

# PALS Annual Report for compliments, concerns, enquiries, information requests and complaints received during 2022/2023

## Introduction

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) endeavours to always ensure that our patients, staff, and the public are safe when in our care, and that the quality of the care which they receive is consistently at the highest possible standard. The high standard of care the Trust provides is reflected in the number of compliments that it receives. However, even with the best of intentions, sometimes things go wrong or do not meet expectations of the patient or their family, leading to complaints about our service. SECAmb is committed to investigating complaints when they are received to ensure causes can be identified and learning undertaken to improve practice and reduce the likelihood of a recurrence.

This report will provide an overview of all compliments and complaints that were received during the period of 1 April 2022 to 31 March 2023. This report will explain the route that complaints can take to be investigated, depending on their severity, and the processes that underpin this. It will also highlight any notable themes and explain any actions that were taken to mitigate risks relating to them. In addition, the report will highlight key learning that has been identified from complaint investigations.

Although compliments and complaints from patients and their families are one of the ways in which NHS Trusts receive feedback, organisations should proactively seek feedback and engage with patients and their families and carers in meaningful partnerships. To support this, patient experience / engagement is now being led by the Trust Deputy Director of QI & Patient Experience and our Quality and Safety Lead. This supports the PALS Team to focus on compliments, concerns, enquiries, information requests and complaints whilst working collaboratively to triangulate information and learning across the Directorate.

## Learning Lessons

Listening to our patients and understanding the impact we have on them via interactions with our service when they are at their most vulnerable is an invaluable way for the Trust to obtain feedback and is always encouraged and welcome. Ensuring we use the feedback to learn lessons and to continuously improve our service is the primary objective of the Trust's patient experience function.

Compliments show us what we are doing well, and this is as useful in our learning as the feedback received from complaints, details of the compliments that we receive are passed through to the Operating Unit Leadership Teams to enable them to use as an example of good practice.

## Compliments

Each year the compliments the Trust receives, thanking our staff for the work they do, far outnumber complaints. Compliments are recorded on the Trust's Datix system

(electronic patient safety and risk management software system), alongside complaints, so both the positive and negative feedback is captured and reported back to operational staff. The staff concerned receive a letter from the Chief Executive in recognition of the dedication and care they provide to our patients. During 2022/2023 our staff received 1,995 compliments, which represents one compliment for every 325 interactions with our patients.

Compliments are shared with crews and their leadership team; staff appreciate being recognised and feel valued when they receive compliments, this validates the good work they are delivering and makes them feel part of a successful team.

PALS have identified that most staff outside of senior management teams are unaware of the high level of compliments that are received and are in the process of producing a 'good news' Viva Engage page to continue to raise awareness and emphasise good practice, as well as exploring other avenues to ensure this is widely publicised throughout the Trust.

**Table 1 Compliments by service/operating (OU) area and month:**

Service / Operating Unit by month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Ashford OU	16	17	14	14	24	11	9	16	5	17	27	20	190
Banstead OU	0	3	3	0	0	0	0	0	0	0	0	0	6
Brighton & Mid Sussex OU	10	14	17	14	23	12	8	11	10	21	21	23	184
Chertsey OU	8	6	8	5	8	12	5	9	7	13	11	14	106
Gatwick and Redhill OU	26	25	29	21	36	23	22	20	18	41	34	39	334
Guildford OU	15	19	12	8	14	14	12	9	3	14	15	18	153
Medway and Dartford OU	11	19	19	11	26	23	14	9	8	29	19	25	213
Paddock Wood OU	16	16	19	10	17	16	12	11	7	23	26	22	195
Polegate & Hastings OU	8	18	10	7	13	15	13	6	5	20	14	24	153
Tangmere & Worthing OU	18	21	21	17	32	21	17	17	12	32	26	32	266
Thanet OU	10	19	13	11	13	12	11	12	3	18	15	14	151
HART	0	0	0	0	0	2	0	0	0	0	0	1	3
KMS 111	4	3	2	2	2	2	1	2	1	4	5	6	34

East EOC	0	0	0	0	1	0	0	1	0	0	0	0	2
West EOC	0	1	0	1	0	1	1	0	0	1	0	0	5
Total	14 2	18 1	16 7	12 1	20 9	16 4	12 5	12 3	7 9	23 3	21 3	23 8	199 5

Direct feedback and compliments resulting from 111 and 999 calls to the Trust's call centres are more difficult to obtain as calls tend to be very concise and focused. However, it has been noticed in recent months that these are on the increase.

A small number of examples of the compliments the Trust received during 2022/2023 are below:

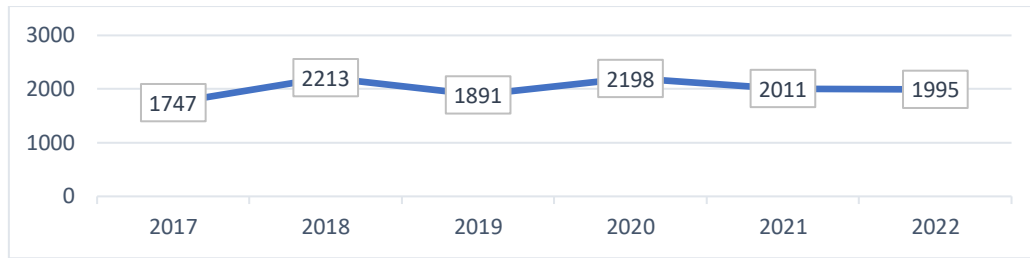
*'I wanted to write to sincerely thank the crew, who attended a 999 call to my dad last Thursday 16th March. Dad (85 years old) had fallen cutting his finger, severing an artery. He's on Warfarin and had uncontrolled bleeding. The crew were professional, calm, and kind. They also managed my many questions with great patience. I'm truly grateful to them for their rapid response and care for Dad. They couldn't do enough.'*

*'The operator I spoke to and ultimately guided me through the process of delivering my daughter was fantastic. He was calm with clear instructions even though the call kept dropping out due to poor signal. I'm sure the experience would have been different without his help. I would like to pass on my sincere thanks to him and to let him know mum and baby are doing very well.'*

*I had to call 111 this morning at 8:19 for myself as I was feeling quite unwell. I was greeted with a lovely voice. Now although I was in some pain whilst on the phone to her, she stayed calm and patient with me, and reassured me the whole way. As an ex-EMA, I know how it can sometimes feel like you're not doing much, but in my opinion, she went above and beyond. Even at the point where I was becoming extremely emotional again, she didn't get frustrated, she just let the situation be and stayed with me the whole time. I'd like for her to be acknowledged for her excellent work and I wish her all the luck for the future.*

*I just wanted to tell you of the superb service I received from the South East Coast ambulance. My husband called them as I was unconscious slumped on the toilet. They arrived within 5 minutes of the call. I woke up on the floor to find the ambulance man bending over me to try to bring me round. They were there almost an hour and a half and the service I received from these wonderful people was second to none. A lady also from NHS had driven from Woking. I had three people working on me. I cannot praise them highly enough and would like this passed on to the relevant people. They were all superb.*

The number of compliments that the Trust received in the last six years has averaged 2009 per year and remained relatively consistent.



The Trust has continued to ensure that staff receive compliments in a timely manner, the average number of days to process a compliment is five working days.

## Complaints

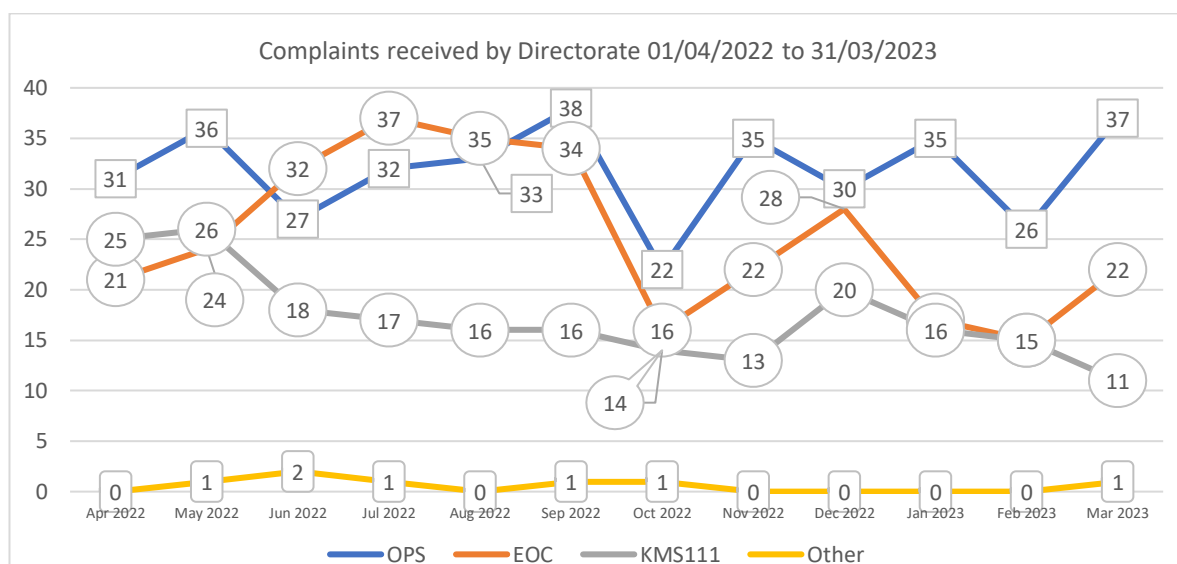
The number of complaints received by the Trust for 2022/2023 was 899.

During 2022/2023

- Our Emergency Operations Centre staff answered 888,172 calls.
- Our A&E road staff attended 648,237 responses to patients.
- Our NHS 111 staff took 964,499 calls.

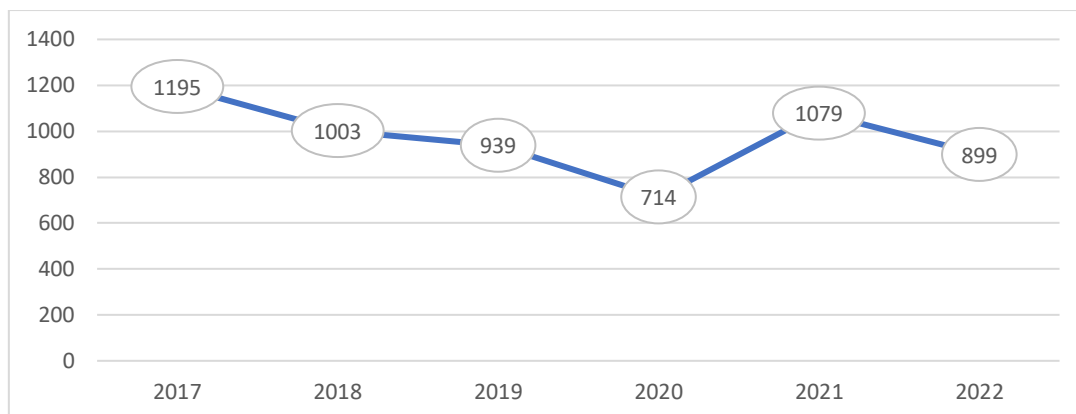
This represents 2,500,908 interactions with our service users, which equates to one complaint for every 2,781 patient interactions.

### SECamb complaints for last year:



As with many NHS Trust's, the Trust saw a reduction in the number of complaints received during 2020 and, aside from 2021 which saw a slight increase in the average number of complaints received, there has been a reduction year on year

over the last six years. The average number of complaints received per year during this period is 972.



**Complaints by service/operating (OU) area and month:**

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Banstead OU	0	0	1	0	1	0	0	0	0	0	0	0	2
Ashford OU	4	5	1	4	3	2	0	1	2	4	2	1	29
Brighton & Mid Sussex OU	4	3	3	4	4	2	3	3	3	2	1	4	36
Chertsey OU	2	1	2	3	1	2	0	6	2	2	1	2	24
Gatwick & Redhill OU	3	5	2	3	1	7	2	6	6	2	1	4	42
Guildford OU	3	4	3	0	2	3	5	1	6	4	0	1	32
Medway & Dartford OU	3	8	3	5	5	7	4	5	3	3	4	7	57
Paddock Wood OU	2	3	1	1	3	2	1	2	2	4	5	7	33
Polegate and Hastings OU	2	1	4	2	4	4	1	6	0	2	5	1	32
Tangmere and Worthing OU	7	4	3	5	3	5	1	3	4	7	4	3	49
Thanet OU	1	2	4	5	6	5	5	2	2	5	3	6	46
Critical Care Incidents	0	0	0	1	0	0	0	0	0	0	0	0	1
KMS 111 IUC	25	26	18	17	16	16	14	13	19	16	15	11	206
East EOC	7	8	12	17	11	16	6	13	15	6	9	5	125
West EOC	14	16	20	20	24	18	11	9	13	11	6	17	179
Logistics	0	0	1	0	0	0	0	0	0	0	0	0	1
Other	0	1	1	0	0	0	0	0	0	0	0	0	2
Patient Experience	0	0	0	0	0	0	2	0	0	0	0	1	3
Total	77	87	79	87	84	89	55	70	77	68	56	70	899

Complaints are allocated by the PALS Team to the service / operational unit upon receipt. All complaints regarding timeliness are allocated to and investigated by the Emergency Operations Centres.

Complaints are reviewed by the PALS team and graded according to their apparent seriousness; this ensures they are investigated proportionately. These are:

- **Level 2** – a complaint that appears to be straightforward, with no serious consequences for the patient / complainant, but needs to be sent to a manager of the service area concerned to investigate.
- **Level 3** – a complaint which is serious, having had clinical implications or a physical or distressing impact on the patient / complainant, or to be of a very complex nature.

91% of complaints received during 2022/23 were graded as level 2, with the remaining 9% as level 3. The grades allocated are constantly reviewed during the investigation and can be changed either during or on completion, this may result in the grade being increased from a level 2 to a level 3 and even referral to the Serious Incident Team for consideration for review in the Serious Incident Group. Complaints can also be downgraded from a level 3 to a level 2, if during or on completion of the investigation the seriousness is not as great as originally thought.

Complaints are categorised into subjects and can be further distinguished by sub-subject if required.

#### Complaints received during 2022/2023 by subject and service area:

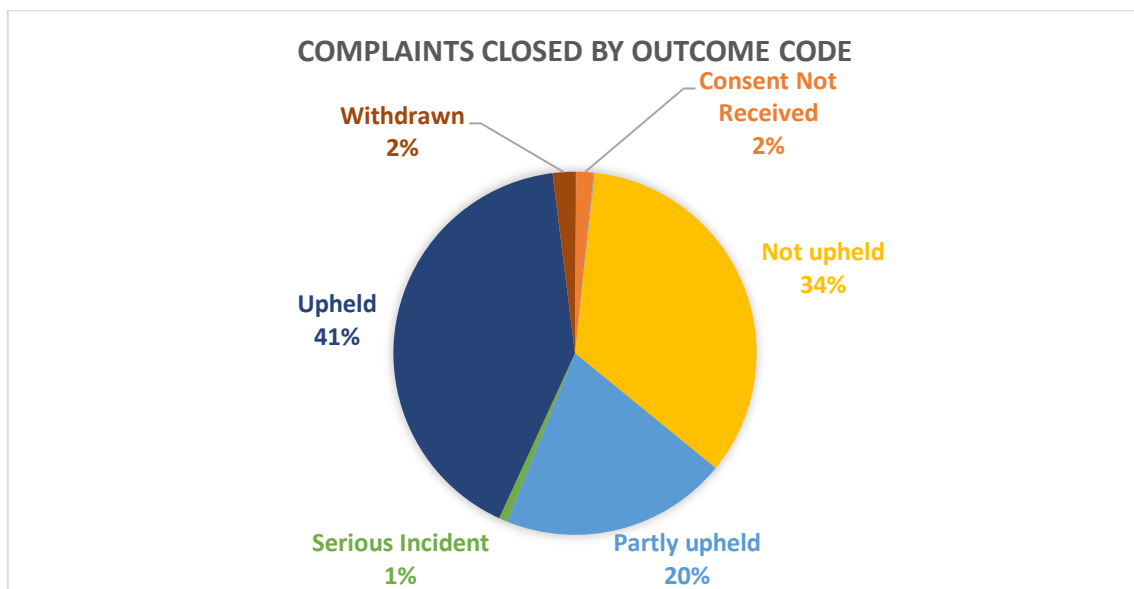
Theme / Directorate	OPS	EOC	KMS111	Other	Total
Administration error	1	1	6	0	8
Breach of confidentiality	1	0	0	0	1
Communication issues	2	10	9	2	23
Crew diagnosis	21	0	0	0	21
Delay in 999 call being answered	0	11	0	0	11
DOS issues	0	0	9	0	9
Equipment issues	2	1	0	0	3
GP call back delay	0	1	10	0	11
History marking appeal	3	0	0	0	3
Inappropriate treatment	56	3	4	2	65
Information governance issue	1	0	0	0	1
Made to walk	6	0	0	0	6
Miscellaneous	5	1	2	0	8
Not transported to hospital	32	5	0	0	37
Pathways	2	108	51	0	161

Patient injury	1	0	0	0	1
Privacy and dignity	6	0	0	0	6
SECamb policy or procedure issue	0	0	1	0	1
Staff conduct / attitude	219	25	25	2	271
Standard of driving	20	0	0	1	21
Timeliness - 111 Response	0	1	89	0	90
Timeliness - A&E	4	137	0	0	141
<b>Total</b>	<b>382</b>	<b>304</b>	<b>206</b>	<b>7</b>	<b>899</b>

When a complaint is concluded, a decision is made by the Investigating Manager to either uphold, partially uphold, or not uphold the complaint, based on the findings of their investigation. The PALS Team review the decision on receiving the investigation report and will challenge the Investigating Manager should they feel their decision to be incorrect.

During 2022/2023, 922 complaints were responded to; of these 559 (60%) were found to be upheld or partly upheld. If a complaint is received which relates to one specific issue, and substantive evidence is found to support the allegation made, the complaint is recorded as 'upheld'. If a complaint is made regarding more than one issue, and one or more of these issues are upheld, the complaint is recorded as 'partially upheld'. The outcome from complaints is shown in the figure below:

### Complaints by outcome, 2022/2023



There are a small number of complaints that are closed due to consent not being received from the patient to disclose information from their medical records, 14 (2%) in 2022/2023. These complaints are still investigated and any learning that is identified by the investigating manager implemented. There are also a small number which are withdrawn by complainants who specifically request an investigation does not take



place and asks us to withdraw their complaint. There were 18 (2%) such complaints in the reported period. There are also some complaints that are reviewed by the Serious Incident Group, and if they result in a Serious Incident / Internal Root Cause Analysis / After Action Review the complaints are closed, and the complainant informed of the new timescales for the investigation to be completed. There were two such cases last year.

### Closed complaints by Subject and Outcome:

Theme / Outcome	Upheld	Partly upheld	Not upheld	Withdrawn	Consent Not Received	Serious Incident	After Action Review	Internal RCA	Total
Administration error	2	2	2	1	0	0	0	0	7
Breach of confidentiality	1	0	0	0	0	0	0	0	1
Communication issues	5	8	8	1	1	0	0	0	23
Crew diagnosis	2	7	14	0	0	1	0	0	24
Delay in 999 call answered	9	2	0	0	0	0	0	0	11
Delayed referral	0	1	0	0	0	0	0	0	1
DOS issues	2	2	3	1	0	0	0	0	8
Equipment issues	0	0	2	0	0	0	0	0	2
GP call back delay	9	1	1	1	0	0	0	0	12
History marking appeal	0	1	2	0	0	0	0	0	3
Inappropriate treatment	8	8	46	3	0	1	0	0	66
IG issue	0	0	1	0	0	0	0	0	1
Made to walk	2	2	2	0	0	0	0	0	6
Miscellaneous	1	2	5	0	0	0	0	0	8
Not transported to hospital	2	9	19	1	0	1	0	0	32
Pathways	64	31	58	7	5	1	0	0	166
Privacy and dignity	4	0	1	0	0	0	0	0	5
SECamb policy or procedure	0	0	1	0	0	0	0	0	1
Staff conduct / attitude	65	76	130	2	4	1	1	0	279
Standard of driving	7	4	11	0	0	0	0	0	22
Timeliness - 111 Response	71	9	8	2	2	1	0	0	93
Timeliness - A&E	124	19	2	0	3	2	0	1	151
<b>Total</b>	<b>378</b>	<b>184</b>	<b>316</b>	<b>19</b>	<b>15</b>	<b>8</b>	<b>1</b>	<b>1</b>	<b>922</b>

The highest category of complaint which were upheld or partly upheld in 2022/2023, as with the previous five years, is staff conduct / attitude with 279 (30%) complaints and 50% of these being upheld or partly upheld. The second highest category is NHS Pathways, both in our Emergency Operations Centre's and within NHS111 with 166

complaints, 57% being upheld or partly upheld. The third highest is our response times, 151, 16% for our ambulance response times and 93, 10% for our 111 call backs.

Of the complaints received regarding staff conduct / attitude, these resulted in significant learning for our staff, this is gained through reflective practice where crews complete a paper to reflect on how they could have dealt with a situation differently which is then discussed with their line manager. In a minority of cases, it can also result in formal action via the Trust's Disciplinary Procedure. Any complaint received which relates to the use of NHS Pathways is referred for the call to be audited, the findings are then fed back to the call handler by the line manager, any additional learning identified is put in place.

On occasion a complainant may be unhappy with the response sent to them and ask for a further investigation, these are recorded as 'Reopened' on Datix. The number of complaints reopened during 2022/2023 was 41 which is less than 4.5% of those responded to.

### **Trust response timescale**

During 2022/2023, only 68% of complaints were responded to within the Trust's timescale, of 35 working days. This was not within the high level of quality that we would expect and arose due to resource gaps within the PALS team, creating a backlog. Although the back log has subsequently been cleared this took considerable time and it has been identified that additional resilience is required within this area.

To sustain recovery for the long-term a QI project commenced on 27 February 2022. The initial workshop consisted of:

- Team building via face-to-face workshop.
- Undertaking a process mapping exercise of the compliments and complaints functions.
- Identification of a list of opportunities that now forms the improvement programme for the team.
- Oversight and monitoring of this improvement project sits with the Quality Improvement Group.

The Deputy Director of QI & Patient Experience and the PALS Manager will be visiting all Operating Units during the next year, either through Quality Assurance Visits (QAV) or separately. The PALS Manager will provide complaints training and the importance of meeting timescales and what support the PALS Team can provide to ensure these are met will be discussed. The reminder process and support offered for investigating managers is currently in the process of being reviewed to ensure it is effective and robust.

The response times for the Directorates is shown below:

Directorate	Overall number of complaints closed	Number of complaints closed within 35 working days	Percentage	Average number of days to respond
EOC	315	147	47%	39
KMS111	210	192	92%	21
OPS	390	282	72%	31
Other*	7	4	57%	36
Overall	922	625	68%	32

- Other comprise of the Trust corporate functions.

### Complaints by service area: Operational Teams

The table below shows the Operational Teams complaints received by subject.

Operating Unit / Subject	Administration	Communication issues	Concern about staff	History marking issue	Miscellaneous	Patient care	Timeliness	Total
Banstead OU	1	0	1	0	1	1	0	4
Ashford OU	1	0	17	0	0	12	0	30
Brighton & Mid Sussex OU	1	0	27	1	2	6	0	37
Chertsey OU	1	0	18	0	1	5	0	25
Gatwick & Redhill OU	0	0	24	0	1	17	1	43
Guildford OU	0	0	18	0	1	12	1	32
Medway & Dartford OU	0	0	34	1	1	19	2	57
Paddock Wood OU	1	0	23	1	1	8	0	34
Polegate & Hastings OU	0	1	18	0	0	12	0	31
Tangmere & Worthing OU	1	1	34	0	1	14	0	51
Thanet OU	1	0	29	0	0	16	0	46
Total	7	2	243	3	9	122	4	390

### Concern about staff:

Concerns regarding staff feature as one of the top five subjects of complaints within the NHS and for the Trust include the following sub-subjects:

- Breach of confidentiality.
- Discrimination.
- Privacy and dignity.
- Staff conduct / attitude.

- Standard of driving.

During 2022/2023 the Trust received 243 complaints specifically expressing concerns about our road staff and an additional 32 complaints where concerns about staff was a secondary concern i.e., an initial complaint regarding timeliness and concerns raised regarding our crew once on scene, a total of 275 complaints, of which 134 (47%) were upheld or partly upheld. One resulted in a Serious Incident being declared and one resulted in an After-Action Review by the Serious Incident Team.

Our People and Culture Strategy confirms we will have patient care and safety at the forefront of everything we do, and we will train and equip our staff with the tools and skills they need to do the best for our patients. The Trust has embarked on a culture transformation program to give our staff the skills, support, and motivation to deliver the best possible care. In year one, the focus has been on addressing the themes and concerns raised by our staff, which will help improve ways of working and morale. Improving the working environment will have a positive impact on our people which will improve the experience for patients.

### **Patient Care:**

Complaints about patient care are divided into sub-subjects, which include:

- Crew diagnosis
- Equipment issues
- Inappropriate treatment
- Patient injury
- Patient made to walk to the ambulance
- Patient not conveyed to hospital
- Privacy and dignity
- Skill mix of crew

During 2022/2023 the Trust received 122 complaints specifically about the care provided by our road staff and a further 48 where it was a secondary concern, a total of 170. 78 (46%) were upheld or partly upheld, five were declared as Serious Incidents following referral to the Serious Incident Group and one was subject of an Internal RCA.

98 complaints were received in relation to inappropriate treatment with 36 (37%) of those upheld or partly upheld, one was declared as a Serious Incident and one was the subject of an After-Action Review.

33 complaints were received about patients not having been conveyed to hospital, of these 13 (48%) were upheld or partly upheld and one was declared as a Serious Incident.

Crew diagnosis accounted for 37 complaints of which 16 (35%) were either upheld or partly upheld and three were declared as serious incidents.

### Complaints by service area: Emergency Operations Centres (EOCs)

The table below shows the EOC complaints by subject:

Call centre / Subject	Communication issues	Concern about staff	Miscellaneous	Patient care	Timeliness	Total
East EOC	4	10	1	50	64	129
West EOC	6	13	2	69	96	186
Total	10	23	3	119	160	315

#### Timeliness:

Timeliness complaints are for:

- Delay in 999 call being answered
- Delay in response to scene

During 2022/2023 the Trust received 160 complaints specifically expressing concerns about our timeliness and an additional 23 complaints where timeliness was a secondary concern a total of 183 complaints, all of which were upheld or partly upheld. One resulted in a Serious Incident being declared.

The Trust is continually working to improve timeliness and to reduce delays to its patients. Some examples of this over the last year are in October 2022, the Trust implemented a pilot project to support taxi bookings, providing alternative modes of transport for patients who may have otherwise received an ambulance response, helping to reduce the delays for those patients most at risk of harm. In December 2022, the service implemented a new process to manage more effectively our closure of duplicate calls into our service. This had a positive impact in reducing the number of calls closed in error and allowing for more effective management of clinical resource within our Emergency Operations Centres. Continuing to identify opportunities for improvement, in January 2023, the service implemented Category 3 and Category 4 ambulance validation. This means that all calls that are categorised as requiring a Category 3 or Category 4 ambulance are reviewed by a Trust clinician to ensure they receive the most appropriate response first time. We are currently reviewing the impact of this change, but initial data suggests a positive impact on response time and earlier identification of high-risk patients requiring upgrade.

## Patient care:

Patient care includes:

- Directory of Service (DOS) issues.
- Pathways.
- HCP failed to visit.

The Trust received 119 complaints specifically expressing concerns about patient care and an additional 30 complaints where patient care was a secondary concern a total of 149 complaints, 99 of which were upheld or partly upheld and two were declared as Serious Incidents.

All 999 calls which are the subject of a complaint are listened to as part of the investigation, if needed they are audited and feedback is provided to our call taker from the audit by their line manager, all identified learning is put in place via action plans.

## Complaints by service area: KMS111

	Administration	Communication issues	Concern about staff	Miscellaneous	Patient care	Timelines	Total
KMS111	7	9	24	2	65	103	210

During 202/2023 the Trust received 210 complaints about our KMS111 service, with the two main areas of concern being timeliness and patient care as with its Emergency Operations Centres.

### Timeliness:

Timeliness again made up the largest portion of the complaints received with 103 complaints specifically expressing concerns about timeliness and an additional 11 complaints where timeliness was a secondary concern a total of 114 complaints, 102 of these were upheld or partly upheld and one was declared as Serious Incident.

### Patient Care:

The Trust received 65 complaints specifically expressing concerns about patient care and an additional 14 complaints where patient care was a secondary concern a total of 79 complaints, 55 of which were upheld or partly upheld.

As with complaints about the Trust's EOCs, all calls are listened to as part of the investigation and audits are completed where required and feedback provided to the call taker by their line manager, to aid their learning.

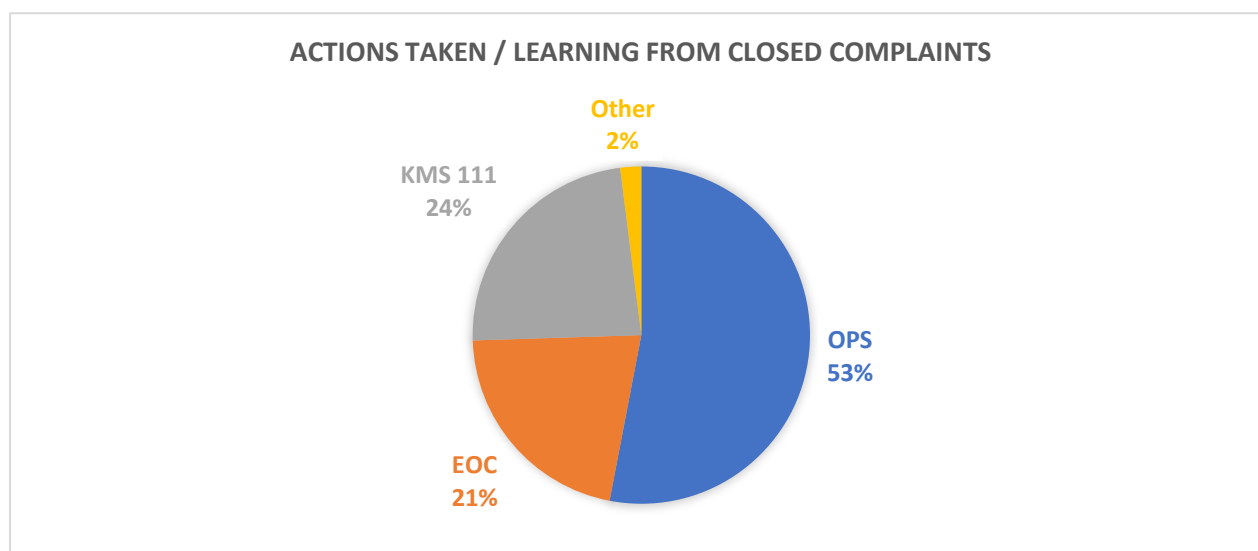
## Complaints by service area: Other

These are complaints the Trust received relating to non-operational issues.

	Communication issues	Concern about staff	Patient care	Total
Critical Care Incidents	0	1	0	1
Logistics	0	1	0	1
Senior Leadership Team	2	0	0	2
Patient Experience	0	1	1	2
Total	2	3	2	7

## Learning from complaints

Lessons from complaints throughout 2022/23 have again been wide ranging.



149 actions were identified from complaints and, examples of specific learning and changes made because of complaints include:

- Issue raised with NHS Pathways triage system at a national level include:
  - Patients who have suffered major blunt force injuries.
  - Post tonsillectomy bleeds.
  - Support for callers who require an advocate during video conference calls.
  - Sickle cell patients, diabetic ketoacidosis, and clinical overrides all of which have been found to be either a route cause or a contributory factor in complaints.
- Conflict resolution training.
- Restricted practice whilst receiving additional or refresher training.

- Driving assessment from Fleet Risk Reduction and Driving Standards Manager.
- A clinical guidance for sickle cell crisis was put together by 111s GP lead for sharing with a clinical staff in both EOC and 111.

Wider organisational Learning from complaints needs to be further developed with operational / EOC leadership teams setting out clear standards for tasks such as reflective practice and audit feedback, this improvement project will take place during 2023/2024.

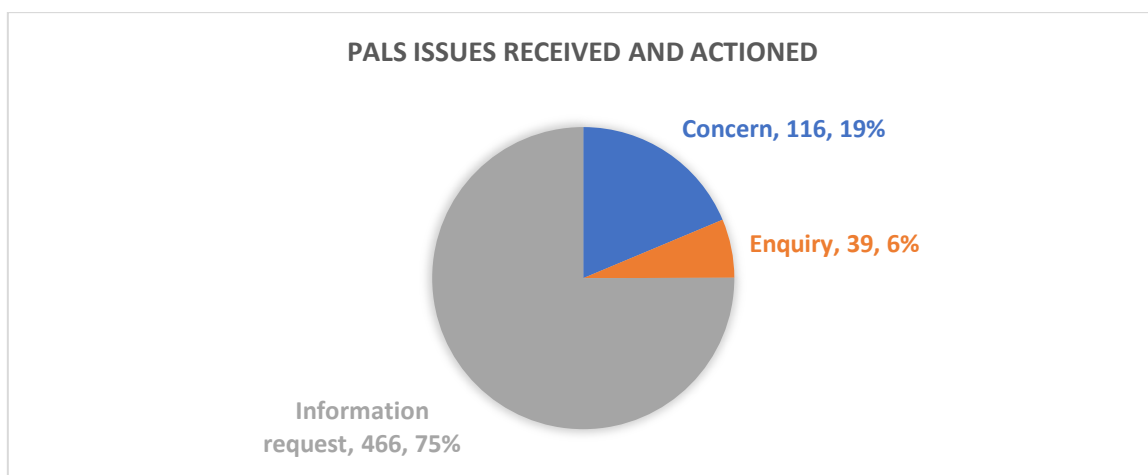
## Parliamentary and Health Service Ombudsman

Any complainant who is not satisfied with the outcome of a formal investigation into their complaint may take their concerns to the Parliamentary and Health Service Ombudsman (PHSO) for review. When the Ombudsman’s office receives a complaint, they contact the Patient Experience Team to establish whether there is anything further the Trust feels it could do to resolve the issues. If we believe there is, the PHSO will pass the complaint back to the Trust for further work. If the Trust believes that local resolution has been exhausted, the PHSO will ask for copies of the complaint file correspondence to review and investigate.

In the year 2022/2023 the PHSO contacted the Trust and asked for copies of two complaint files. We have been advised that they do not intend investigating either of these.

## Patient Advice and Liaison Service (PALS) issues:

PALS is a confidential service that offers information or support, and to answer questions or concerns about the services provided by SECAMB which do not require a formal investigation. These are entered on the Trust electronic patient safety and risk management software system, Datix, as a Level 1 case.





The table below details the number of PALS enquires received by the Trust during 2019/2020 and 2020/2021:

PALS issue	2021/2022	2022/2023	% Increase
Concern	83	116	40%
Information Request	452	466	3%
Enquiry	18	39	114%
Overall	553	621	12%

The Trust has seen a 40% increase in the number of concerns, registered examples of these are:

*Member of the public, who does not wish to make a formal complaint, raised concerns regarding our staff's the standard of driving. Ambulance overtook a vehicle on a blind bend and almost hit the complainant.*

*MP shared constituent's concerns regarding crew's difficulties in accessing a specific location.*

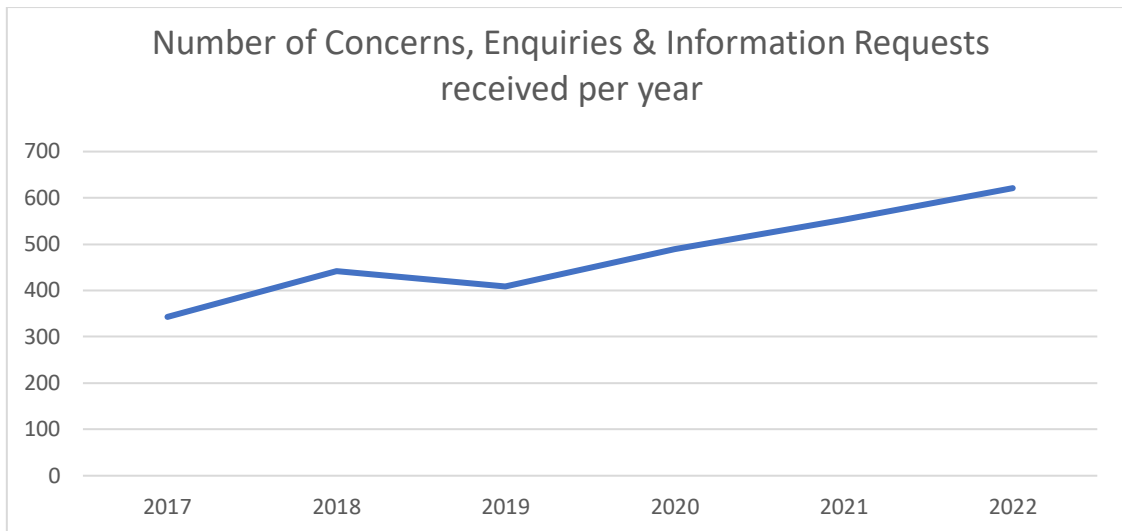
*Medical Examiner Officer forwarded a family's concerns regarding the delay in attending (family does not wish to complain).*

The Trust also receives a number of emails / letters each year about the siren noise from our ambulances which are answered through concerns.

Most requests for information are Subject Access Requests under the Data Protection Act, where patients or their relatives require copies of the electronic patient care record (ePCR) completed by our crews when they attended them, or recordings of 999 or NHS111 calls, for a range of reasons. These requests are dealt with in accordance with the General Data Protection Regulations.

Other contacts are requests for advice and information regarding what to expect from the ambulance service, people wanting to know how they can provide us with information about their specific conditions to keep on file should they need an ambulance, calls about lost property, and on occasion, families wanting to know about their late relatives' last moments.

During the last six years the Trust has seen an increase year on year with the number of Concerns, Enquiries, and Information Requests that it receives. These have increased by 81% during this period.



## Monitoring Systems

PALS are working with the Power BI Team to develop a Dashboard providing information on themes and trends for both compliments and complaints which will be widely available to both senior management and operational staff. This will replace the weekly report that is currently prepared and sent out each week to operational teams as it will have information in real time that the teams can access directly.

## Reporting Arrangements

Monthly compliance of internal complaints timescales is reported to the Trust Board within the Integrated Quality Report. Additional management assurance is also routinely provided to the Quality and Patient Safety Committee.

The national return for complaints with the NHS is the KO41a return. This data is submitted on a quarterly basis to the NHS Digital via their online portal. This information provides the number of complaints received with demographics and adds to the national data.

## The PALS Team

The work of the PALS Team is diverse and brings the team into contact with many patients and their families, some of whom are struggling with mental illness, disorders, or bereavement. Whilst many of these contacts are constructive, there are increasing occasions when team members have had to deal with highly complex and stressful or distressing situations. Supportive work began with the team in terms of resilience in 2018 and continues, including meeting with the Trust Mental Health Team.

## Conclusion and future areas of development

In conclusion, the Trust continues to see an overall decline in the number of complaints that we receive and an increase in the number of concerns, enquiries, and information requests.

We receive one complaint per every 2,781 patient interactions and significantly more compliments.

The report provides evidence of ongoing learning and response to patient feedback which will be continued over the next financial year.

A key priority for the next financial year is the development of a Compliment / Complaints / Concerns / Information Requests Dashboard with the Power BI Team which shows our operating units' complaint and compliment data in real time, allowing them to respond in more proactive way to both compliments and complaints.

Learning from complaints needs to be developed with operational / EOC leadership teams setting out clear standards for individual tasks such as reflective practice and audit feedback alongside system wide learning. This will be developed in partnership with other teams within the Quality and Nursing Directorate as part of a wider Organisational learning framework.

The team will develop a 'good news' page on Viva Engage to raise awareness and emphasise the good practice of staff.

Links will be established and built across the Trust culture programme, QI programmes and the developing Communications strategy to align intelligence and inform co-design.

The team are planning to review the consent process for complaints and when consent is sought to avoid over processing. However, we must balance this with ensuring that we do not miss an opportunity to learn from the feedback that has been given. There is also an opportunity to think about what steps can be automated within Datix, for example, the sending of the report template and acknowledgement letter or sending reminders to investigating managers etc.

Further process mapping sessions utilising QI methodology will be undertaken for other work streams: Compliments (took place 20/03/2023), Subject Access Requests, Information Requests, Concerns, Lost Property, General Enquiries to identify opportunities for continuous improvement.