South East Coast Ambulance Service
NHS Foundation Trust

2017/18 Annual Complaints and Compliments Report

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Introduction

I am delighted to introduce the Trust's 2017/18 Annual Complaints Report. The report describes the considerable focus we have placed on complaints during the year and our intention to place complaints at the heart of our ambition to become an organisation that values feedback and views complaints as an opportunity to learn and make improvements.

As Chief Executive I am personally involved in the complaints process. I actively read complaints and personally respond to the most serious and I receive weekly reports on progress. During the year I have met with complainants and whilst we do not resolve all of the issues all of the time I hope complainants feel that we have listened and that we value the time and effort they have taken to tell us how we are doing.

We still have a great deal to do. However, we can now demonstrate that we identify learning from the majority of our complaints. We can also demonstrate that we are making progress in sharing and implementing the learning across the organisation and we now produce monthly posters that summarises the main themes. In order to reflect the changing emphasis on learning we have placed learning at the head of this report.

We have also developed our patient stories at Trust Board. This allows Board members to hear the complainant's perspective directly. We regularly video record the complainant telling their story and present this, in full, to the Trust Board. They are now also made available on the Trust's website and we are very grateful to the patients that contribute to this initiative. A number of these stories have been repeated through this annual report.

We have also dramatically improved our response time. Our ambition was to respond to 80% of our complainants within 25 working days. This is an ambitious target for a service that delivers care across a wide geography as information can take a while to become available. Nevertheless, we have now achieved this ambition and I would like to thank everyone involved for prioritising the reading, allocation, investigation and completion of responses within this time frame. We have managed to do this without reducing the quality of our response. We monitor satisfaction with responses by reporting the numbers that we have failed to resolve and are reported to the Ombudsman.

I hope these successes and this Annual Report demonstrate the value that we now place on patient experience and our ambition to become a more responsive organisation. If you have any questions or concerns that you wish to raise please do contact us via any of the methods outlined at the end of this report.

Daren Mochrie QAM

Patient Story to Trust Board 23 February 2018

From an initial 999 call at 1.29pm, an ambulance crew arrived at 04.23pm.

An edited extract from the recording of the patient and her relative was as follows:

"I hit the ground pretty hard and pretty fast and it was a quiet day. I shouted *help* for about 30 seconds maybe longer. A car did come up behind me and I could see her and she stopped luckily. As she got out the first thing she said was am I all right? I said no, I explained and she phoned the ambulance. The other lady went to find something to put on me so that I didn't get cold. As time progressed the lady from the yard came down and a guy overtook and pulled over on the left and he was an off-duty metropolitan policeman. He tried to phone for an ambulance hoping that he might have some sort of sway (it was about 1:45 at this time) and he didn't get any joy. I had a few rugs added to me to keep me warm. As long as I didn't move and as long as I kept still I was fine. So I didn't move I stayed still.

The ambulance arrived about 4:30. I'm not the type of person to worry or panic I'm quite laid back and I was literally laid back so I thought an ambulance was going to come eventually I wasn't particularly worried but obviously a little bit later on I was starting to get cold.

They were good, they took a long time to assess the situation. I thought they were not faffing but they just took a really long time to decide what they were going to do, when surely it was pretty obvious what they need to do, and get off the road. It just seemed to take a really, really, long time to do anything.

So, I went to x-ray and I had broken my femur, damaged my hip and I was operated on the next day. I'm alright. I still know that they all want to get there and do the best they can to get the patients where they have to go".

Following an investigation, the call handling, call categorisation and dispatch response were found to be correct but the service was receiving very high call volumes at this time. In this case welfare calls, which may have prompted the priority of response to have been upgraded, were not conducted.

Despite a very cold day on the ice the Board were informed that the patient was making good progress and recovering with good humour.

The dispatch and clinical team involved have been given feedback on this case for reflective practice as part of their continual professional development.

What have we learned?

Overall, we have learnt that our patients are happy with the service that we provide.

The ratio of complaints against the Trust's activity levels is very low. During 2017/18 our Emergency Operations Centre staff took 1,079,650 calls, our A&E road staff made 704,578 responses to patients and our NHS 111 staff took 1,113,938 calls. In all of this activity the Trust received 1,238 complaints. This equates to one complaint for every 2,341 patient interactions. This means that 0.043% of all calls/journeys have attracted a complaint.

A full table is supplied in the appendix that compares the Trust with other ambulance services but 0.043% compares favourably across the Ambulance sector where rates range from 0.05%-0.16%.

However, for some patients it is clear that they receive care that is unsatisfactory and it is important that we learn and improve services based on this feedback.

We provide substantial training programs and a range of policies, procedures and guidance to help staff provide the best care and service they can to our patients. We find that system-wide changes to practice as a result of complaints have been relatively uncommon, with the majority of learning being for the individual practitioner. However, we are now better at asking if this experience could re-occur. We are improving our Trust wide learning.

Theme 1. Patient Care

The aspect of our service that received the most complaints was the actual patient care received with 508 complaints.

These can vary in severity but one example (presented here as the First Complaint Example in this report) is an example of the wound care that was received.

First Complaint Example for *Patient Care*

E&U/A&E Care (Operations)

A complaint was received on behalf of an elderly patient with dementia who had slipped on her driveway and had cut and bruised her face and knee. A paramedic arrived and covered the right eye with a saturated saline pad secured with a head bandage, and arranged for a paramedic practitioner to attend to glue or stitch the wound. The paramedic left and owing to a high level of demand the practitioner did not arrive until several hours later, by which time the patient was agitated and distressed. The crew found the patient's wounds still had grit in them and that the ripped skin below the patient's eye had not been unfurled and preserved. The crew were unable to repair the wound as it was too close to her eye and the patient had to be taken to hospital. This was 12 hours after the patient had fallen, causing the patient and her daughter unnecessary anxiety and stress.

Outcome and learning

It is clear the response time reliability of the practitioner greatly affected the outcome, and in this instance resulted in moderate harm. However, the crew could have referred to the urgent care handbook available on the Trust-issued iPad, and could also have used the iPad Face Time function to discuss the case with another clinician.

The investigator discussed this case with the paramedic concerned, reminding them about using the iPad to help with their decision making process. They also noted some issues with the clinical record completion, which had no mental capacity assessment, and reiterated the importance of thorough PCR completion. As a result of this complaint the investigating manager has put together a wound assessment training package to be delivered on the Trust's clinical training programme in 2018/19.

What have we learned?

Theme 2. Timeliness

The second highest theme that received complaints was timeliness.

This area received 463 complaints. Occasionally the complaint can be a perceived delay, rather than an actual delay, because we have failed to manage expectations properly. Other complaints about delay can manifest as a delay but be about another aspect of our service. The Second Complaint example is regarding a perceived delay but in reality the issue was very different.

Second Complaint Example for *Delay*

111 Service

The complainant's son was suffering with pins and needles from his ear to his feet. The complainant called 111 in the morning who advised her to call her son's GP. The complainant and her son had to wait until the GP was free at lunchtime, who then advised the complainant to call 999. An ambulance was arranged to attend, but the complainant received a call back 15-20 minutes later to advise the patient that he was 3rd in line. The complainant took her son to hospital due to the delay and he was later diagnosed as having had a stroke.

The investigating manager confirms that a call was received, reporting pins and needles in the right arm and legs, and the health adviser spoke to the patient. The pathway used was 'numbness or unusual feelings in the skin' and the disposition reached was for the patient to "Speak to the Primary Care Service within 1 hour". As the call was during the patient's GP hours, they were advised to contact their own GP.

Outcome and learning

The investigating manager has concluded that the health adviser used an incorrect pathway and should have probed further, which would have picked up stroke symptoms and taken them down the stroke pathway. The incorrect disposition did cause a delay in patient care, as the stroke pathway would have increased the urgency with which the case was dealt. The health adviser has since left the organisation. However, the investigating manager developed an information sheet for all staff regarding the recognition of stroke symptoms and explains how our electronic triage system manages these symptoms.

What have we learned?

Theme 3. Attitude and Behaviour

The number of complaints about A&E staff behaviours has continued to reduce. In 2017/18 240 complaints were received about A&E road staff behaviour, compared to 277 in 16/17 and 367 in 2015/16. Of these, 51% were upheld or partly upheld, compared to 45% in 2016/17. Of the 240, 87% were about conduct and attitude and 13% were about standard of driving, exactly as last year.

Third Complaint Example for *Staff Concerns*

E&U/A&E Care (Operations)

The parents of a severely disabled patient raised concerns that a crew member who attended their son refused to recognise the parental wishes that they had drawn up for any care provider who treats him, which are included in his 'hospital passport'. Instead, the crew member advised the nurse at the care home that the document, drawn up by the patient's parents as a result of a 'best interest' meeting in February 2017, had expired. The parents were concerned that the crew member appeared not to understand the document, and that it had been removed from their son's hospital passport. They are concerned if they had not attended the hospital and inserted a new copy of this document, then two valuable conversations with the doctors regarding their son's deterioration and management plan would not have taken place, and this could have had a detrimental effect on his outcome.

Outcome and learning

On investigation it was deemed that the clinician did not provide an adequate level of service/care at a number of stages, and that as the DNACPR was not marked 'indefinite' as would be the norm in such cases, this should have prompted the crew to look at the other parts of the Care Summary, given the hand-over from the care staff, which would have guided the crew as to the Best Interests meeting outcome. The investigation manager requested that the crew become proficient in the Advance Care Planning process by reading relevant guidelines; that they should become proficient in the Code Yellow Sepsis pathway through JRCALC guidelines; and that both should have a clinical skills update regarding when to call for paramedic back up. The Patient Experience Team has undertaken to liaise with Learning and Development to check as to staff's understanding of 'hospital passports', and will request that information about them is shared across the organisation.

What have we learned?

Theme 4. Triage

The Trust has received 161 complaints regarding the triage process.

These are often difficult to resolve as the electronic system used is a national process. However, any learning is shared as part of a national process and themes that occur across the country do lead to changes within the software. Local changes are more difficult as NHS Pathways is reluctant to support this as it can introduce regional variation.

Nevertheless, lessons can be learnt through triage complaints.

Fourth Complaint Example for *Triage*

Emergency Operations Centre

The daughter of a patient raised concerns that her mother was not sent an ambulance when she called 999 on the advice of her hospital consultant, who had diagnosed gallstones and said that if she experienced pain she should call 999. The patient called when she was experiencing severe abdominal pain, however the disposition reached was to contact a primary care service within six hours. The daughter feels this is unacceptable and an ambulance should have been sent to help her mother.

Outcome and learning

An audit of the call found that the triage was non-compliant, as the Emergency Medical Adviser (EMA) should have taken on board the patient's comments about her pre-existing condition and should have checked to see if she had a pre-determined management plan. Instead they over-probed with regard to pain, which may have pressured the patient into a response which caused contradictory answers. The EMA placed the caller on hold during the assessment, but did not explain why and did not document any clinical input into this call, although it could be heard in the background that the EMA was being coached. The investigating manager confirms that had the pre-determined management plan route been followed, the patient would have likely have received an ambulance response. The EMA's manager met with them to discuss the case, in particular the pathway they followed, about listening to the caller and picking up on potential pre-determined pathways, and also about explaining to callers in advance that they are going to be put on hold and why.

Patient Story to Trust Board 11 January 2018

A patient's family talked about the lack of care given to their mother and grandmother at the end of her life.

An edited extract from the recording of the daughter and granddaughter is as follows;

"She was a very independent lady. She went to the shops every day with her walker.

At about 15:30 she was asleep on the sofa and I said "nana are you ok?" She looked slumped and just not with it. Her breathing was very shallow and had a sort of rattle. So I called an ambulance.

I rang my mum and she came straight over. The ambulance people arrived. One of them got out first. I was saying she's in here but he was just rolling in very casually, chewing gum. He came in and says what's this? He didn't sound very confident. He said "is this breathing normal?" and I said "no she's normally more active". He just sort of sat there and started taking notes. We were thinking could you not give her any oxygen you could see she was struggling and she was in a lot of pain.

He just seemed more interested in writing down the date of birth but I thought we could do this afterwards. After about half an hour to 40 minutes they eventually decided they were going to put her on a chair. He got under her arm and pulled her to the edge of the sofa where she just collapsed like a rag doll. He didn't bend down.

My daughter looked at her, went down underneath, and screamed and said "she's not breathing". The other one came over and just grabbed her and almost threw her on the trolley. They didn't even do it together which I thought was wrong. They hadn't done anything to help her. They didn't speak to her, they didn't hold her hand, they didn't say to her don't worry we'll get you sorted they just didn't speak to us they didn't say a word.

It was probably one of the most traumatic things I've seen. I know it certainly was for my daughter. Sshe was my mum and her nan and to see her treated like that. All I can say is I feel sorry for anybody that ever gets those two treating their family.

An investigation found the patient was gravely unwell. The care and compassion given was not of the standard expected. Both attending members of staff underwent additional training. The Trust Board were distressed to hear this account and have asked the Consultant Paramedic to relook at the way our clinicians undertake reflective practice to ensure it is effective and meaningful.

How do we share the feedback?

The Patient Experience Team work closely with the risk team, safeguarding team, professional standards team and others to ensure that learning from all areas is triangulated and that outcomes from investigations are shared across the whole organisation. A concerted effort is currently being made to find new ways of sharing learning more widely, with the following recent achievements:

- Patient stories (video or audio) are shown at every Trust board meeting, and more importantly, a link to all patient stories is provided on the front page of the Trust's intranet, encouraging staff to view them.
- Quality posters have been developed, showing monthly complaints numbers and subjects and sharing a recent example of learning from a complaint, as well as a recently received compliment to provide balance. Posters are also produced providing similar information for safeguarding and incidents.
- Complaints statistics, narrative and examples of learning are shared at all Area Governance Group meetings through the monthly Quality and Patient Safety Report.
- A cross-departmental shared learning discussion group has been established to consider means and mechanisms for sharing learning from complaints, incidents, safeguarding and SIs.
- Work is also underway to develop a 'learning repository' on the Trust's intranet.

How do we encourage and gather feedback?

We still have work to do regarding widening the opportunities for patients to give feedback.

The Trust's website contains information for patients how to raise a complaint directly with the Patient Experience Team. The contact details for the Patient Advice and Liaison Service are also available on the NHS Choices and Care Opinion website. NHS Choices can also be used by patients to leave feedback and this is monitored by the Patient Experience Team. At the end of 2017/18 there were 23 comments on NHS Choices giving the Trust a satisfaction rating of 4.5 Stars. All postings had been responded to.

We also use the compliments process to evaluate our service. Each year the Trust receives an increasing number of "compliments", ie letters, calls, cards and e-mails, thanking the staff for the work they do.

Compliments are recorded on SECAmb's Datix database, alongside complaints, ensuring both positive and negative feedback is captured and reported. The staff concerned receive a letter from the Chief Executive, thanking them for their dedication and for the care they provide to our patients.

During 2017/18 the Trust received 1,688 compliments thanking our staff for the treatment and care they provide. This is a reduction against the 2,350 received in 2016/17. Overall the compliments we receive do provide a welcome boost for the staff.

How do we manage complaints?

The Trust's complaints are graded according to their apparent seriousness on receipt. The Patient Experience Team worked with operational colleagues to devise and implement the grading system. This is in order to help ensure that all complaints are investigated proportionately.

Complaints are graded by the Patient Experience Team using a 'grading guide': Level 1 complaints are simple concerns that can be resolved by the Patient Experience Team themselves, increasing in seriousness to level 4, which is the most serious and where the complaint has also been deemed to be a Serious Incident.

The majority of complaints are graded as level 2, and these are complaints that do not appear to be serious but do still require investigation by local operational managers to enable the Patient Experience Team to respond to them. Level 3 and 4 complaints, ie complaints that are of a serious or complex nature, are responded to by the Chief Executive, with less complex complaints being managed to completion by the Patient Experience Team.

Figure 1 illustrates the split by levels of complaints.

When a complaint is concluded, the investigating manager, with input from the Patient Experience Team where necessary, assesses whether the complaint should be upheld, partly upheld, not upheld or in some cases, unproven, based on the findings of their investigation. This is not communicated with the complainant but helps the team to decide on the severity of what may or may not have gone wrong for the patient and the action required to prevent it happening again.

During 2017/18 there were 1,222 complaints due to be responded to. Of those complaints concluded at the time of writing, 70% were found to be upheld or partly upheld, as shown in Figure 2.

Figure 1. Grading of complaints received in 2017/18

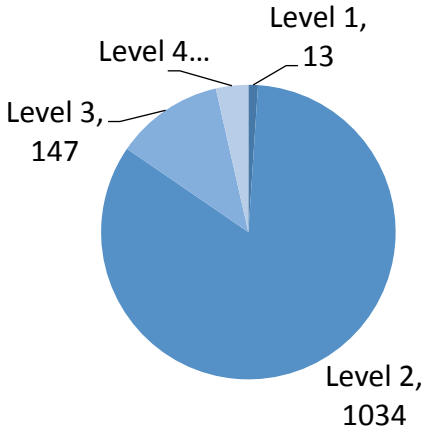
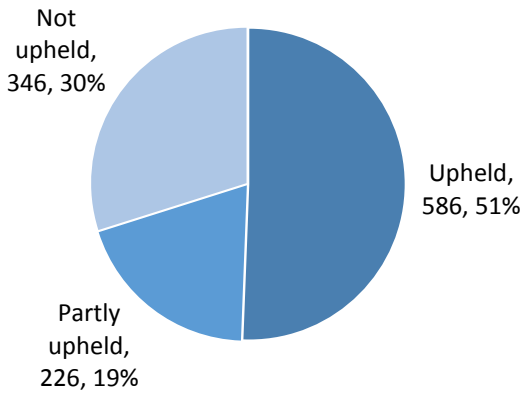


Figure 2. Complaints by outcome, 2017/18

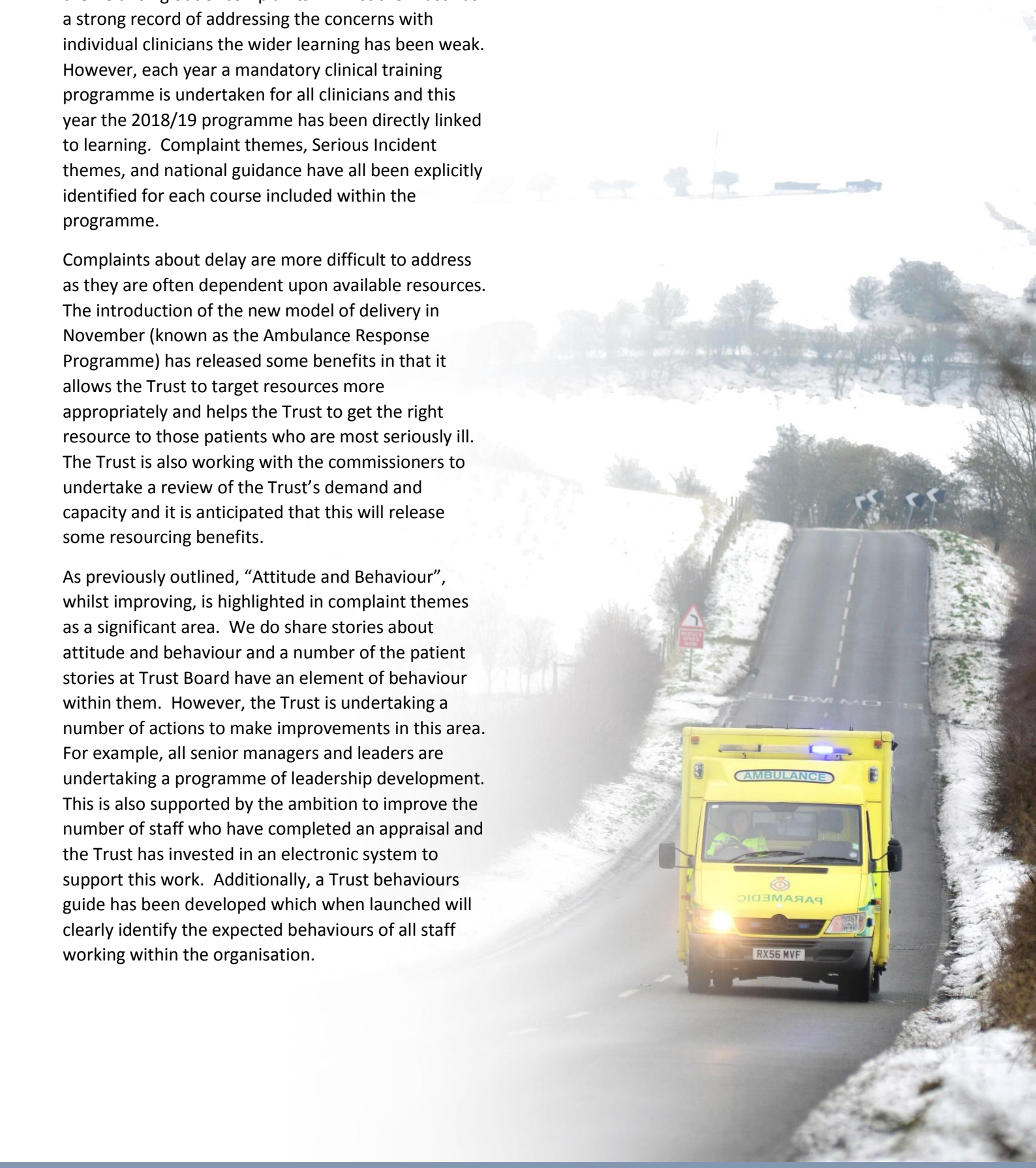


Improvements to overall services

Care has been highlighted as the most common theme arising out of complaints. Whilst the Trust has a strong record of addressing the concerns with individual clinicians the wider learning has been weak. However, each year a mandatory clinical training programme is undertaken for all clinicians and this year the 2018/19 programme has been directly linked to learning. Complaint themes, Serious Incident themes, and national guidance have all been explicitly identified for each course included within the programme.

Complaints about delay are more difficult to address as they are often dependent upon available resources. The introduction of the new model of delivery in November (known as the Ambulance Response Programme) has released some benefits in that it allows the Trust to target resources more appropriately and helps the Trust to get the right resource to those patients who are most seriously ill. The Trust is also working with the commissioners to undertake a review of the Trust's demand and capacity and it is anticipated that this will release some resourcing benefits.

As previously outlined, "Attitude and Behaviour", whilst improving, is highlighted in complaint themes as a significant area. We do share stories about attitude and behaviour and a number of the patient stories at Trust Board have an element of behaviour within them. However, the Trust is undertaking a number of actions to make improvements in this area. For example, all senior managers and leaders are undertaking a programme of leadership development. This is also supported by the ambition to improve the number of staff who have completed an appraisal and the Trust has invested in an electronic system to support this work. Additionally, a Trust behaviours guide has been developed which when launched will clearly identify the expected behaviours of all staff working within the organisation.



The Trust has significantly strengthened the governance around complaints during the year. A weekly summary report is now produced and is distributed widely across the Trust.

In addition, a complaints dashboard has been developed as part of the associated improvement plan and this is presented weekly to one of the Executive led committees.

Complaints now also feature on the monthly Quality & Safety dashboard and this is supported by a monthly report summarising the activity, themes and lessons learned. This report is circulated to commissioners, the Executive Board and to senior managers.

There are a number of areas that are monitored as part of our governance processes. These are reported in the following pages.

Governance Area 1
Number of Complaints

The number of complaints received in 17/18 reduced slightly against 2016/17.

There has been a year on year reduction in complaints about NHS111, and a significant decrease this year in the number of complaints about our A&E service.

However, there has been a disproportionate increase in EOC complaints, the majority of which are about delayed ambulance response and backup.

The three-year breakdown is presented in the following three pie charts. The 2017/18 breakdown by service area is presented in the following table (Table 1).

SECAmb complaints (excluding Patient Transport Services and corporate complaints) over the past three years

Figure 3. Year 2015/16: 1,241

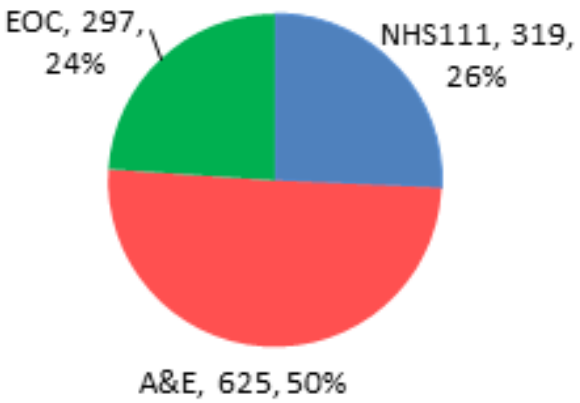


Figure 4. Year 2016/17: 1,261

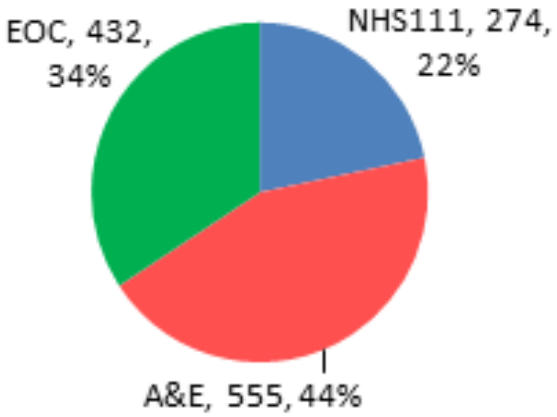


Figure 5. Year 2017/18: 1,228

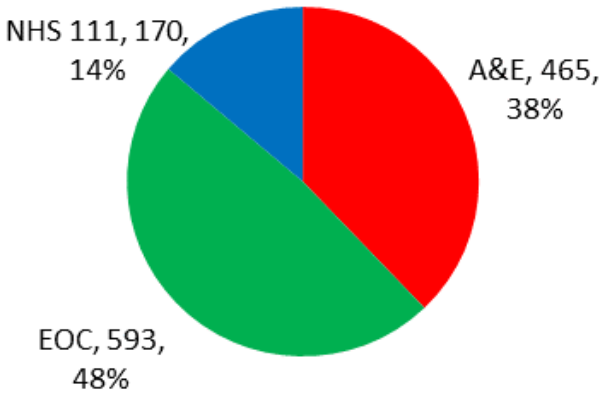


Table 1. Complaints by service/operating unit area and month

	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	**Total**
Ashford 111 Centre	15	7	9	6	16	25	11	12	8	15	16	7	**147**
Dorking 111 Centre	1	0	2	0	0	2	2	1	3	2	3	6	**22**
Banstead EOC	6	8	9	9	16	5	1	6	0	0	0	0	**60**
East EOC	17	8	15	14	17	24	19	14	3	6	7	3	**147**
West EOC	5	10	22	20	23	46	55	34	13	11	11	18	**268**
Ashford	4	5	5	3	0	1	6	3	3	2	10	6	**48**
Brighton and Mid Sussex	1	3	4	3	4	0	4	5	6	7	9	5	**51**
Chertsey	2	3	3	4	3	3	1	4	3	5	5	6	**42**
Gatwick and Redhill	1	3	3	3	1	5	1	2	12	7	12	6	**56**
Guildford	1	5	4	2	1	0	6	2	4	5	7	3	**40**
HART	0	0	0	0	0	0	0	0	0	0	0	1	**1**
Medway and Dartford	5	8	6	0	7	4	9	6	9	15	12	14	**95**
Paddock Wood	5	1	0	5	2	3	5	4	7	11	7	6	**56**
Polegate and Hastings	1	3	4	1	2	3	2	6	8	9	12	10	**61**
Thanet	3	7	1	7	3	3	4	4	8	2	10	10	**62**
Worthing and Tangmere	2	5	8	4	6	3	3	4	2	12	4	12	**65**
Other directorate	0	2	6	1	2	2	0	0	2	1	1	0	**17**
Total	**69**	**78**	**101**	**82**	**103**	**129**	**129**	**107**	**91**	**110**	**126**	**113**	**1238**

Governance Area 2
Themes within Complaints

This section reports on the main themes arising from complaints by each of the service areas.

Urgent and Emergency Care

The main themes of complaints about the Trust's main field operations service are staff conduct (this includes conduct as well as driving) and patient care.

Broad actions that are taken to mitigate against a recurrence of a complaint is dependent on the nature of the complaint. However, they may include the following interventions:

- discussion of the complaint and its impact on both the complainant and the Trust's reputation
- undertaking a reflective practice, where the member of staff reflects on the incident and produces a piece of written work to demonstrate their understanding of the impact of their actions and details how they will better handle such situations in future
- taking part in a peer review, where the staff and some of their colleagues meet with their manager and/or the Learning and Development team to discuss the scenario and how it was handled, and what might have been done to avoid a negative outcome
- attendance at an in-house customer care session, provided by the Learning and Development team
- re-training and monitoring in the case of driving complaints.

In 2017/18, as in 2015/16, the mandatory two-day Key Skills course for field operations staff included a Patient Experience session, which was developed by Learning and Development and the Head of Patient Experience. This was very well received and a further Patient Experience session will be planned for 2019/20.

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
- Patient not conveyed to hospital
- Privacy and dignity
- Skill mix of crew

Crew diagnosis: This sub-subject of 'crew diagnosis' is sometimes used interchangeably with non-conveyance, though not all misdiagnoses result in non-conveyance. Twenty-six complaints of crew misdiagnosis were upheld at least in part. These included the following:

- Seven cases where the patient was diagnosed as having a stroke
- Six missed fractures, including three spinal, one neck of femur and one wrist
- Two cases of MI, one case of heart failure, one case of endocarditis
- Three cases of sepsis
- Three cases of serious infection
- Blood clot
- Renal failure

Measures are put in place to prevent a recurrence. Training in stroke recognition forms part of the annual training and will be addressed there to improve Trustwide practice. Cases of missed fractures is a theme that has emerged recently from complaints, safeguarding and SIs, in particular a lack of recognition of potential spinal fractures and insufficient immobilisation. Early work has included an analysis of the manual handling training provided to all grades of staff, and full outcomes and learning will be disseminated following the conclusion of an ongoing SI complaint.

***Inappropriate treatment**:* There were 23 upheld/partly upheld complaints about inappropriate treatment (compared to 44 in 2016/17), constituting the second largest proportion of upheld patient care complaints.

The following common themes were identified, though numbers are not statistically significant:

- Poor manual handling x 6
- Patient taken to inappropriate destination x 3
- No pre-alert sent to hospital x 4
- Lack of observations/ECG x 3
- Inadequate pain relief given x 3
- Dismissive of/missed symptoms x 2
- Lack of urgency in three cases, including a patient bleeding post-tonsillectomy
- Poor End of Life care

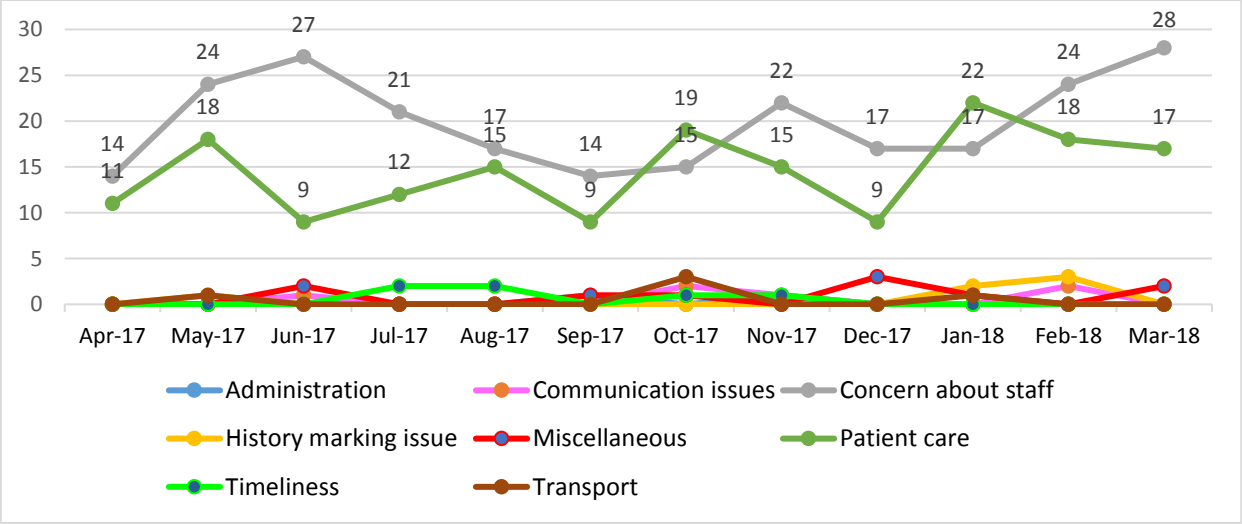
Non-conveyance: Only 11 of the complaints received about patients not having been conveyed to hospital were at least partly upheld, compared to 34 in 2016/17. The findings from these complaints investigations identified the following:

- missed fractures x 2; sepsis x 2; perforated appendix
- severe pain diagnosed as sciatica when it was metastatic lung cancer affecting the spinal membrane
- no onward referral of care and DVT later diagnosed
- failure to recognise a fall was caused by AF
- failure to listen to relevant patient history

Actions implemented/to be implemented as a result of complaints about patient care include the following:

- redistribution of the local acquired pneumonia pathway throughout OU area
- reflective practice exercises
- peer review sessions
- articles placed in the Trust weekly bulletin
- review of the potential gap in education, the requirement for training and the benefit of a direct pathway for ENT emergencies
- discussion of case and outcomes with manager
- development of a wound care package to be delivered at Key Skills training
- staff review of guidance around OTTAWA ankle rules; safe discharge of patients; blood testing; analgesia protocols; pain management; sepsis, via the sepsis e-learning module on SECAmb Live
- the sharing of information about 'hospital passports' across the Trust.

Figure 6. Urgent & Emergency Care complaints by subject



Emergency Operations Centres (EOCs)

During 2017/18 a total of 593 complaints were investigated by our managers, compared to 432 in 2016/17.

There has been a significant increase in the number of complaints investigated by our EOCs across the past three years, and the 593 received in 17/18 represent a 37% increase against last year. The biggest contributor to this is the increase in complaints about ambulance response times, with 415 received in 2017/18 compared to 204 in 2016/17.

Timeliness: The majority of the complaints investigated by EOC concern timeliness/delay. However, it should be noted that these delays are in generally not attributable to the actions of EOC staff. Timeliness issues are assigned and investigated by EOC managers as they have the necessary expertise to interrogate the computer-aided despatch (CAD) system, and understand the systems and processes that impact on ambulance response times.

The national Ambulance Response Programme was implemented by SECAmb on 22 November 2017, and it was hoped this new system might enable us to better manage callers' expectations and lead to fewer complaints.

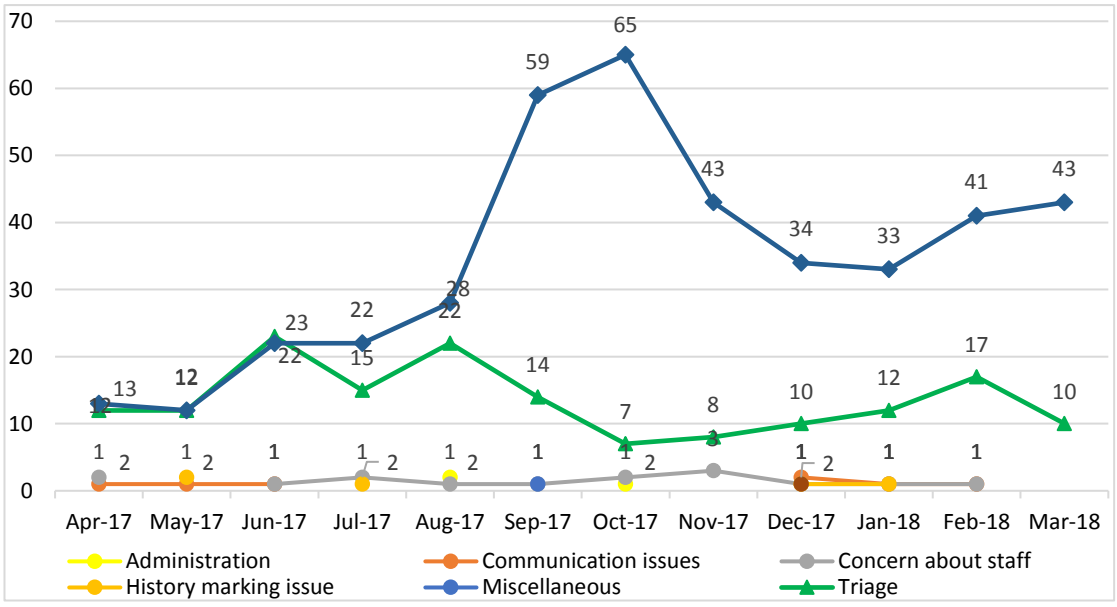
The number of complaints about ambulance response times did decrease in November, December and January, however it began to increase in February and again in March.

Call triage*:* Of the complaints about call triage, 70% were upheld at least in part. These complaints were in the main the result of human error, with EMAs and some clinicians not correctly following the triage process:

- selecting the wrong pathway
- insufficient probing
- EMA not deferring to clinician
- clinical supervisor not using NHS Pathways to reinforce their clinical decision
- not following policy correctly
- particular condition policy not followed
- call not correctly passed to other ambulance service
- issue with NHS Pathways itself.

Of the EOC complaints received during 2017/18, 83% were upheld at least in part. Outcomes are shown by subject in fig 11.

Figure 7 EOC complaints by month and subject, 2017/18



NHS111 Service

During 2017/18 the Trust received 170 complaints about its NHS111 service, compared to 271 in 2016/17 and 319 in 2015/16. This represents a 37% reduction in complaints against last year.

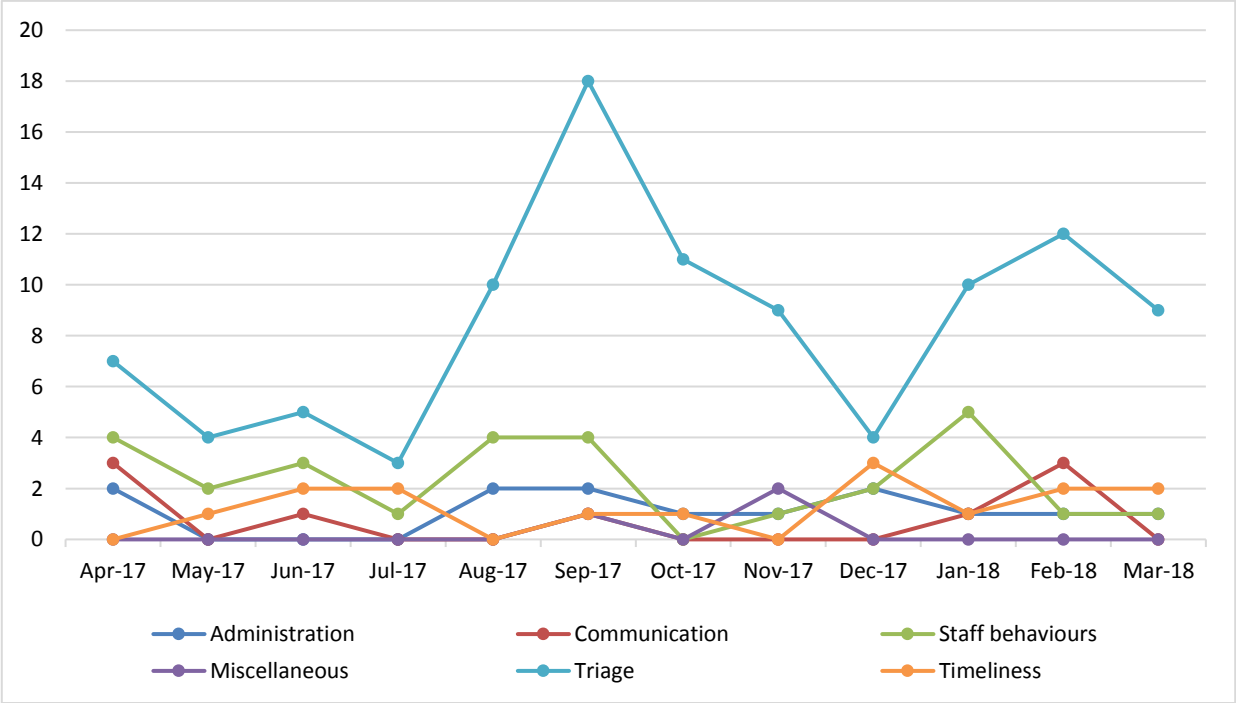
60% (n=102) of NHS111 complaints (60%) were about call triage, which saw a spike in September. This was followed by complaints about staff (16%); timeliness (9%); and administration (8%).

Call triage: Of the complaints about call triage 69% were at least partly upheld, compared to 75% in 2016/17. The same triage software, NHS Pathways, is used to triage both NHS111 and 999 calls, and as with EOC complaints, most upheld triage complaints are caused by human error. Some of the issues with these complaints include lack of probing, long, uncomfortable pauses during questioning, selection of the wrong pathway, failure to recognise the severity of pain, failure to pick up on clues provided and failure to follow policy, failure to refer to a clinician.

NHS111 have good systems in place for sharing learning, including a learning monthly patient experience bulletin and regular 'buzz sessions', where staff who are on duty are invited to listen to updates re topical issues affecting the service, and it is hoped that some of this work will be replicated for other of the Trust's service areas.

Of the NHS111 complaints received in 2017/18, 65% were upheld at least in part, with outcomes shown by subject in fig 8.

Figure 8 NHS111 complaints by month and subject, 2017/18



Governance Area 3

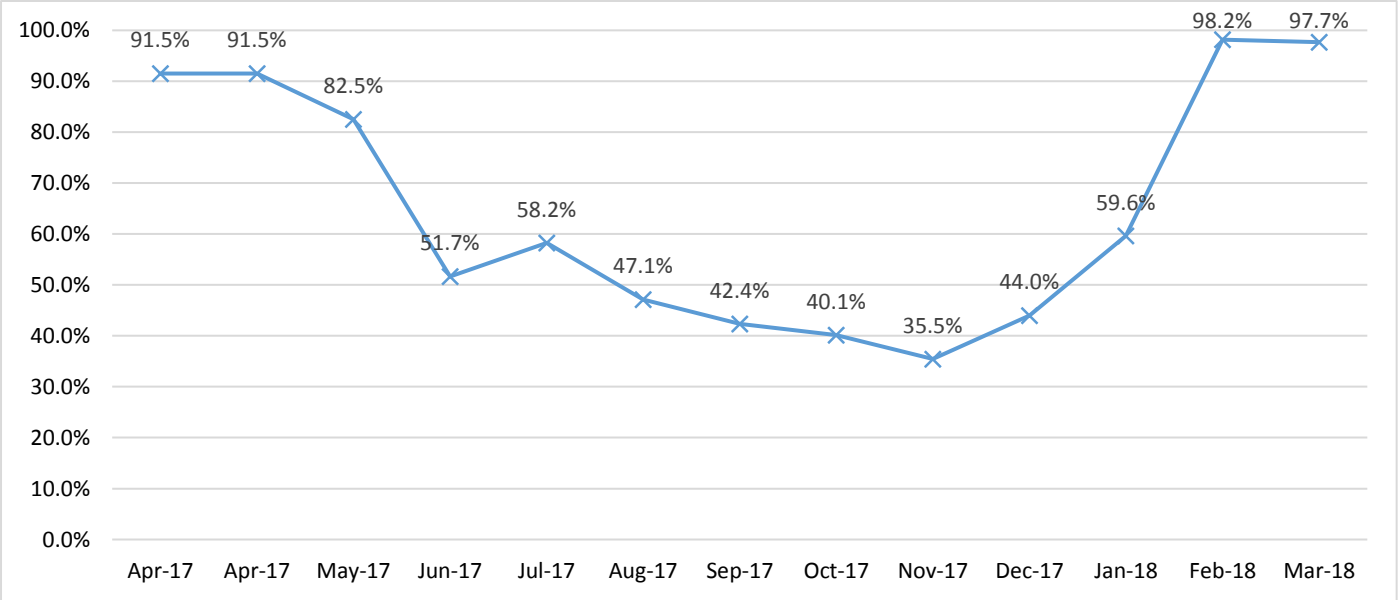
Timeliness of Response

The Trust's complaints response target is 25 working days. In late summer 2017 a new role of Operational Team Leader (OTL) was introduced to help realise this ambition. This role includes responsibility for investigating low-level complaints and assisting managers with more serious complaints. This role was supported by bespoke training. Also, fourteen complaints investigation courses were provided from October 2017 to March 2018. More than 168 Operational Team Leaders were trained and 32 Operational Managers and Operating Unit Managers. This has helped increase the number of staff able to undertake investigations from an original 32 to almost 200.

In addition, a new role of Emergency Operations Centre Complaints Investigator was established towards the end of 2017. This has helped to ensure that low-level investigations are completed within timescale.

During 2016/17 approximately 61% of all complaints were responded to within the Trust's timescale, compared to 63% in 2016/17. However, every week since the beginning of February in excess of 91% of complaints have been concluded within timescale, with 98.2% and 97.7% concluded within timescale in February and March respectively.

Figure 9 Complaints response time performance against the Trust timescale, 2017/18



Governance Area 4
Status of the Complaint

The Trust operates a system of designating a complaint as upheld, or not, once the investigation has completed. This is undertaken by the investigating manager and serves as an indicator as to the degree and severity of the negative experience.

In 2017/18 169 complaints were received about the care provided by our road staff, compared to 241 in

complaints, 50% were deemed to be upheld or partly upheld.

Figure 10 Patient care complaints upheld or partly upheld, by sub-subject

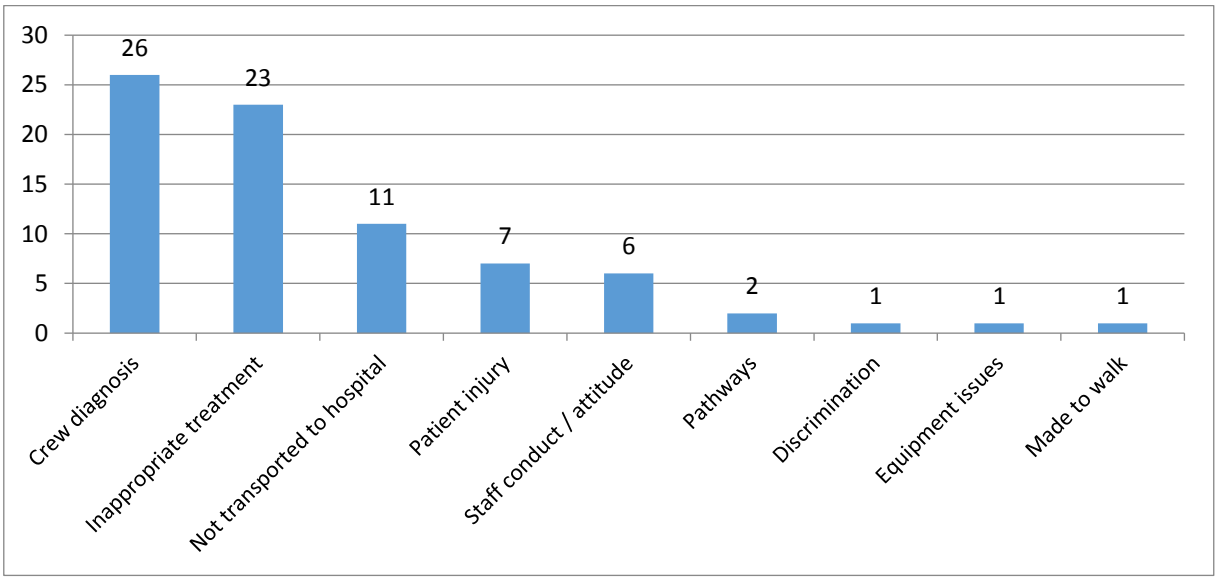


Figure 11 EOC complaints 2017/18 by subject and outcome

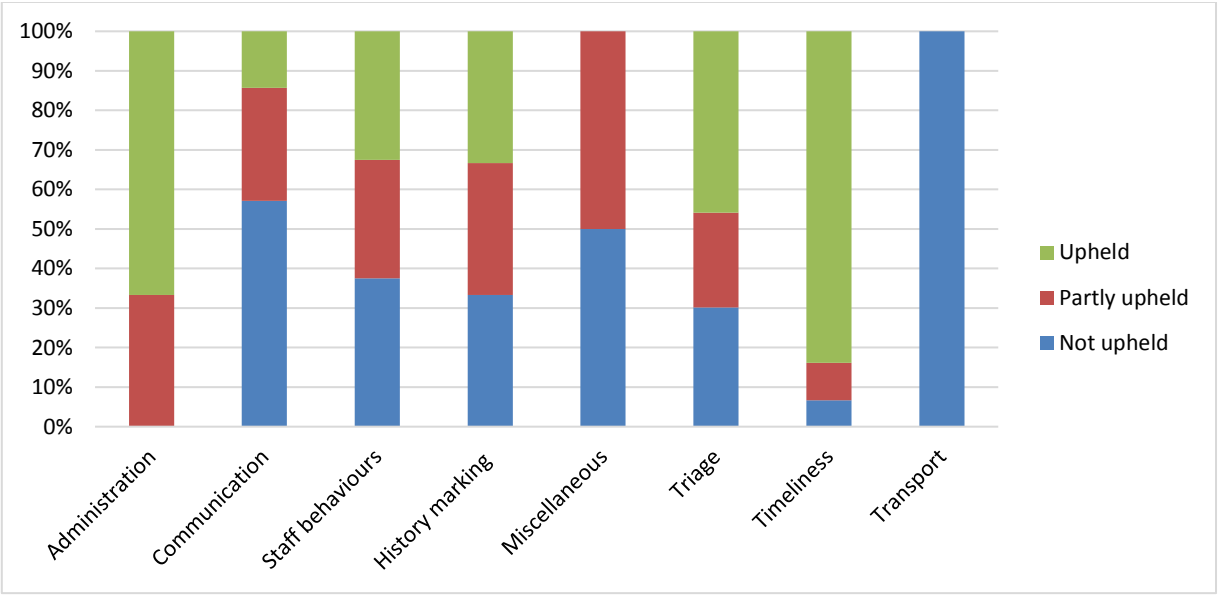
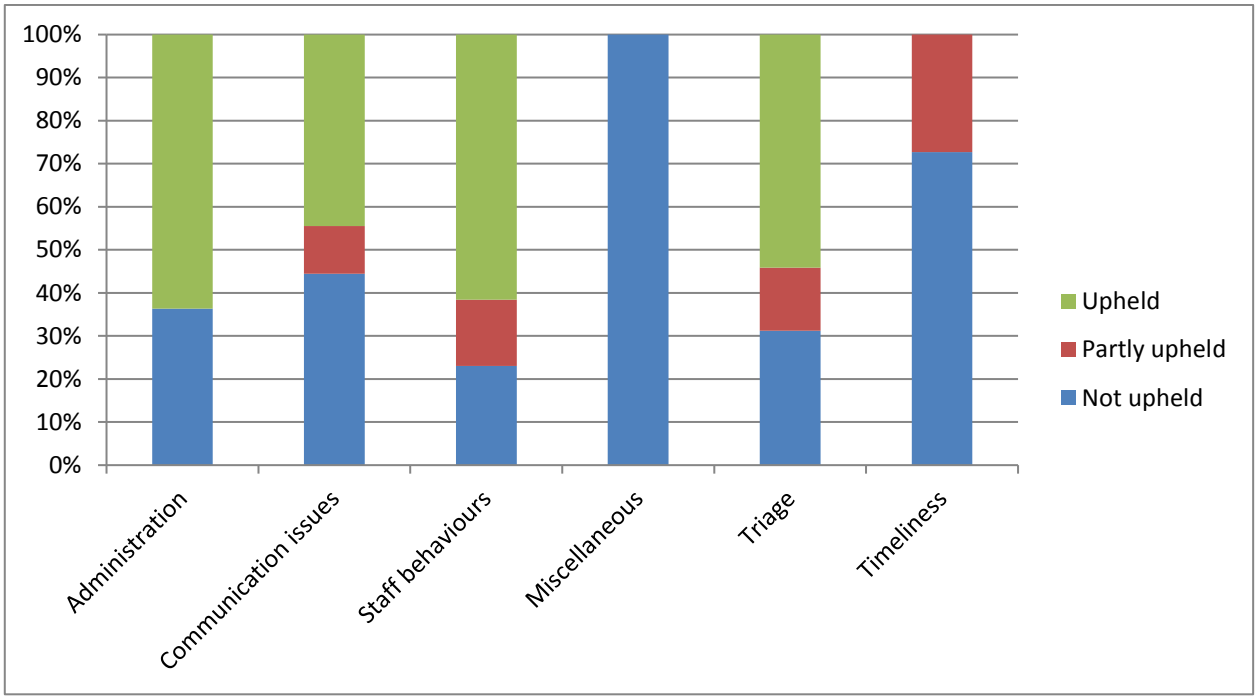


Figure 12 NHS111 complaints 2017/18 by subject and outcome



Quality of complaint responses (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 for review. When the Ombudsman's office receives a complaint, they often 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 Ombudsman will pass the complaint back to the Trust for further work.

In 2017/18 we were notified by the Ombudsman of 13 cases they wished to have more information about and/or investigate. Of these, two were partially upheld, two were not upheld, and the remainder are still open.

One complaint partially upheld this year (this was also an SI) concerned poor patient assessment, insufficient pain relief and poor attitude, and while the PHSO acknowledged that the Trust had taken action to mitigate a recurrence of the issue, they felt that a more robust apology was required. The other is detailed as the Fifth Complaint Example.

Fifth Complaint Example

One of the complaints partially upheld by the ombudsman in the last year concerned a member of staff who did not treat a pre-obstetric emergency with sufficient urgency. The PHSO acknowledged that further training had been provided for the member of staff concerned, but would like us to provide this for all staff.

Outcome and learning

Although our annual key skills programme has been finalised for this year, in the meantime the Trust has purchased a licence for the Pre-Hospital Obstetric Emergency Training Course (POETs), which is an eight-hour online course and all of our paramedics will be encouraged to complete this. In addition, the Maternity Card developed by the London Ambulance Service for their front line staff will be incorporated into the Trust Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Plus guidance, so that it is available as an aide memoire for our staff. Arrangements have also been made for the Consultant Midwife with the London Ambulance Service to train some of our Critical Care Paramedics in obstetric emergencies so that they can cascade this training to our front line staff.

Patient Advice and Liaison Service (PALS)

PALS is a confidential service run by SECAmb's Patient Experience Team, to offer support and to answer questions or concerns about the services provided by SECAmb.

During 2017/18, the Patient Experience Team dealt with the following PALS enquiries:

Table 4 PALS enquiries 2017/18 compared to 2016/17

	2017/18	2016/17
Concern	61	69
Enquiry	49	63
Request for advice and information	234	62
Total	**344**	194

Other types of advice and information might include what to expect from the ambulance service, people wishing 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, how to highlight patients' difficult to find addresses, and more.

Subject Access Requests, where patients or their relatives require copies of the Patient Clinical Record completed by our crews when they attended them, or recordings of 999 or NHS111 calls, make up the majority of our information requests. The number of these requests has grown exponentially this year, with a 275% increase against last year. There is a concern that the Trust will receive more requests following the introduction of the new General Data Protection Regulations (GDPR) in May 2018, as currently organisations charge for providing SAR information, but will no longer be able to under GDPR.

Patient Story to Trust Board 25 January 2018

A number of telephone compliments were presented to Trust Board;

Case 1 “I had three men along last Sunday I think it was when it was very very hot and I couldn't breathe at all. I felt very worried. All I wanted was advice but they came up and were very kind indeed. I don't know their names but I would like you to try and find out and thank them for making the effort to come and see me. I am housebound and I live alone thank you very much anyway for the three men.”

Case 2. “Could you tell them how much I appreciate it and the service I got from your people was fantastic. It didn't take them long to get to me and they spent all of the time needed in trying to work out what my problem was. I highly recommend them. Very very good people thank you very much.”

Case 3. “I was very impressed with the ambulance service I received when I hurt my foot. They were very kind and very jolly and I couldn't have had better treatment. Thank you very much”.

Case 4. “I'd like to say how satisfied I am with the visit. How very kind she was and she did everything to help me and I was really pleased to see her and meet her and to say that I would recommend her to go anywhere anytime”.

Case 5. “I called an emergency in the night because I had an enormous nose bleed, because I was on warfarin, and the hospital team came and man and a lady. They were absolutely marvellous they were very friendly very reassuring. They fitted in with me completely and I became great friends with them in the time that they were with me and they took me to the East Surrey and they stayed with me until someone else came to fetch me. I can't speak highly enough for them and I'm most grateful to them for what they did for me.”

Case 6 “The paramedic came here today this morning called Henry, extremely polite extremely helpful, and we would recommend him to anybody. I can't say anymore about him at all apart from the fact he was extremely extremely helpful thank you.”

Case 7. “They were very pleasant and polite and were very helpful, thank you, bye.”

Conclusion

The number of complaints received this year has decreased despite an increase in activity and the issues all trusts are experiencing with response time performance. However, the number of complaints about ambulance delays is too high and comprises a large proportion of the overall total, and the Trust has work to do, in liaison with its commissioners, to improve its ambulance response time performance, as do all ambulance trusts in the current climate of increasing demand and reducing funding.

The Trust's performance in terms of responding to patients within its 25 working day timescale has improved dramatically, with in excess of 91% of complaints responded to within timescale every week since the beginning of February. This improvement is a result of the introduction of the new investigator role of field ops managers at all levels. They have undertaken in-house complaints investigation training over the last six months, and the training has had a positive impact on the quality of complaints investigations and reports as well as the timeliness of their completion.

Progress has been made in terms of ensuring the Trust learns from complaints, and all complaints that are upheld, even in part, must now propose actions to mitigate a recurrence, leading to an improvement in care and services for patients. Finding new and innovative ways to share the learning from complaints will also reduce the likelihood of the problem arising again elsewhere, and will raise awareness among staff of the Trust's ethos of taking positive action as a result of complaints and of the value of complaints as a tool for improvement.

Some new mechanisms for sharing learning have been introduced, however there is still more work to do to consider how best to do this, acknowledging that everyone learns differently, and the recently-established shared learning discussion group is progressing this work.

Finally, the recent introduction of training in root cause analysis, including Duty of Candour, culture, and human factors, alongside complaints investigation training for all of those who investigate complaints, will help to improve the quality of complaints investigations, and should lead to more tailored and appropriate learning outcomes.

Contact us

If you make a complaint, an acknowledgement will be sent to you within three working days of receipt. The Trust aims to respond to you within 25 working days and if this is not possible, we will keep you informed about the reasons why and when you can expect to receive the response.

A complaint may be made by post, by email, by telephone, or by SMS/text, and all contact details are shown below.

Patient Experience Team
South East Coast Ambulance Service NHS Foundation Trust
Nexus House
4 Gatwick Road
Crawley
RH10 9BG

Tel: 0300 1239242

Email: complaints@secamb.nhs.uk If you have an nhs.net address, please forward concerns to pet.secamb@nhs.net

Text/SMS only - 07824 625370

If you would like help in making your complaint, you can contact a local advocacy service who will be able to assist you. Their service is free, independent and confidential. The name of the provider of advocacy services in Kent, Surrey, West Sussex, East Sussex and Brighton and Hove and their contact details, are listed below.

Brighton and Hove – Impetus provide the Independent Complaints Advocacy Service (ICAS), Tel: 01273 229002, website: http://www.bh-impetus.org/projects/independent-complaints-advocacy-service-icas/

East Sussex – SEAP provide the Independent Complaints Advocacy Service, Tel: 0330 440 9000, website: http://www.seap.org.uk/services/nhs-complaints-advocacy/

Kent – SEAP provide the Independent Complaints Advocacy Service, Tel: 0330 440 9000, website: http://www.seap.org.uk/services/nhs-complaints-advocacy/

Surrey – Healthwatch Surrey provide the Independent Complaints Advocacy Service, Tel: 0300 030 7333, email; advocacy@sdpp.org.uk website; http://www.healthwatchsurrey.co.uk/

West Sussex – The contact details for the IHCAS service are, Tel - 0300 012 0122, email - ihcas@healthwatchwestsussex.co.uk,
Website - http://www.healthwatchwestsussex.co.uk/

Office - Healthwatch West Sussex, Billingshurst Community Centre, Roman Way, Billingshurst. RH14 9QW

Appendix I – Additional Data

National benchmarking: On a quarterly basis the National Ambulance Services Patient Experience Group collates the number of complaints received about their emergency services (field ops and emergency operations centres). These figures are set against emergency activity for the quarter using the 'all calls' figure, and the data for the first three quarters of the year 2017/18 (Q4 was not available at the time of writing) is shown below. It should be notedt hat while some services may appear to be outliers, the numbers are so small as to be statistically insignificant.

A&E complaints against activity for English ambulance services
Q1 – Q3, 2017/18

Service	EEAST	EMAS	LAS	NEAS	NWAS	SCAS	SECAmb	SWAST	WMAS	YAS
A&E complaints	875	1150	686	410	956	418	716	869	817	457
Activity ('all calls' figure)	867185	701373	1234042	371295	1014103	83770	821876	812914	872236	581493
Percentage of activity attracting a complaint	0.10%	0.16%	0.06%	0.11%	0.09%	0.05%	0.09%	0.11%	0.09%	0.08%

Categorisation by subjects: Complaints are categorised into subjects, and distinguished further by sub-subject. Complaints may concern more than one issue, hence there is a greater number of subjects than complaints.

Complaints received during 2017-18 by subject and service area

	A&E	EOC	NHS111	Other	Total
Administration	2	4	13	2	**21**
Communication issues	7	9	9	2	**27**
Concern about staff	262	33	31	2	**328**
History marking issue	6	5	0	1	**12**
Miscellaneous	10	2	3	3	**18**
Patient care	200	200	107	1	**508**
Timeliness	31	415	17	0	**463**
Transport arrangements	7	1	0	0	**8**
Total	**525**	**669**	**180**	**11**	**1385**

Appendix II – Positive Feedback Examples

I would like to thank the crew who attended and for all they did for my dad. They worked hard and well as a team to resuscitate him and I believe had him breathing on his own when they got him in the ambulance. He was however very poorly and sadly died in hospital. I would particularly like to thank Alex, the paramedic who was first on scene and whose calm professionalism made a stressful time the more bearable. Alex took me to the hospital I will always remember his kindness and care. My dad has had many ambulance calls this year and has always been treated with such kindness and respect. In difficult times and conditions of working where criticism seems to be all you read, I feel that I must express my gratitude for all you do.

Last night I was in severe pain and in desperation, my wife called for an ambulance. Whilst I was in pain my mind was not conducive to kind thoughts, bearing in mind media reports on the failures of the NHS. I felt dread at the anticipated wait. The ambulance arrived within an hour and my fears were unfounded. The crew arrived and immediately brought calm by their quiet and efficient manner. They listened carefully and politely to my explanation of the circumstances. Once I was more comfortable they explained at great length what had probably caused my predicament and how to prevent it from happening again. They conveyed the feeling I was their only patient and it was so reassuring. Their attitude, knowledge and tranquillity were amazing. You have two excellent employees, who, in my opinion are superb ambassadors for the NHS. Please convey mine and my wife's grateful thanks.

I am writing to express my thanks to the paramedics who attended my mother and took her to hospital. They were extremely kind to a very difficult patient and to myself and my sisters, who I am sure will agree with everything in this letter. At one point they could have legitimately said they had done all they could and have left us to cope, but they persisted and decided my mother had insufficient capacity. This meant that we at least had the comfort that she was going to be taken to hospital and looked after properly. They were caring towards the family and I cannot praise them enough. Please make them aware of the content of this letter, we did thank them at the time but I would like them to know about this letter.

I am writing to you to once again praise your kind, dedicated staff who came to my family's aid yesterday morning. Just before 9am my aunt, Elizabeth, called an ambulance as she had tragically found my uncle (her husband) had died during the night. She was with her daughter and her daughter's partner at the time and it was a horrible shock to them, as this was unexpected and sudden. As I was staying across the road at another relative's house I came to find them all with an ambulance crew breaking the tragic news. Both my aunt and I were very impressed with how well the crew were able to switch focus immediately to consoling the family, which they did so perfectly, finding the right balance of rapport and sympathy combined with professionalism. My aunt Elizabeth has been singing their praises all day yesterday and I have no doubt that the way they looked after her has helped her with her grieving process.

I want to say a big thank you for the truly excellent service I received from an ambulance crew on Christmas day. I have a condition that means when I get a vomiting attack it can last for days and it is very important that I receive hydration from the nearest hospital. My father called an ambulance and spoke to a very helpful man on the phone. The ambulance arrived promptly. The crew were absolutely fantastic. They were kind, efficient, patient and extremely knowledgeable. They took me to hospital and treated me with so much respect and care on the way. I would be so grateful if you could trace them and praise them, they are absolutely fantastic at their job. I am much better now thanks to the help of your efficient ambulance service.

I am emailing to thank you for your attendance. I discovered my elderly father unresponsive and fitting. The call handler was really calm and Helpful. Within minutes two crews had arrived to help, everyone introduced themselves. They were all calm and effective and made sure I understood what was going on. My father was very aggressive when he came round and the paramedics handled him with skill and care, making sure I understood why they needed to consider sedation and police involvement. They all made an effort with my 4-year-old daughter to make sure she wasn't frightened; in fact my daughter now wants to be a paramedic. Thank you all for being there when we needed you.

The kindness and consideration shown to my wife after her heart attack was beyond words. If it was ever possible to give those three young ladies a huge hug and kiss for giving me the best Christmas present a man could ever have, I would do so; because of their expertise my wife is with me today. The media and newspapers give you bad press and jump on the bandwagon of poor time keeping and responses but you never hear of the amazing work they do.

Last night I spoke to a gentleman, 111 health advisor, who also called me back at 19:16. I was also passed to a paramedic. May I just say how thankful I am to both the healthcare advisor and paramedic. They got me the help I so desperately needed, stayed with me on the line to make sure I was okay. They kept me talking, and most of all waited until the ambulance arrived. They are a real asset to the 111 service and the NHS as a whole. The bad press that 111 has received certainly doesn’t resemble anything to how last night was handled. I overdosed on two medications, I was freezing cold, and lonely and they got me to safety. I was frightened. Also the ambulance crew who came to my aid are also a real asset. I was worried how I would be judged for taking an overdose, and definitely felt I was a burden. Please can they be thanked, as well. I hope all four people involved last night will be personally identified and thanked on behalf of me and given a good pat on the back.

Firstly, I want to say a global thank you. You are all superstars!! You may not feel like it but you are. Secondly may I thank you personally for the attention you gave my mother at her flat. Your attention is a great comfort to us. You cleaned my mother and made her safe. You looked after her until she was in the hospital. For that, all I can say is thank you. What you do is more than a job, much more. You mean the world to the vast majority of us out here and I know we don't always show our appreciation, just, please, be assured that we do want and need your bravery and dedication.