carrying a mobile phone when attending to a patient within a SPS environment are now given an exemption. We are in the process of formalising this arrangement. However, the SPS Operations department has transmitted the informal arrangements to all prisons and there should be no issue for our staff going forward.

### Patient Needs Assessment and Scheduled Care

We continue our involvement work with the Scottish Association for Mental Health (SAMH) and See Me in making our Patient Needs Assessment (PNA) accessible to those with mental health issues and to provide our staff with skills they need to support patients with mental health issues. We are also fortunate to have the involvement of Enable Scotland so we can best provide for those with learning disabilities.

## **Complaints Data**

Doc: 2019-07-31 Person Centred Care Update	Page 4	Author:
Date: 2019-07-31	Version 1.0	Review Date: September 2019

Between 1 April 2019 and 30 June 2019, a total of 257 complaints were received. This shows a reduction from the same period last year of just over 4%.

The 3 most common themes for complaints are

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

#### Stage 1 - (1 April 2019– 30 June 2019)

Latest results indicate that Stage 1 complaints compliance is 71.7%, up from 62.6% from the same period last year.

Case Closed within Target?	No	Yes	Total	Compliance
Ambulance Control Centre A&E	5	21	26	80.8%
Ambulance Control Centre PTS	8	41	49	83.7%
East Region	8	15	23	65.2%
North Region	2	6	8	75.0%
West Region	13	8	21	38.1%
<b>Total</b>	<b>36</b>	<b>91</b>	<b>127</b>	<b>71.7%</b>

#### Stage 2 – (1 April 2019 – 30 June 2019)

Latest results indicate that Stage 2 complaints compliance is 66.2%, up from 57.9% from the same period last year but down from where the Service finished the year 2018/19. Stage 2 complaints, which include MSP and Scottish Government Complaints, were proving to be challenging in the early part of last year and improvement work had been focused on making efforts to try and raise awareness of the importance of feedback and timely responses. Additional training has been provided and weekly updates on outstanding complaints are discussed at the Executive Team. The implementation of DATIX has caused some challenges for operational staff completing cases in the specified time and there is ongoing training in an effort to tackle these issues.

Case Closed within Target?	No	Yes	Total	Compliance
Ambulance Control Centre A&E	12	38	50	76.0%
Ambulance Control Centre PTS	7	3	10	30.0%
East Region	0	4	4	100.0%
North Region	1	1	2	50.0%
Support Services Division / NHQ	0	1	1	100.0%
West Region	4	0	4	0.0%
<b>Total</b>	<b>24</b>	<b>47</b>	<b>71</b>	<b>66.2%</b>

#### **Learning**

Doc: 2019-07-31 Person Centred Care Update	Page 5	Author:
Date: 2019-07-31	Version 1.0	Review Date: September 2019

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

The Service is keen to learn from feedback from those who use our services, whether positive or negative. We want to make improvements to our approach where possible to ensure we continue to deliver high quality care to patients across Scotland.

Feedback data received by the patient experience team is shared widely across key staff and business areas in the Service on a quarterly basis to allow them to identify learning and actions.

### **Attitude and Behaviour:**

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

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

Our Community Engagement Officer continues to work with Glasgow Caledonian University colleagues with their training programmes to ensure new recruits are aware of the importance of patient feedback and the themes which patients with both positive and negative experiences of the Service regularly raise with us. Our Community Engagement Officer has started to identify a small group of patients who can go in to classes or stations on a regular basis to talk to staff about their experiences and what is important to them when they come into contact with the Service. This is to ensure that our staff, both new and old, can ensure they deliver high quality care at all times. Hearing about a patient's experience from their own voice is a far more powerful tool than hearing it second or even third hand.

### **Delayed Response:**

Complaints related to delayed responses have increased slightly in the first quarter of 2019. The number of purple calls increased in quarter 1 by just under half, meaning there were periods of excessive demand which have continued to lead to a minority of lower acuity patients experiencing delays in our teams arriving. Due to the fact that the purple calls require at least 2 resources this may have had an effect on all other calls. Analysis of delayed responses is on the weekly agenda for the Executive Team and there is a work programme of clinical risk and demand management which has been developed in order to mitigate risk, reduce delays and improve patient experience for those patients in lower clinical acuity categories.

All delayed response complaints are examined individually and a root cause analysis is carried out via call audits with 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 patients to apologise and explain why a delay may have occurred as well as what we are doing to improve the situation.

The Service is continuing to recruit extra staff and invest in our fleet and is 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.

Doc: 2019-07-31 Person Centred Care Update	Page 6	Author:
Date: 2019-07-31	Version 1.0	Review Date: September 2019

A strategic demand and capacity review is currently under way in an effort to identify current and predicted future demand across the country allowing the Service to align resources with this demand.

### **Triage/Referral to NHS24**

Following previous tests over winter 2017/18, it was agreed with NHS 24 to further increase the number of calls that are transferred as part of business as usual in order that patients receive the most appropriate care. This change happened on 11 December 2018 and initial data shows a positive sustained increase in hear and treat referrals by clinically appropriate referrals.

All low acuity calls are now transferred to NHS 24 at the point of initial 999 call by call handlers to allow for a further clinical assessment by NHS 24 who have a vast array of referral options and specialities i.e. mental health referrals, OOH GP appointments etc. This allows the Service to free up Clinical Advisor capacity to carry out welfare triage and refer suitable patients within the yellow response category. We have 6 months of data and we are working closely with NHS 24 and ISD to further understand the patient journey as a result of these changes. Although there has been a slight increase in the number of calls being returned by NHS 24 to SAS, these are predominantly where NHS 24 are unable to make further contact with the patient. This is a significant piece of work but will allow for any required refinements to the patient journeys and ensure this is as streamlined as possible.

A joint NHS 24/SAS strategic group has been established to take forward a number of joint activities aiming to improve the continuity of care provided to patients by phone, whether they call 111 or 999, this group is currently primarily focusing on an electronic two way transfer between the two services for ease of transfer and data linkage.

Doc: 2019-07-31 Person Centred Care Update	Page 7	Author:
Date: 2019-07-31	Version 1.0	Review Date: September 2019

## **Latest actions from the Service to improve complaints handling**

### **Staff training**

The training detailed in the previous Board paper is ongoing and has been received positively by all those who attended.

### **SPSO Upheld Cases**

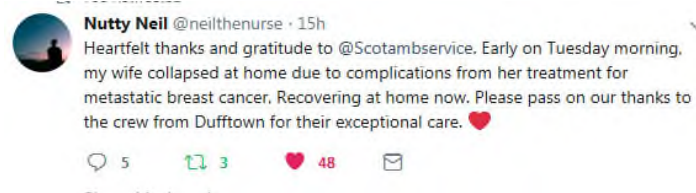
There have been no new SPSO Upheld cases since the previous board paper.

Doc: 2019-07-31 Person Centred Care Update	Page 8	Author:
Date: 2019-07-31	Version 1.0	Review Date: September 2019



## Annex A

hello , I've also sent a pm looking for info on where to direct thank you cards. I had a cardiac arrest through the night on 14th May (address etc in the mail) and my husband was helped and guided by the call handler and the paramedics who attended were amazing ! one even came up to see how I was after when I was still in the coma which I thought was so thoughtful x I can't thank them enough for saving my life and getting me to hospital .You all do such an amazing job ❤️



I just wanted to say a massive thank you to Scotstar, back in December my daughter Ruby became critically unwell, she has cystic fibrosis and after her lung collapsed needed transfered to PICU in Edinburgh from Dundee, 3 weeks later she was then transferred to Newcastle's RVI where she continued her wait for a lung transplant. Fast forward 6 months and she is now home and recovering well and it's nearly 10 weeks since her lung transplant. I can't thank both crews enough for their care and support in both journeys 😊

rapid response time by 2 crews and first responder. (approx 10mins) went above and beyond to try save my husband and gave him his dignity. tried to reassure me without giving me false hope and just overall amazing people. massive thank you to the 5 amazing people (sauchie and stirling) who done their best with compassion and professionalism.