



# PALS Annual Report

Compliments, concerns, enquiries, information  
requests and complaints received during  
2023/2024

## 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 our services do not meet the expectations of patients or their family, leading to complaints. SECAMB is committed to investigating all complaints when they are received to ensure root causes or contributory factors can be identified and learning undertaken to improve practice and reduce the likelihood of a recurrence.

This report provides an overview of all compliments and complaints that were received during the period from 1 April 2023 to 31 March 2024. 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. These components will all be covered through the following sections of the report:

- Compliments
- Complaints
- Deep dive into staff conduct and attitude complaints
- Parliamentary and Health Service Ombudsman
- Patient Advice and Liaison Service
- Reporting arrangements
- The PALS Team
- Peer review of complaint responses
- Conclusions and future areas of development

Although compliments and complaints from patients and their families are one of the ways in which NHS Trusts receive feedback, organisations should also proactively seek feedback and engage with patients and their families and carers through meaningful partnerships. To support this, patient engagement is now led by the Trust Deputy Director of QI & Patient Experience with a dedicated Patient Engagement 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 demonstrate what we are doing well, supporting our understanding of what we need to do more of and allowing us to take an appreciative inquiry approach to learning. Compliments also allow us to share and highlight good practice with our Operating Unit Leadership Teams.

## Compliments

Each year the compliments the Trust receives 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 shared with 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 2023/2024 our staff received 2,054 compliments, which represents one compliment for every 326 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.

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

OU by month	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	Total
KMS 111 IUC	0	3	1	2	3	2	1	1	0	1	0	0	0	14
Ashford OU	13	9	14	8	18	9	17	12	15	14	0	0	0	129
Brighton OU	14	15	12	6	21	11	30	26	10	26	16	13	17	217
Chertsey OU	13	4	11	8	17	11	12	7	7	12	8	6	9	125
Gatwick OU	20	21	16	13	26	24	38	26	24	30	21	8	11	278
Guildford OU	8	10	11	9	23	6	16	11	11	14	8	9	11	147
HART	0	0	0	0	1	0	0	0	0	0	0	0	1	2
Medway and Dartford OU	15	26	16	15	16	32	29	31	17	25	16	14	18	270
Paddock Wood OU	18	13	14	11	17	15	27	13	15	19	26	13	18	219
Polegate and Hastings OU	8	14	12	12	21	10	23	16	11	30	20	16	14	207

Tangmere and Worthing OU	12	27	23	22	20	17	21	28	10	35	17	18	15	265
Thanet OU	9	14	13	10	16	10	18	12	8	24	10	7	8	159
EOC	1	1	1	1	1	2	3	2	1	1	2	1	1	18
PALS	0	0	0	0	0	0	0	0	0	1	0	1	0	2
Private Ambulance Providers	0	0	0	0	0	0	0	0	0	0	0	0	2	2
Total	131	157	144	117	200	149	235	185	129	232	144	106	125	2054

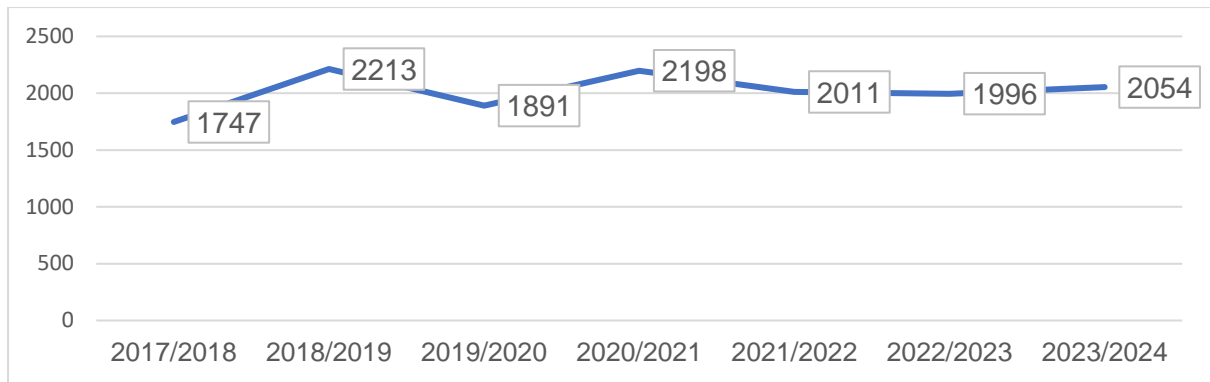
A small number of examples of the compliments the Trust received during 2023/2024 are below:

*"I'm getting in touch because I had a horrible experience on Wednesday evening, 17 January. My 9 month old baby had a fit at home. It was scary and upsetting and I felt very overwhelmed and frightened. I called 999 and the operator was professional yet caring and kind; exactly what I needed. The ambulance arrived within 3 minutes!! I couldn't believe my luck. The paramedics were all professional, clearly experienced, kind, understanding and practical. I could not have asked for better care for my child."*

*"I would just like to show my appreciation to the EMA in taking my call and arranging an emergency ambulance. As given, the patient had confirmed SEPSIS and was treated successfully with IV antibiotics and fluids for 2 days before being discharged back home with 2 different oral antibiotics. I have also reviewed him this week and he is doing very well indeed. He also asked me to pass on his gratitude to the ambulance service. Good all round joined up working, whilst you don't clinically treat the patient, your skills initiate the single most important part of the chain - arranging the help! There is no chain if there are no EMA's trained and skilled like you."*

*"I wanted to contact you to thank the people I spoke to when calling 111 on the 27 July, I called about some frightening symptoms that I wasn't sure related to an existing condition. After asking questions, the lady assured me that the symptoms were likely to be related but that she would ask someone to call me back. When I was called back the lady was very kind and have me some good advice, she made arrangements for a doctor to call me the next morning but advised me what to do if my symptoms got worse in the meantime. Both ladies introduced themselves but I'm sorry I can't remember their names. They both made me feel safe and I had full confidence in their advice."*

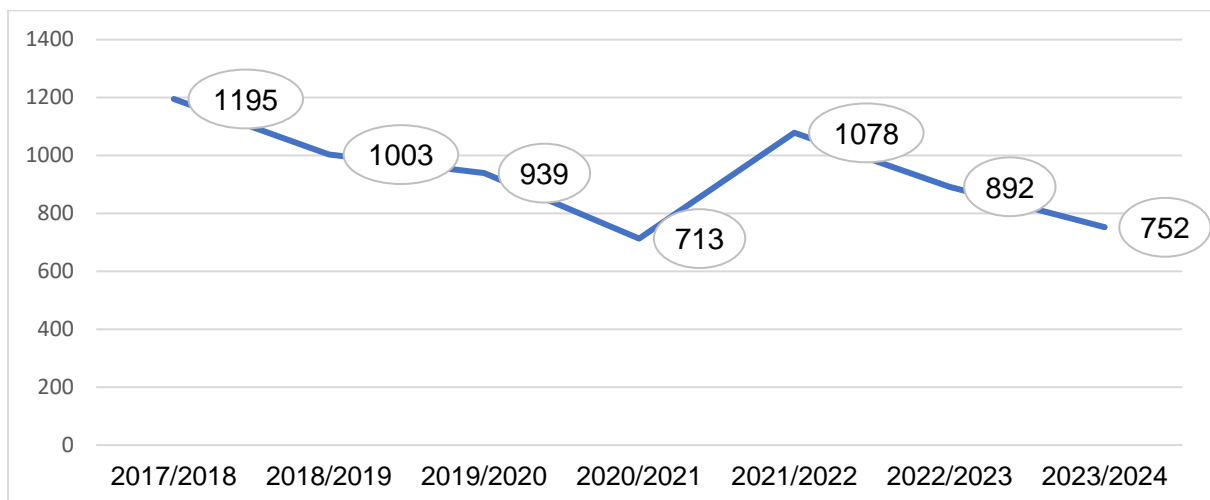
The number of compliments that the Trust received in the last six years on average is 2016 per year and has remained consistent.



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 2023/2024 was 752 which is a reduction of just over 16% on 2022/23 when the number received was 892.



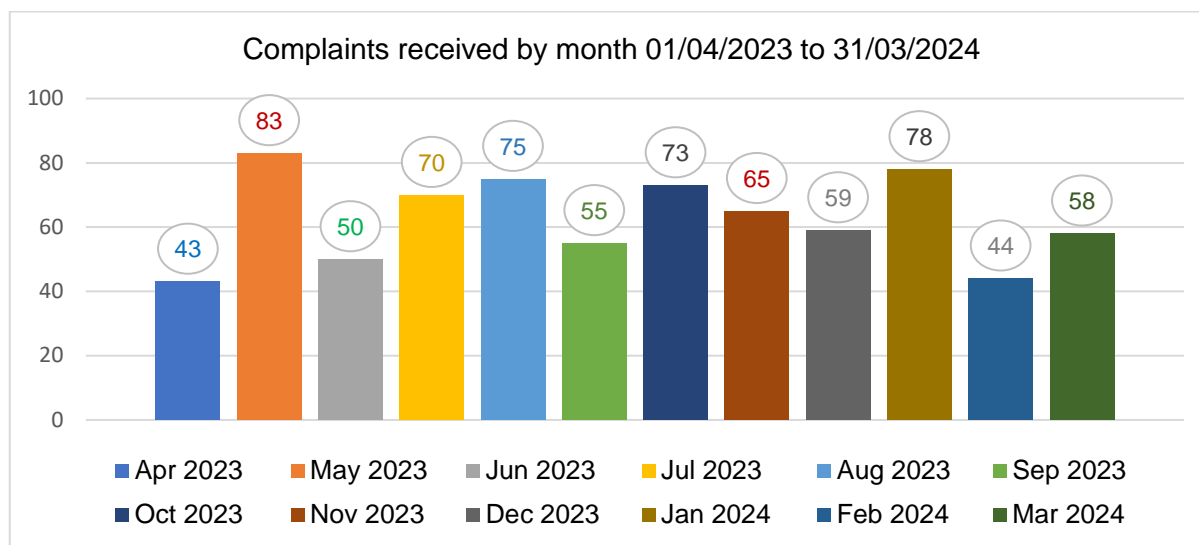
As with many NHS Trust's, the Trust saw a reduction in the number of complaints received during the pandemic in 2020 and, aside from 2021/2022 which saw a slight increase in the average number of complaints received, there has been a reduction year on year over the last six years. The average number of complaints received per year during this period is 939.

During 2023/2024

- Our Emergency Operations Centre staff answered 984,681 calls.
- Our NHS 111 staff took 889,848 calls.
- Our A&E road staff attended 669,261 responses to patients.

This represents 2,543,790 interactions with our service users, which equates to one complaint for every 3,383 patient interactions.

## SECAmb complaints for last year:



## Complaints by operating area and month:

Operating unit	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Total
Ashford OU	2	4	1	5	3	0	2	0	6	1	2	2	28
Brighton OU	1	6	3	3	3	2	2	2	2	4	2	3	33
Chertsey OU	4	3	2	3	0	0	1	0	1	2	0	1	17
Gatwick OU	2	6	3	2	8	2	6	3	0	5	1	3	41
Guildford OU	3	3	0	1	1	0	2	0	2	4	1	3	20
Medway and Dartford OU	6	8	2	2	7	5	2	3	4	3	4	3	49
Paddock Wood OU	1	7	1	1	5	4	2	4	0	0	3	3	31
Polegate and Hastings OU	0	3	8	5	4	0	3	2	4	1	3	1	34
Tangmere and Worthing OU	5	3	7	4	5	4	4	2	1	6	2	5	48
Thanet OU	3	2	5	9	10	4	8	8	3	2	0	3	57
HART	0	0	0	0	2	0	0	0	0	1	0	0	3

East EOC	4	7	6	7	11	9	12	8	10	12	5	12	103
West EOC	4	13	6	17	7	13	15	15	9	8	7	4	118
KMS 111 IUC	8	18	6	10	9	11	14	18	17	28	13	14	166
Other	0	0	0	1	0	1	0	0	0	1	1	0	4
Total	43	83	50	70	75	55	73	65	59	78	44	57	752

It should be noted that Banstead MRC only became a separate operating unit when Datix Cloud was implemented on 1 February 2024 and prior to that date complaints were included under Gatwick MRC.

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.

95% of complaints received during 2023/24 were graded as level 2, with the remaining 5% 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 2023/2024 by subject and service area:**

Theme / Directorate	Operations	EOC	KMS 111	Other	Total
Administration error	0	0	4	0	4
Breach of confidentiality	3	0	0	0	3

Communication issues	3	2	4	0	9
Crew diagnosis	21	0	0	0	21
DOS issues	0	0	12	0	12
Equipment issues	2	0	0	0	2
GP callback delay	0	0	3	0	3
Inappropriate treatment	63	2	1	2	68
Information Governance issue	1	0	0	0	1
Made to walk	6	0	0	0	6
Miscellaneous	0	2	1	0	3
Not transported to hospital	32	3	0	0	35
Pathways	5	109	49	0	163
Patient injury	6	0	0	0	6
Privacy and dignity	5	0	0	0	5
SECamb policy / procedure issue	1	1	1	0	3
Skill mix of crews	2	0	0	0	2
Staff conduct / attitude	190	13	24	0	227
Standard of driving	18	0	0	2	20
Timeliness - 111 Response	1	1	69	0	71
Timeliness - A&E	3	82	2	0	87
Transport arrangements	1	0	0	0	1
Total	363	215	170	4	752

The PALS team have recently reviewed how they record complaints and are moving away from the language of 'upheld' and 'not upheld' to seek to embed a more open, non-defensive approach to learning from complaints in line with the NHS Complaint Standards (2022) <sup>1</sup>. The categories of Trust wide learning, individual learning, or no learning identified will now be utilised moving forward. The outcome of upheld, partly upheld and not upheld remain for the purposes of National KO41a<sup>2</sup> reporting and for reporting for the period of this report.

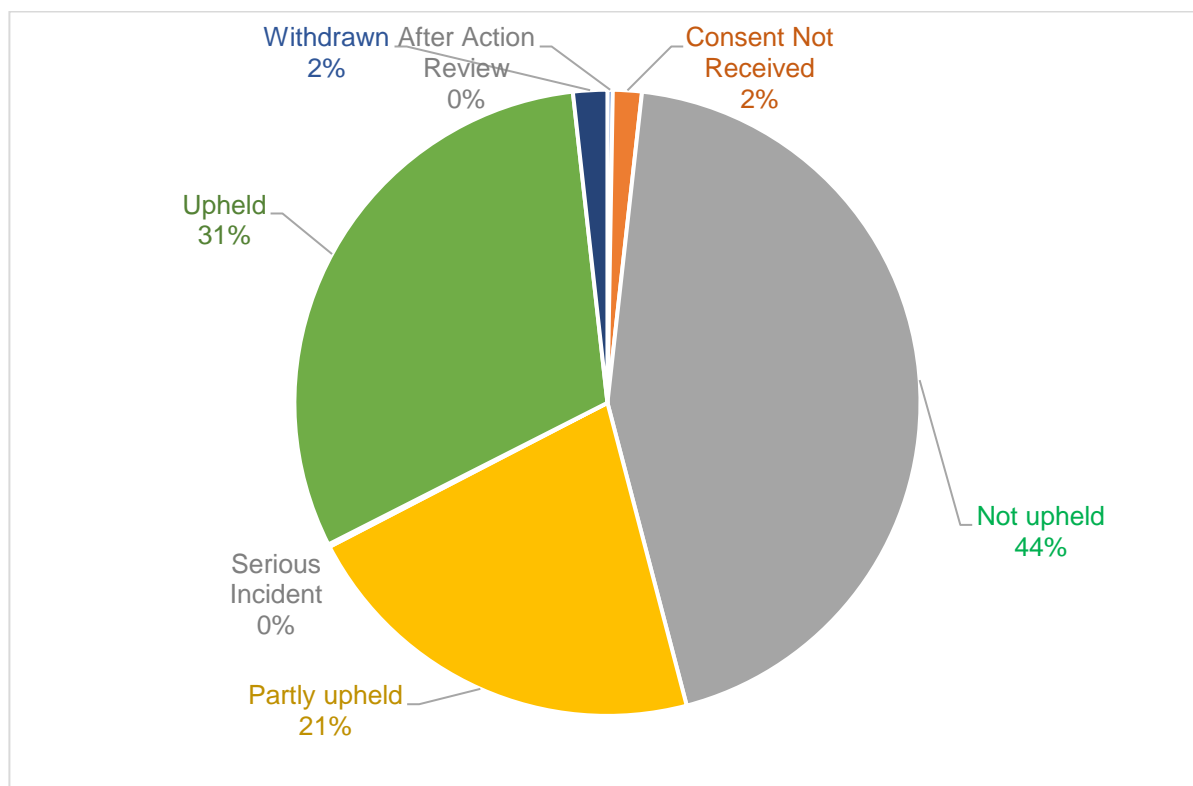
During 2023/2024, 735 complaints were responded to; of these 559 (52.5%) were found to be upheld or partly upheld. If a complaint is received which relates to one specific issue, and substantive evidence is found to support the allegation made, the complaint is recorded as 'upheld'. If a complaint is 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:

<sup>1</sup> [NHS Complaint Standards Summary of expectations December 2022 Final.pdf \(ombudsman.org.uk\)](#)

<sup>2</sup> [KO41a Hospital and Community Health Services Complaints collection - NHS Digital](#)



## Complaints by outcome, 2023/2024



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, 11 (2%) in 2023/2024. 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, 13 (2%). A small number of complaints 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 three cases last year managed via these processes. To date, there have been no complaints processed through the new Patient Safety Incident Response Framework (PSIRF).

### Closed complaints by Subject and Outcome:

Theme / Outcome	Not upheld	Partly upheld	Upheld	Consent Not Received	Withdrawn	After Action Review	Serious Incident	Total
Administration error	2	0	2	0	0	0	0	4
Breach of confidentiality	3	0	1	0	0	0	0	4

Communication issues	4	4	3	0	0	0	0	11
Crew diagnosis	10	3	5	0	0	0	0	18
DOS issues	2	4	2	0	1	0	0	9
Equipment issues	3	0	0	0	0	0	0	3
GP callback delay	1	1	1	0	0	0	0	3
Inappropriate treatment	43	11	7	2	2	0	0	65
Made to walk	4	2	0	0	0	0	0	6
Miscellaneous	3	0	0	0	1	0	0	4
Not transported to hospital	22	8	4	0	0	0	0	34
Pathways	66	35	52	2	4	0	0	159
Patient injury	1	4	1	0	0	0	0	6
Privacy and dignity	3	2	1	1	0	0	0	7
SECAmb policy / procedure issue	2	0	0	0	0	0	0	2
Skill mix of crews	1	1	0	0	0	0	0	2
Staff conduct / attitude	132	52	27	6	5	0	1	223
Standard of driving	9	3	8	0	0	0	0	20
Timeliness - 111 Response	4	9	47	0	0	0	0	60
Timeliness - A&E	8	19	65	0	0	2	0	94
Transport arrangements	1	0	0	0	0	0	0	1
Total	324	158	226	11	13	2	1	735

The highest category of complaints which were upheld or partly upheld in 2023/2024, as with the previous five years, is staff conduct / attitude with 223 (30%) complaints and 36% of these being upheld or partly upheld. The second highest category is Pathways, both in our Emergency Operations Centre's and within NHS111 with 159 complaints, 55% being upheld

or partly upheld. The third highest is our response times, 94, 13% for our ambulance response times and 60, 8% for our 111 call backs.

### **Deep dive into staff conduct and attitude complaints.**

It is well evidenced within wider literature that good patient experience is associated with better clinical safety and effectiveness and this is evidenced within this deep dive of staff conduct / attitude complaints that the PALS team undertook for the period between 1 November 2020 and 31 October 2023.

Whilst the number of complaints relating to staff conduct / attitude is comparatively low to the number of incidents attended (1 complaint for every 3,711 incidents), the findings of this deep dive identified some concerning themes / trends that have been validated through triangulation with other quality and governance mechanisms.

Practical issues were identified through the review such as issues with the Datix system and variation in practice by the PALS team but concerns regarding a lack of situational / contextual awareness by crews was identified as well as a lack of respect for Nursing and Care home staff and cognitive bias regarding incidents originating from 111. All of which are unacceptable and could pose a patient safety risk.

Gatwick, Ashford, and Thanet OUs had the highest number of staff conduct / attitude complaints per headcount. 12 members of staff were identified as having had more than four staff / attitude complaints within the period.

Several actions have already been completed and further recommendations are proposed to support organisational learning from this deep dive review. Implementation of these will aim to reduce the number of complaints in relation to staff conduct / attitude, increasing the likelihood of providing a positive experience for all patients and ensuring that all SECamb staff practice in line with the Trust values.

### **NHS Pathways**

Complaints that fall within this category are when the caller questions the outcome of the triage that has been completed. The Trust use a clinical decision support system called NHS Pathways for the purpose of assessing and directing our callers to primary, urgent, and emergency care services. When contacting us callers are asked a series of questions and based on the answers provided to these questions, a suitable outcome is reached. Within this system there are different pathways that our call takers will follow, each of which manages a specific symptom or concern the patient or caller may have.

The Trust raises system / clinical issues to NHS Pathways, which includes the sourcing of all required data, as well as gathering evidence utilising National Guidelines and specialist guidelines, academic literature, local protocol, or guidelines or seeking expert opinion to support evidence for change when reporting issues to NHS Pathways via the NHS Pathways Clinical Enquiries Log. The Trust is in frequent communication with NHS Pathways on the progress of issues raised. Issues are reviewed and can be passed to the clinical authoring team for consideration of change. It is acknowledged that changes cannot be implemented

imminently however, we are able to support improvement works through the relationships with NHS Pathways.

### **Ambulance response times**

The Trust are continuously working to improve response times. A selection of the work being undertaken is detailed below.

#### **Clinical involvement in calls:**

- Category 3 (C3) & 4 (C4) ambulance validations – calls that triage to a C3 / C4 response are passed to a clinical list for a clinical navigator to review them. Once reviewed a clinician will make a clinical call or pass the call to the dispatch team. Clinicians completing clinical calls results in 30% of the call volume being downgraded to a non-ambulance response.
- Category 2 (C2) segmentation – following national direction, certain C2 calls which are identified by the Computer Aided Dispatch system (CAD) will be reviewed by a clinical navigator and passed for clinical assessment to ensure the patients are directed to the right care pathway. This activity sees around 30% of all calls clinically assessed being downgraded to a non-ambulance disposition.

#### **Increasing the number of clinicians available for remote assessments:**

- Having clinicians available to undertake the above is essential – we continue to actively recruit, have completed an incredibly successful international recruitment campaign in the last year.
- The Trust also continues to roll out the Pathways Clinical Consultation System (PaCCS) training to our Advanced Paramedic Practitioners providing more clinicians who are available to complete remote assessments. Additionally, the Trust is recruiting Band 6 paramedics to work within local clinical hubs undertaking remote assessments, again increasing capacity.

#### **Clinical oversight:**

- The Trust have implemented a clinical navigator on shift 24 /7 who will support the oversight and review of all calls awaiting an ambulance response – prioritising and upgrading calls of concern when required.
- Clinicians are proactively reviewing demand within individual areas as part of their management of patients during remote assessments, helping to determine the most appropriate care for them.

#### **Operational:**

- We have recruited to full establishment across all field operational roles and are very close to full establishment in Emergency Operations Centre functions.

- We have introduced TIREASAs, a planning tool, which better predicts the requirement of when ambulances are needed, and therefore allows us to plan our resources to better manage this demand more effectively.
- We have increased focus on specialist pathways to support patients to appropriately avoid the Emergency Department by directing them straight to the appropriate care provision (Same Day Emergency Care, Urgent Treatment Centre, Primary Percutaneous Coronary Intervention, Urgent Community Response Centres).

### **Reopened cases**

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 2023/2024 was 38 which is just over 5% of those responded to.

### **Trust response timescale**

During 2023/2024, 90% of complaints were responded to within the Trust's timescale which is 35 working days for level two complaints and 45 working days for level 3 complaints. This fell slightly short of the 95% target we aim to deliver but is a significant improvement on the 68% achieved in 2022 / 2023. The PALS team have implemented a robust escalation process when there is a delay in a report being returned from an investigating manager and more effective support and communication methods. When delays do occur, the complainant is always updated about the delay and is provided with a new expected date for a response to be provided.

### **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.

As detailed above, a deep dive into staff conduct / attitude complaints has been completed and Trust wide learning identified.

### **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 2023/2024 the Trust received 164 complaints specifically about the care provided by our road staff and a further 40 where it was a secondary concern, a total of 204.

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

The table below shows the EOC complaints by subject:

Call centre / Subject	Administration	Communication issues	Concern about staff	Miscellaneous	Patient care	Timeliness	Total
East EOC	0	1	5	1	52	42	101
West EOC	1	1	8	2	62	45	119
Total	1	2	13	3	114	87	220

#### Patient care:

Patient care includes:

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

The Trust received 114 complaints specifically expressing concerns about patient care and an additional 13 complaints where patient care was a secondary concern, a total of 127 complaints. 71 were upheld or partly upheld, five are still under investigation, two were closed as consent was not received from the patient to release their information to a third party and two were withdrawn by the complainant.

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.

#### Timeliness:

Timeliness complaints are for:

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

During 2022/2023 the Trust received 87 complaints specifically expressing concerns about timeliness and an additional 15 complaints where timeliness was a secondary concern a total of 102 complaints. 88 were upheld or partly upheld, four are still currently being investigated and two were the subject of an After Action Review.

The Trust is continually working to improve timeliness and to reduce delays to its patients. This has been reflected in the number of complaints that have been received about timeliness which has shown significant improvement. For the 2023/2024 period, the Trust received 160 complaints specifically expressing concerns regarding timeliness and an additional 23 complaints were received where timeliness was a secondary concern resulting in a total of 183 complaints, all of which were upheld or partly upheld. This is a reduction of 44% compared to the complaints received regarding timeliness in 2022/2023.

### Complaints by service area: KMS111

	Administration	Communication issues	Concern about staff	Miscellaneous	Patient care	Timeliness	Total
KMS111	5	4	25	1	69	78	138

During 2023/2024 the Trust received 138 complaints about our KMS111 service, with the two main areas of concern being timeliness and patient care, the same as the Emergency Operations Centre.

#### Timeliness:

Timeliness again made up the largest portion of the complaints received with 76 complaints specifically expressing concerns about timeliness and an additional six complaints where timeliness was a secondary concern resulting in a total of 82 complaints, 69 of these were upheld or partly upheld. Nine are still under investigation.

#### Patient Care:

The Trust received 64 complaints specifically expressing concerns about patient care and an additional 11 complaints where patient care was a secondary concern, a total of 75 complaints, 42 of which were upheld or partly upheld. Three complaints were withdrawn by the complainants and four are still being investigated.

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 support learning and development.

### Complaints by service area: Other

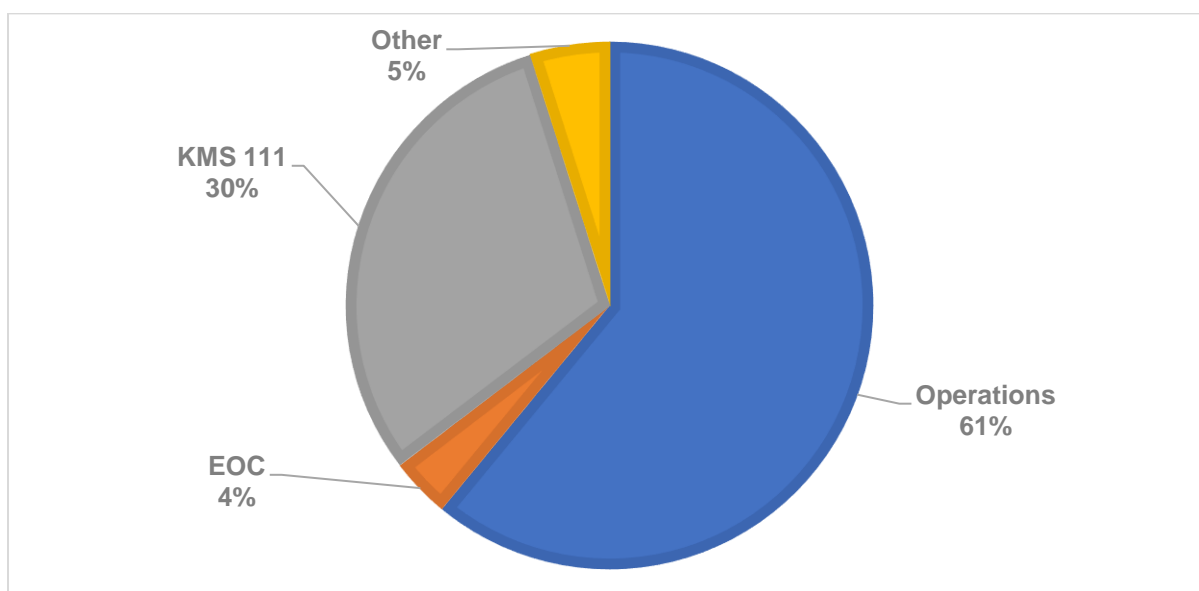
These are complaints the Trust received relating to non-operational issues.

	Concern about staff	Patient care	Total
Fleet, Logistics and Production	1	0	1
Medical Directorate	0	2	2
Total	1	2	3

## Learning from complaints

The Trust's investigation template has been updated this year to support Trust wide learning from complaints. On completion of an investigation the investigating manager is now required to identify if they have found individual learning, Trust wide learning or no learning. The investigating manager is asked to provide details of the learning together with a timescale for it to be completed. The Trust database system, Datix, is being updated to include the learning outcomes so that the PALS Team can report on these going forward.

Lessons from complaints throughout 2023/24 have again been wide ranging.



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

- *Since this call, a poster has been produced and shared with staff via multiple platforms emphasising the importance of following Op508 when the service is in Clinical Escalation Level 4. It is hoped that this will motivate colleagues to provide this important information to caller's to better manage their expectation of wait times. This is also displayed on the electronic wallboards, visible within the call centres.*
- *Reflective Practice on Mental Health (MH) conditions and how to communicate with patients in a mental health crisis additional 1-2-1 Training with MH Practitioner to gain better communication skills with MH patients.*



- *Call taker will receive feedback and will complete a reflective session, listening to the call with the support of their line manager to identify areas within the call that could have been managed differently. Feedback will specifically include the need for more tolerance when patient's voice frustration, understanding that this is not necessarily abusive language as well as how to better manage call control if a patient expresses that they feel they are not being listened too or allowed to speak.*

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 2024/2025.

### **Parliamentary and Health Service Ombudsman (PHSO)**

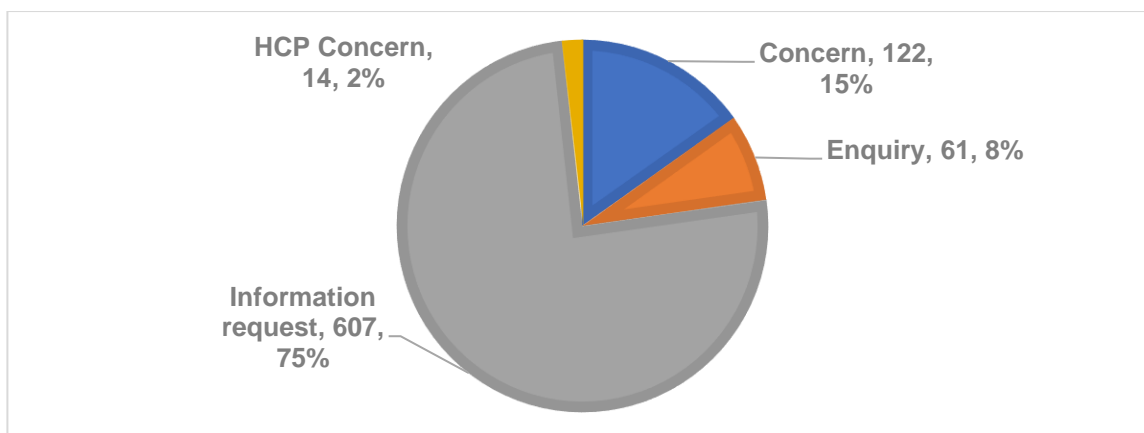
Any complainant who is not satisfied with the outcome of a formal investigation into their complaint may take their concerns to the Parliamentary and Health Service Ombudsman (PHSO) for review. When the Ombudsman's office receives a complaint, they contact the Patient Experience Team to establish whether there is anything further the Trust feels it could do to resolve the issue. 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 2023/2024 the PHSO contacted the Trust and asked for copies of four complaint files. We have been advised that the PHSO that they do not intend investigating any of these further.

### **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.

PALS issues received and actioned:



The table below details the number of PALS enquires received by the Trust during 2021/2022, 2022/2023 and 2023/2024:

PALS issue	2021/2022	2022/2023	2023/2024	% Increase
Concern	83	116	122	6%
Information Request	452	466	607	30%
Enquiry	18	39	61	55%
HCP Concern	0	0	14	*

\*These were previously dealt with by the Datix team as incidents.

The Trust has seen an increase in the number of concerns, information requests and enquiries registered examples of these are:

#### Concerns:

- Member of the public raises concerns regarding poor driving close to horses.
- Member of public requesting vehicle is deep cleaned after seeing photos of staff climbing around the ambulance and with their feet on the seats.
- Member of the public concerned that someone is giving her address when they call 999.

#### Information Requests:

- GP Surgery needing ePCR for on-going care of patient.
- Patient wants all their records from 1/9/19 to present day.
- Bereavement Midwife requested 999 call and ePCR to check information as patient has mentioned signs of life in baby she miscarried at 14 weeks.

#### Enquiry:

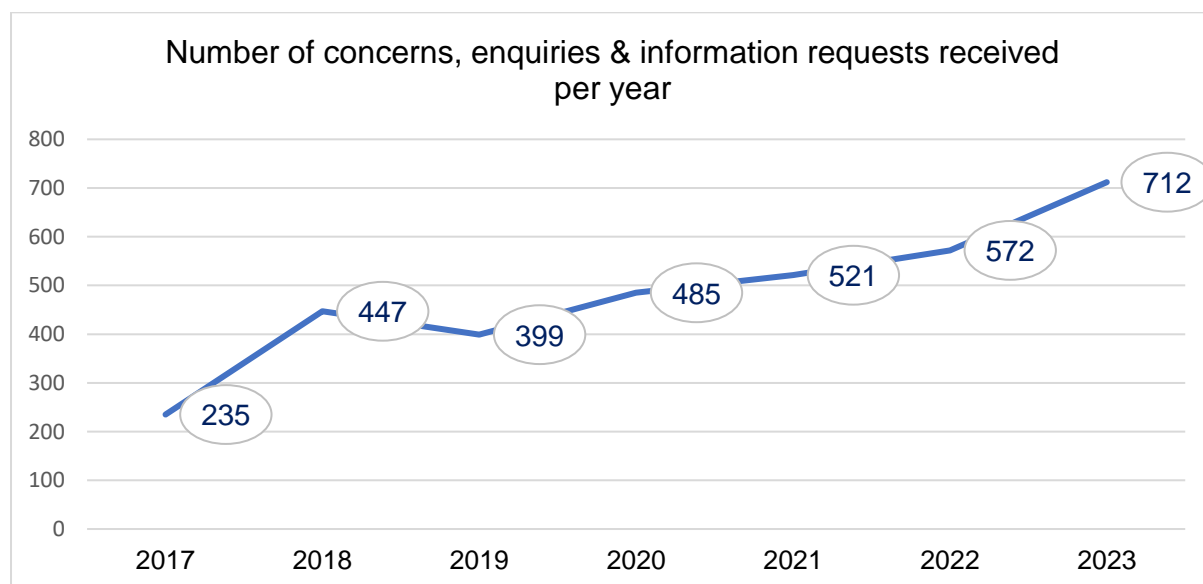
- Patient needs reference for housing association.
- Member of the public would like to know if an abandoned vehicle belongs to our service.
- Patient's daughter asking whether we were given her father's key safe information.

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 seven 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 over 200% during this period.



### Reporting Arrangements

A weekly report on the current open complaints is produced each Monday morning and sent to all operational associate directors, operating unit manager, operations managers, OU leadership teams and other managers.

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 an annual basis to the NHS Digital via their online portal. This information provides the number of complaints received with demographic information and supports 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, physical health concerns, 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 support being provided from the Trust Mental Health Team.

## Peer review of complaint responses

On the 4 August 2023, a peer review of complaint responses was undertaken. The purpose of this session was to gain both an internal and external critical, constructive review of a random selection of complaint responses that the PALS team had sent to complainants over the previous 12 months. The objective was to identify areas of good practice and opportunities for improvement.

A random selection of 100 complaints and responses were redacted and reviewed by the peer review attendees. Each attendee was given details of 20 random complaints together with copies of the redacted response to review and score based on the below criteria:

1. Does the response answer the complaint?
2. Have all points been addressed?
3. Does the complaint response uphold our values of transparency and honesty?
4. Have we taken appropriate responsibility for things we have got wrong?
5. Is the language in plain English and easily understandable?
6. Is any learning from the complaint identifiable?
7. Any comments?

The above questions were scored from 1-5 according to the below descriptors.

- 1 = Very Poor
- 2 = Poor
- 3 = Satisfactory
- 4 = Good
- 5 = Very Good

Additional comments were provided to identify areas of good practice or where there were opportunities for improvement.

Once the individual scoring had been completed, the peer review group discussed their findings, which are summarised below.

- The complaint responses were found to be of a consistent standard with a several excellent examples.
- The group found a variation in letter structure which we need to avoid, although they did acknowledge that letters were individually tailored to each complaint and avoided the use of 'template' paragraphs.
- The consensus was that letters should start with an analysis of what the complainants' concerns were. This should be followed by what has been done to review the complaint, i.e., the patient records have been reviewed are and should all give details of the PHSO at the end of the letter. The PALS Manager will do further work with the PALS Team around this.
- It was noted on some responses that the Trust offered apologies when we had not identified any wrongdoing.
- The group noted several examples of over processing where a complainant asked about one thing, for example, a delay but we unnecessarily audited the call and advised the complainant of other information that was not required. The PALS Manager is completing training with all OUs over the next three months and will incorporate this within the training given.
- There were some typos such as 'lie manager' rather than 'line manager' and 'of' rather than 'off'. A new system is now in place where the PALS Manager reviews and signs off all level two complaint response letters so this should now be resolved. Level 3 and MP response letters will be signed off by the Deputy Director of QI & Patient Experience.
- The Trust needs to ensure that we are explaining technical terminology / acronyms when it is necessary to use them or replace them with plain English where possible.
- It was identified that it would be good to have a directory of standard explanations of things that are commonly referred to within complaint responses. The PALS Manager will raise this with the team to develop this.
- The group noted that the learning identified in complaint responses is focused on individuals. We do not often refer to wider learning which has taken place. The PALS Manager will include this in complaints training and use a recent example of Trust wide learning to highlight.
- It was agreed that further discussion is required as to whether healthcare professional complaints should be recorded as incidents or complaints.

A further peer review is scheduled for 12 June 2024 and the intention is, going forward, for these to take place once every year.

### Conclusion and future areas of development

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

The annual report provides evidence of ongoing learning and responsiveness to patient feedback which will continue to be developed over the next financial year.

The PALS Manager, supported by the team, will provide ongoing complaints training for new operational team leaders and other relevant staff.

Learning from complaints is an ongoing development, working in collaboration with operational / EOC leadership teams ensuring individual and 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.

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