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Public Board Meeting

25 September 2024

Item No 10

THIS PAPER IS FOR DISCUSSION

PERSON CENTRED CARE UPDATE

<b>Lead Director</b>	David Bywater, Interim Director of Care Quality and Professional Development
<b>Author(s)</b>	Mark Hannan, Head of Corporate Affairs and Engagement Alan Martin, Patient Experience Manager
<b>Action required</b>	The Board is asked to <b>discuss</b> and <b>note</b> the paper.
<b>Key points</b>	This paper provides an update of our patient experience activity and highlights our latest data on compliments, our Involving People work as well as complaints, their themes and actions to address them.  An update is also provided on cases with the Scottish Public Services Ombudsman (SPSO).
<b>Timing</b>	An update is presented bi-monthly to the Board.
<b>Associated Corporate Risk Identification</b>	Risk ID 4638 – Hospital Handover Delays
<b>Link to Corporate ambitions</b>	We will <ul style="list-style-type: none"> <li>• Provide the people of Scotland with compassionate, safe and effective care where and when they need it</li> <li>• Work collaboratively with citizens and our partners to create healthier and safer communities</li> <li>• Innovate to continually improve our care and enhance the resilience and sustainability of our services</li> </ul>
<b>Link to NHS Scotland quality ambitions</b>	Person-centred care is delivered when health and social care professionals work together with people who use services, tailoring them to the needs of the individual and what matters to them. The Service's Person-Centred Health and Care Plan promotes patient and staff participation in the development of services and continuous improvement of the experience of patients and of staff.

<b>Benefit to Patients</b>	Patient and carer feedback involvement in service development helps ensure services meet patient needs. Feedback helps drive continuous improvements to services and evidence that service developments are driving anticipated improvements.
<b>Climate Change Impact Identification</b>	This paper has identified no impacts on climate change.
<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.



**Scottish  
Ambulance  
Service**

Working in Partnership with Universities



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**SCOTTISH AMBULANCE SERVICE BOARD**

**PATIENT EXPERIENCE**

**DAVID BYWATER, INTERIM DIRECTOR OF CARE QUALITY & PROFESSIONAL DEVELOPMENT**

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## **SECTION 1: PURPOSE**

This paper covers the period between 1 April 2024 and 1 September 2024. It provides an update on trends, themes and mitigating actions from patient and carer feedback.

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

## **SECTION 2: RECOMMENDATIONS**

The Board is asked to discuss and note the paper.

## **SECTION 3: EXECUTIVE SUMMARY**

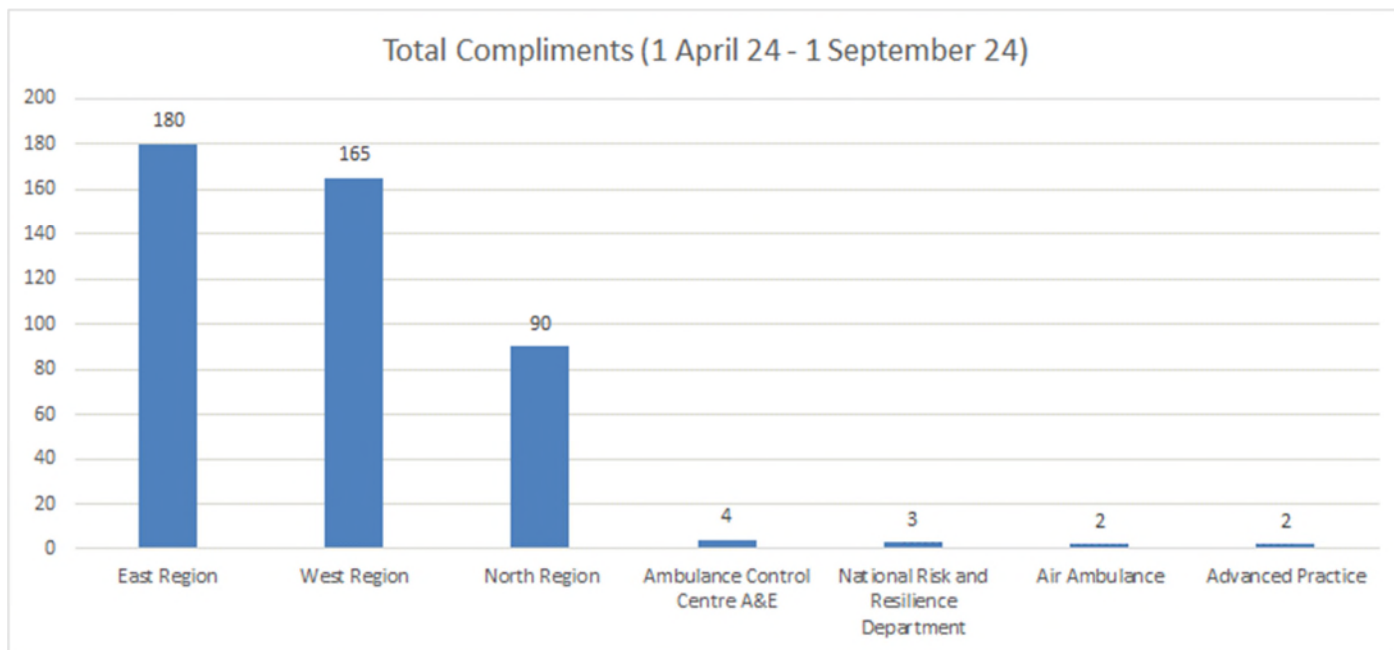
The Service actively seeks feedback on its services so that it can continue to make improvements. We have many ways of gathering feedback – face to face, patient forums, online portals, complaint and concern channels.

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## Feedback analysis

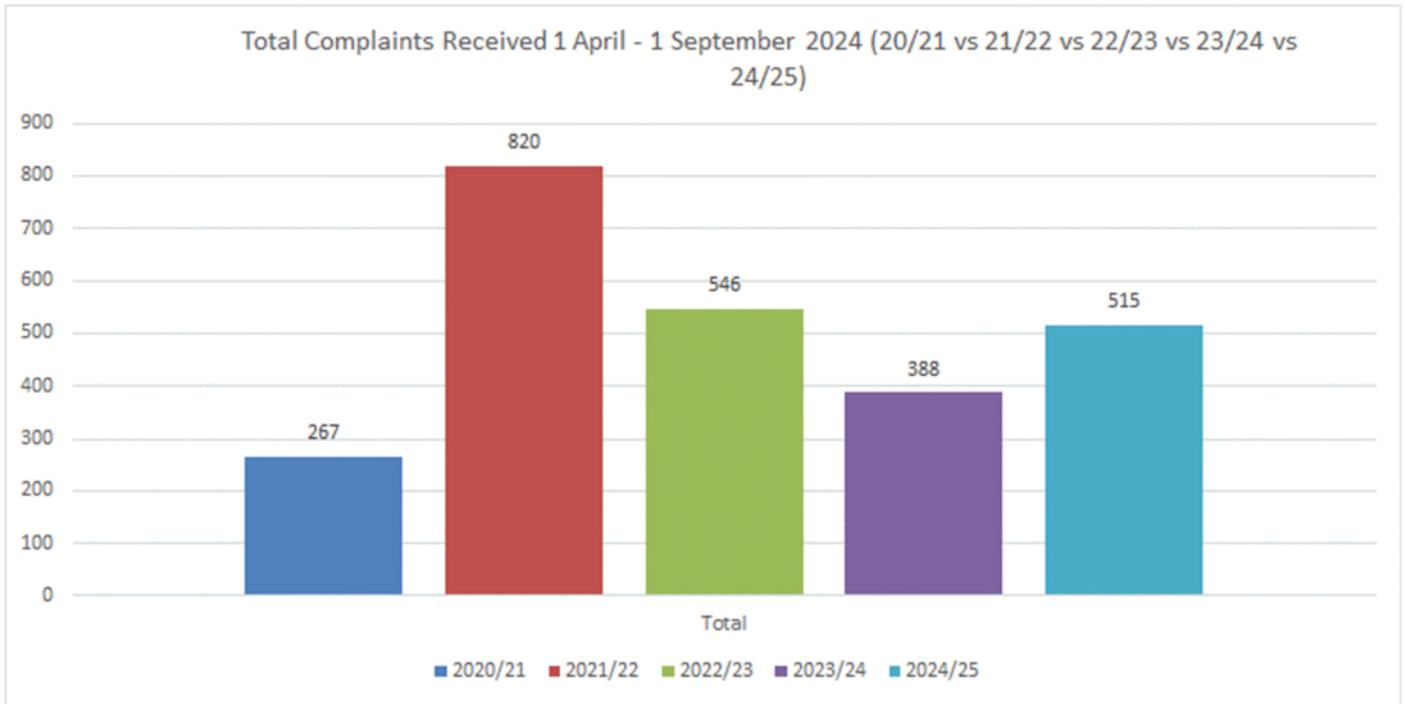
### Compliments

Compliments received from sources other than social media are logged and actioned on the DATIX system. Between 1 April 2024 and 1 September 2024, a total of 448 compliments have been received. East Region received around 40% of these compliments. The graph below shows the compliments received by region for the financial year so far.



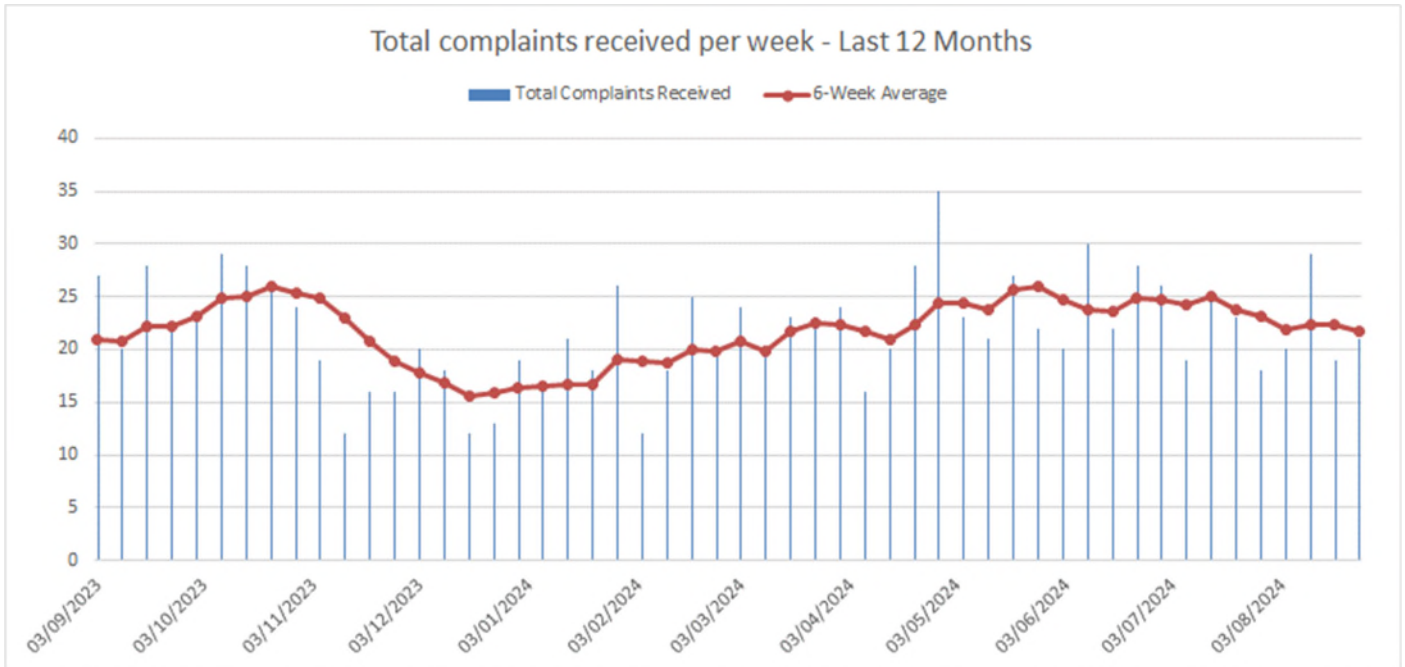
### Complaints Data

Between 1 April 2024 and 1 September 2024, a total of 515 complaints have been received. This shows an increase of 127 (32.7%) complaints in comparison to 2023/24 and a reduction of 31 (5.7%) in comparison to 2022/23. The increase in complaints appears to be consistent with what is being seen across the board with other UK Ambulances, Territorial Health Boards and the Ombudsman also reporting increases. This will be monitored during the next quarter and continue to be reported through both the Clinical Governance Committee and Performance and Planning Steering Group.

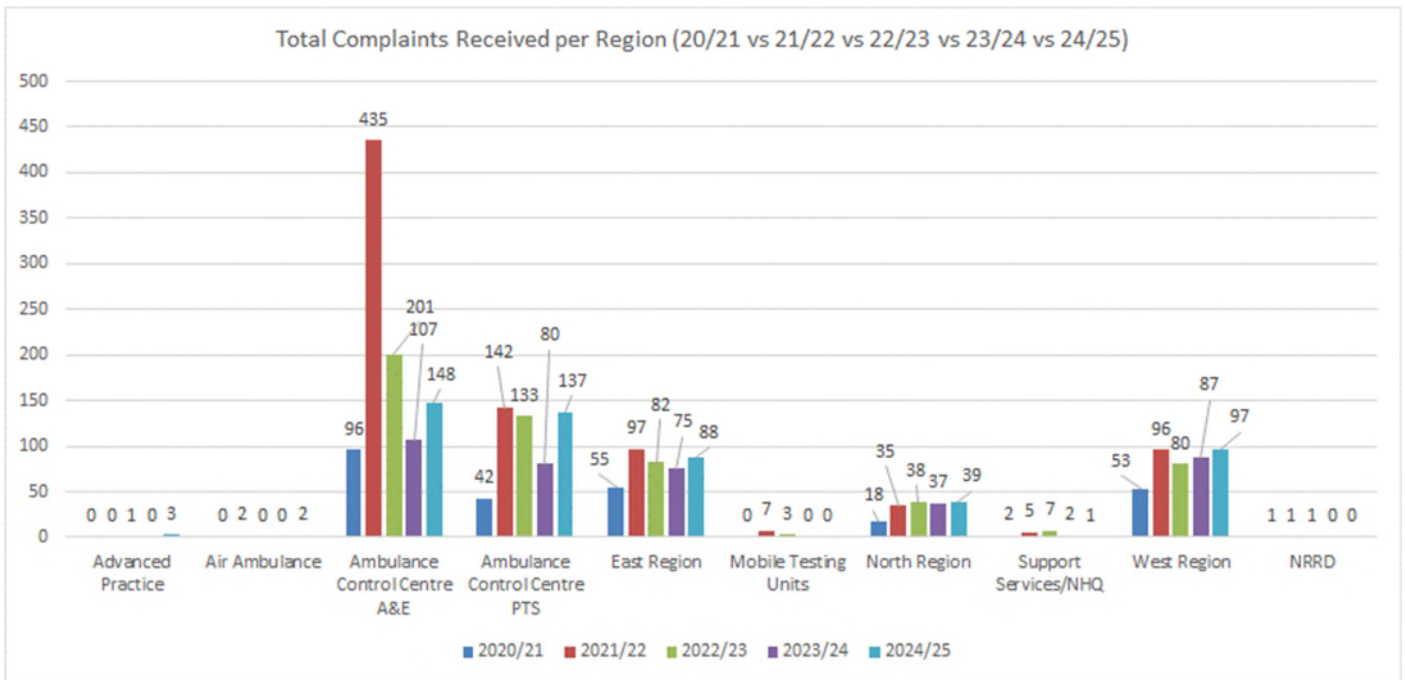


System-wide challenges continue to put significant pressure on the Service and even with the increase in complaints being received, efforts are being made by staff across the Service to continuously deliver the highest quality of care for the people of Scotland.

The chart below illustrates the weekly volumes of complaints being received. Whilst the Service has seen its volume of complaints at a level lower than was received during COVID-related pressures in 2020/21/22, there had been a gradual upward trend in the 6-week average since Winter 2023. However, since the last meeting of the board this has been reducing.



The chart below shows the distribution of complaints throughout the Service. As can be seen, the majority of complaints continue to be owned by the Ambulance Control Centre, A&E and PTS, but these figures continue to level off, with the gap reducing in comparison to the previous year.



### Complaint Themes

Of the 515 received, the 3 most common themes for complaints are:

1. Attitude and Behaviour – 146 complaints (28.35% of the total, compared to 27.76% in the last paper)
2. PTS Eligibility – 75 complaints (14.56% of the total, compared to 16.4% in the last paper)
3. Triage/Referral to NHS24 – 68 complaints (13.2% of the total, compared to 14.2% in the last paper)

### Actions from Complaints

The top 5 themes from complaints have remained relatively consistent over the last 3 years. As is illustrated, there continues to be substantial decreases in complaints around Delayed Response, which in 2020/21 was the theme in over 32% of complaints and now makes up just under 9% of complaints. Similarly, Clinical Assessment which in 2020/21 made up just under 13% of complaints, now makes up just under 9% of complaints. These decreases should be welcomed, particularly as this cohort comprises cases with some of the highest risk of an adverse event – as is evidenced by the themes of the Service’s Significant Adverse Event Reviews.

The decrease in the percentage of complaints related to Attitude and Behaviour should also be considered a positive, and the Board is asked to recognise the continued professionalism shown by all of our frontline staff during such difficult and challenging times.

The increases in the PTS Eligibility and Triage/Referral to NHS24 are expected with the tightening of the Patient Needs Assessment criteria and the introduction and expansion of the Integrated Clinical Hub.

## Stage 1 Complaints (1 April 2024 – 25 August 2024)

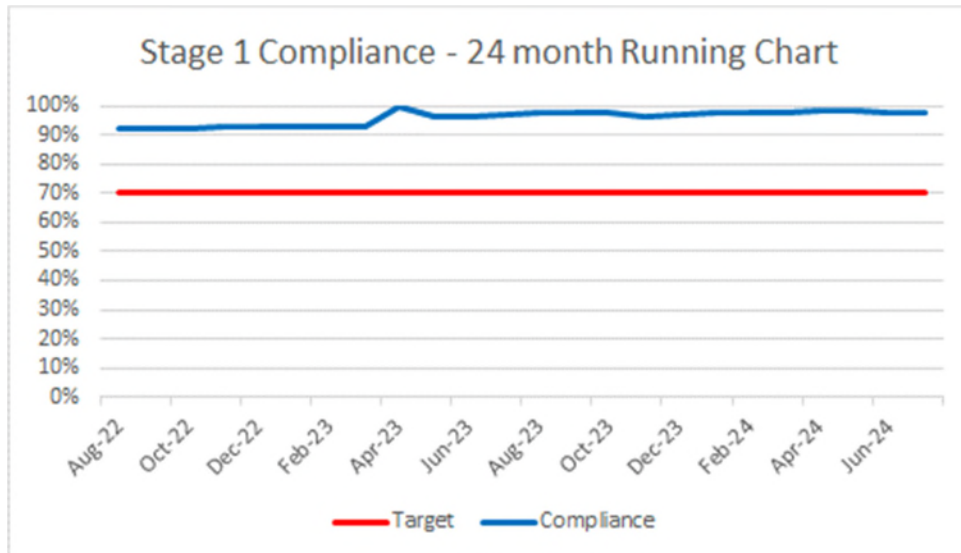
Stage 1 complaints have a 5-day target to be closed. This can be affected through direct contact with the complainant at supervisor level. This may be by phone, email or a face-to-face contact. There should be no complaints where a patient has come to harm or there is a clinical challenge completed as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

Stage 1					
	Closed within target				Still Open and now overdue
	No	Yes	Total	Compliance	
Advanced Practice	0	2	2	100.0%	0
Ambulance Control Centre A&E	1	72	73	98.6%	0
Ambulance Control Centre PTS	0	74	74	100.0%	0
East Region	0	52	52	100.0%	0
North Region	1	24	25	96.0%	1
West Region	8	55	63	87.3%	3
<b>Total</b>	<b>10</b>	<b>279</b>	<b>289</b>		<b>4</b>
<b>Compliance</b>	<b>96.5%</b>				

Latest results indicate that Stage 1 complaints compliance is at 96.5%. This compares to a compliance rate of 96.8% in the last report.

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

Below is the 24-month run chart of Stage 1 compliance.



## Stage 2 Complaints (1 April 2024 – 4 August 2024)

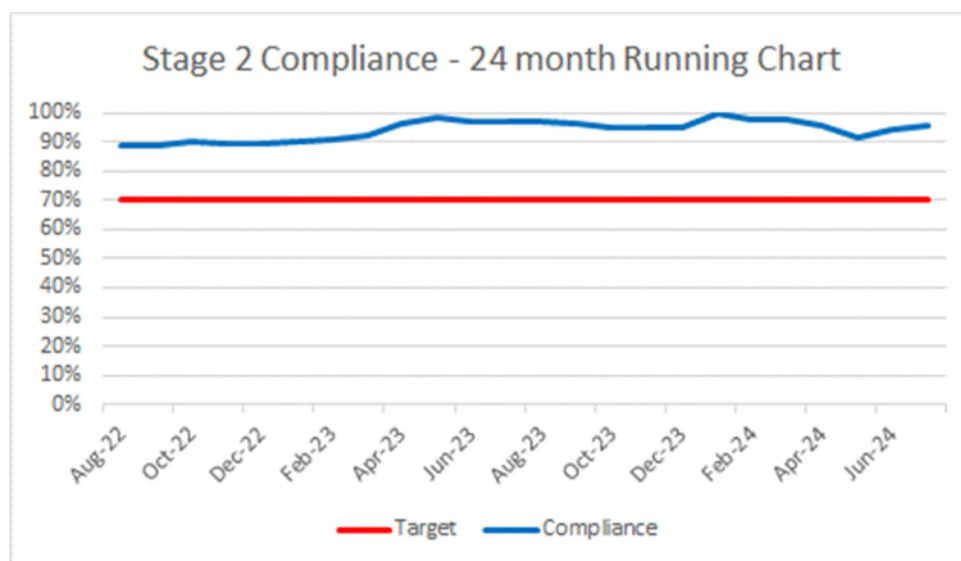
Stage 2 complaints have a 20-day target to be closed and all stage 2 complaints should be closed with a final response letter from a Service Director. A full investigation is also required, and all evidence collated to ensure the investigation will stand up to scrutiny from the SPSO, other auditors and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

Stage 2						
	Closed within target				Compliance	Still Open and now overdue
	No	Yes	Total			
Advanced Practice	0	1	1	1	100.0%	0
Ambulance Control Centre A&E	1	62	63	63	98.4%	0
Ambulance Control Centre PTS	3	48	51	51	94.1%	0
East Region	0	26	26	26	100.0%	0
North Region	2	9	11	11	81.8%	0
Support Services/NHQ	0	1	1	1	100.0%	0
West Region	2	26	28	28	92.9%	0
<b>Total</b>	<b>8</b>	<b>173</b>	<b>181</b>	<b>181</b>	<b>95.6%</b>	<b>0</b>
<b>Compliance</b>	<b>95.6%</b>					

Latest figures show the Service is sitting at a compliance rate of 95.6%, higher than the 92% compliance rate in the last report.

The government target is 70% of complaints to be dealt with by the target day.

Below is the 24-month run chart of Stage 2 compliance.



### Compliance Comments

The Service has continued to perform highly in its complaints handling timeframe target with both Stage 1 and Stage 2 complaints sitting above 90%.



## 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 2024 and 1 September 2024, 145 stories were posted on Care Opinion relating to the Service. These have been viewed 25,025,318 times.

Of the 145 posts, 73% were uncritical in tone. It should be noted that whilst the remaining 27% will have some form of criticality, this is not necessarily directed towards the Service, with the feedback often involving multiple NHS boards.

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

## Involving People

### Scheduled Care Peer Support

As part of our objective set out in the Service 2030 strategy to 'train and develop existing staff and to adopt new ways of working', the team have been supporting scheduled care co-ordinators to gain further training in dealing with calls from patients with mental health difficulties. New training, developed in partnership with mental health charities and users has now been developed and rolled out, with positive feedback received from call handlers who have said they feel much better equipped with the skills they need when taking these types of calls to enhance the patient experience.

As set out in previous Board updates, one of the key asks from the staff we were working with was that it would be helpful for them if a peer support network could also be introduced to support them.

We are currently working in partnership with the Scottish Recovery Network to develop and formalise peer support networks, using their experience and best practice guidance to help shape the programme.

The team have recently engaged with scheduled care coordinators to gain key insights, with the group exploring well-being techniques and their perspectives on the value of peer support a part of the development work. We are currently organising similar discussion groups with wider staffing groups across all ambulance control centres. These discussions aim to identify the best ways to advance this initiative working in partnership with staff to co-design it.

### Education Resources for Primary Schools

Underpinned by the principles laid out in both the 2030 strategy and the Anchor Strategy regarding improving population health, increasing employment opportunities and working with local communities, we are working to improve our engagement with schools and communities.

We have previously updated the Board on the extensive engagement which has been undertaken with primary schools, headteachers, and health curriculum coordinators and this engagement has allowed us to co-design a series of presentations on topics educators wanted to hear more from us on. These include "Who We Are," "Calling 999," and "How to Stay Safe in an Emergency."

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These presentations will be made available through our intranet site @sas and will support operational staff during school visits by providing up-to-date service information relevant to both teachers and students.

We are also exploring ways to enable teachers to deliver these presentations themselves, only if required, for those minority of occasions when challenging operational demands stop our staff from being able to attend.

Guided by our legal requirements under the UNCRC, we are also collaborating with colleagues from the fire service on developing a website which will offer primary school teachers and students current and accurate information on emergency procedures.

### Work Experience

As part of work to deliver on the objectives of the Anchor Strategy, we are working towards offering work experience opportunities that nurture and cultivate a young workforce. We are currently in the process of scoping partnership opportunities, with other Healthcare providers and advocates, to provide work experience programs that provide students with a valuable insight into the professional world and an understanding of how the ambulance service, in conjunction with its partners, delivers optimal care.

### Mental Health Patient Survey

We have received an excellent response to our annual Mental Health Patient Survey, conducted in partnership with the mental health organisation See Me. The survey aims to assess if we are meeting expectations and to identify areas for improvement to enhance the patient experience.

Details of the survey responses will be shared in a future update, once we have thoroughly evaluated the results.

This important work is helping us deliver upon the objectives in our 2030 and mental health strategies to reduce stigma around mental health and to continue to strengthen our approach in making sure the needs of our patients are met.

### Children's Hospices Across Scotland (CHAS)

In collaboration with the Palliative & End of Life Care team, we continue to work closely with young people, parents, and staff at CHAS. Through discussion groups, we are aiming to find ways to better support CHAS and to educate the community about the services and support the ambulance service can provide.

## **SPSO**

The Service currently has 5 open cases and have closed 3.

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SAS Reference	SPSO Reference	Date SPSO began their review	Complaint Overview	SAS Decision	SPSO Stage and Outcome	Date SPSO completed their review	Recommendations	Status of Recommendations	Open/Closed
DATIX 13225	202304669	16/01/2024	1. Scottish Ambulance Service personnel were ill prepared for a cardiac arrest	Part Upheld	SPSO Reviewing	N/A	N/A	N/A	Open
DATIX 9759	202207244	18/10/2023	1. Scottish Ambulance Service failed to timeously send an Ambulance to Patient A 2. Scottish Ambulance Service SAER and Complaints response was not adequate	Upheld	SPSO Reviewing	N/A	N/A	N/A	Open
DATIX 13814	202304529	16/01/2024	1. Scottish Ambulance Service inappropriately referred 999 call to NHS24 2. Scottish Ambulance Service failed to timeously send an Ambulance to Patient A	Not Upheld	SPSO Reviewing	N/A	N/A	N/A	Open
DATIX 6473	202110696	18/05/2022	1. Scottish Ambulance failed to take patient to hospital	Part Upheld	SPSO have upheld	15/12/2023	1. Letter of Apology to complainant 2. Review policy on documentation standards 3. Share report with attending crew in a supportive manner for their own learning	1. Recommendation 1 completed and signed off (23/01/2024) 2. Recommendation remains open 3. Recommendation completed and signed off (29/02/2024)	Open
DATIX 10125	202203262	12/12/2022	1. Scottish Ambulance Service failed to take patient to hospital 2. Scottish Ambulance Service should not have referred the patient to NHS24 a day later	Not Upheld	SPSO have upheld both parts	17/07/2024	1. Letter of Apology to complainant 2. Share report with staff involved, in a supportive manner, for reflection and learning 3. Confirmation that the Board are taking action to ensure that relevant staff have received training in recognising the symptoms of potentially serious abdominal conditions 4. Share learning regarding consent and refusal of consent to treatment with all relevant staff 5. Share report with relevant admin staff in a supportive manner, for reflection and learning	1. Recommendation 1 completed and signed off (16/05/2024) 2. Recommendation 2 partially completed (delayed due to staff absence) 3. Recommendation 3 completed and signed off 4. Recommendation 4 completed and signed off 5. Recommendation 5 remains completed and signed off	Open