NHS
London Ambulance Service
NHS Trust

Building a world-class ambulance service for a world-class city

INTEGRATING ACCESS TO URGENT & EMERGENCY CARE
ON SCENE • ON PHONE • ONLINE

PATIENT EXPERIENCES

ANNUAL REPORT

2018/2019

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Listening to the patient and service-use experience enables the Trust to improve and develop our service. One of the major ways we do this is via our Patient Experiences team, who manage the following portfolios.

- Complaints
- Patient Advice and Liaison Service (PALS)
- Solicitor and other requests for medical records and witness statements.

This report provides an overview and analysis of activity including cases investigated by the Health Service Ombudsman; examples of lessons learned and the action taken by the Trust arising from service-user feedback and complaints.

1. Context

This year, the Trust received 1,950764 calls to our Emergency Operations Centre, just under 3% higher than the previous year (1,892,659). This constitutes a daily average of 5345 x 999 calls. We attended 1,136,884 of these calls with a 0.09% ratio of complaints being made.

Complaints handling features

- We manage our complaints handling process in accordance with the Health Service Ombudsman's good practice guidance, *Principles of Remedy*
- Each complainant received a response that was personally reviewed and signed by the Chief Executive (or a deputising Director).
- All complaint responses include information about the recourse opportunity to, and contact details for, the Health Service Ombudsman.
- Our website offers information about how to make a complaint about the service we provided.
- Activity and themes arising from complaints are regularly reported to the Trust Board
- We now monitor public websites such as *Patient Opinion* and *NHS Choices.*

- Our Serious Incident Assurance and Learning Group (which is an amalgamation of the previous trust wide Learning from Feedback Group with a new Serious Incident Assurance and Learning agenda) reviews the themes and issues emerging from complaints (and triangulates them with other themes established via quality intelligence monitoring including incidents, audits, etc.) and the action taken to improve services and the experience of patients. Assurance of effectiveness is provided via the Trust's reporting and governance structures.

Collaborative work was led by the Chair, the Deputy Director of Quality Governance and the Head of Patient Experiences in conjunction with the LAS Patient's Forum, in reviewing a sample of responses to complaints to ensure these fully take into account the impact an event may have had in terms of the patient experience, as well as reviewing the content and tone of responses.

Overview

2. Summary of complaints, PALS, Quality Alerts

The total number of enquiries to PALS and complaints this year was 5333. This comprised 4319 PALS enquiries and 1014 complaints; the latter represents an approximate 7% increase over the previous year (938).

19 cases involved treating the referring professional as acting on behalf of the patient[1]. This brings the matter back within the NHS complaints procedure and enables the patient a recourse opportunity and advocacy assistance.

This year we assumed full responsibility the management of complaints about South East and North East London Integrated Urgent Care services. These amounted to 31 relating to NELIUC and 39 to SELIUC are included in the overarching total above.

[1] *This is considered best practice in the light of Section 8 of The Local Authority Social Services and NHS Complaints (England) Regulations (2009) as one responsible body (health and social care providers) cannot use the complaints procedure to 'complain' about another.*

This year we were also afforded formal responsibility for responding to Health Professional Quality Alerts - as the table below demonstrates this area of work has increased substantially in consequence with 234 approaches being made, an approximate 80% increase now that we have this centralised functionality..

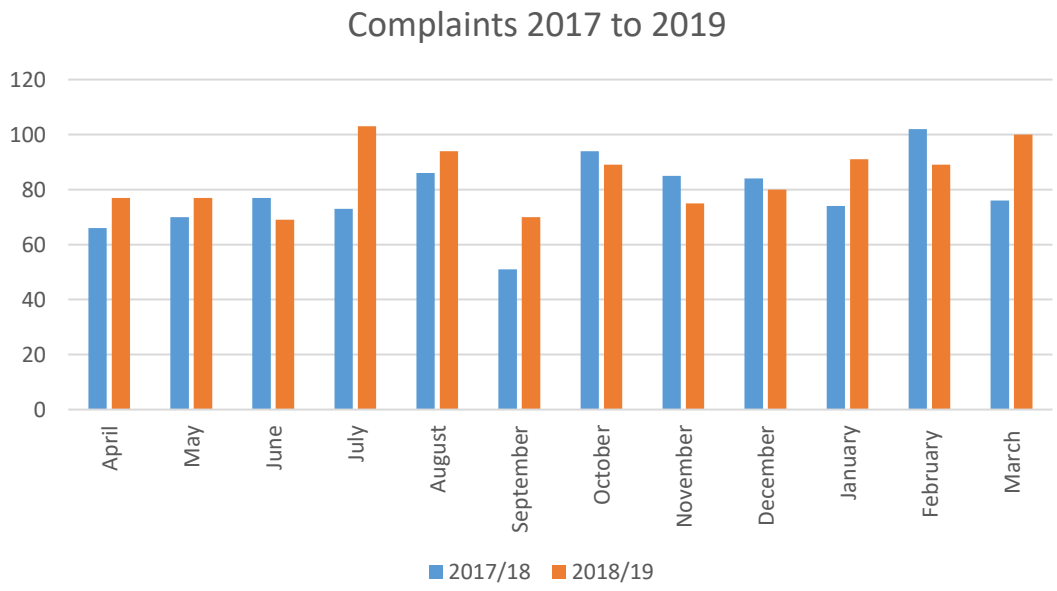
Table 1 'HCP referral' cases

	Recorded under PALS			*Recorded as complaints on behalf of the patient*						
Title	**2009/10**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	**2018/19**
HCPR	79	51	78	21	50	82	71	64	44	234

Historical benchmarking

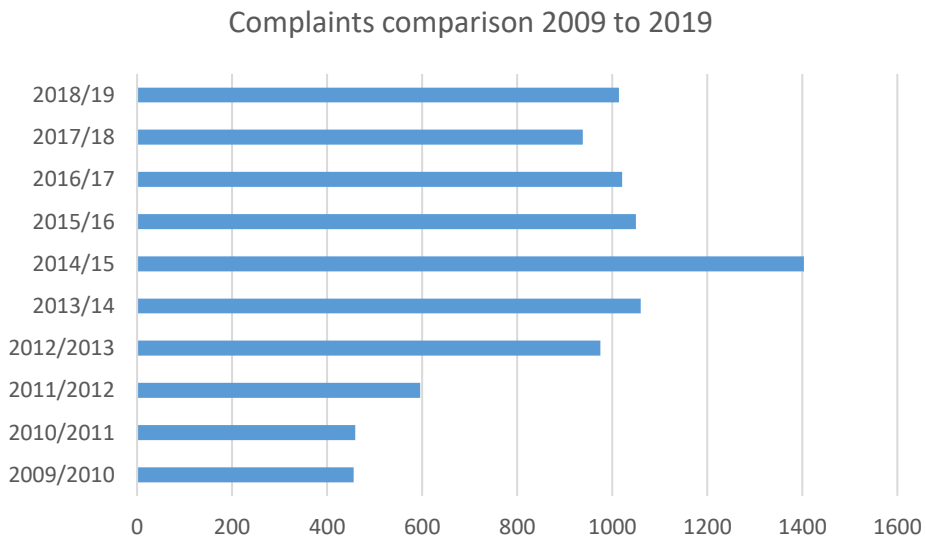
Complaint volumes have continued to level out since the exceptional demand in 2014/15. We therefore use the data for 2015/16 (1051) as our benchmark. The following graph demonstrates complaint numbers received April 2017 - March 2019.

Graph 1 The following graph demonstrates complaint comparisons



Graph 2 shows complaints received by year indicating the fluctuation in volumes since 2009. 2018/19 is more comparative to 2016/17.

Graph 2 Complaints comparison 2009/10 to 2018/19



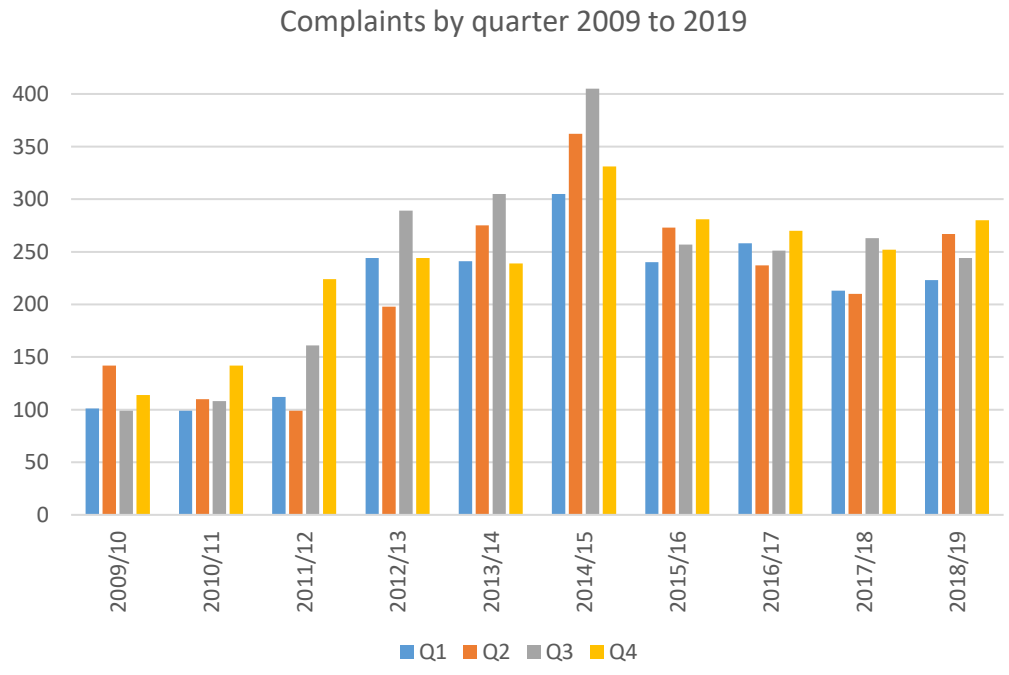
When the complaint volume is matched with the rise in demand, this indicates a fairly constant rate at 0.09%. This is illustrated in Table 2 below:

Table 2: Complaints 999 incident ratio against demand

Month	Face to face incidents	Complaints received	Percentage of complaints against calls attended (rounded)
Apr-18	90474	77	0.09
May-18	94647	77	0.08
Jun-18	90907	69	0.08
Jul-18	96660	103	0.10
Aug-18	92660	94	0.10
Sep-18	90388	70	0.07
Oct-18	92377	89	0.10
Nov-18	96158	75	0.08
Dec-18	100906	80	0.08
Jan-19	100666	91	0.09
Feb-19	90902	89	0.09
Mar-19	100139	100	0.09
Total	**1136884**	**1014**	**0.09**
		Average	**0.09%**

Graph 3 Complaints by quarter 2009 to 2019.

NHS Digital now request complaints data on a quarterly basis:



3. Performance and response timeframes 2018/2019

We achieved 100% acknowledgement of complaints within 3 days, in accordance with Reg 13(3) of the NHS complaints regulations.
The NHS works to a locally determined set of targets; in our case, the base line target is 35 working days (an extension is agreed with the complainant if appropriate, see below).

In those cases where the 35 day target was assigned, we have achieved a turnaround of approximately 63%.

Unfortunately, it is problematic to benchmark against other ambulance services as not all ambulance Trusts offer the same services (NHS 111, PTS, IEU) and moreover use differing models and methodologies to capture and analyse complaints. The National Ambulance Patient Experience Group have set out a briefing explaining the significant structural changes that would need to be put in place to enable a universal approach.

Graph 4 The following graph illustrates compliance within 35 day target

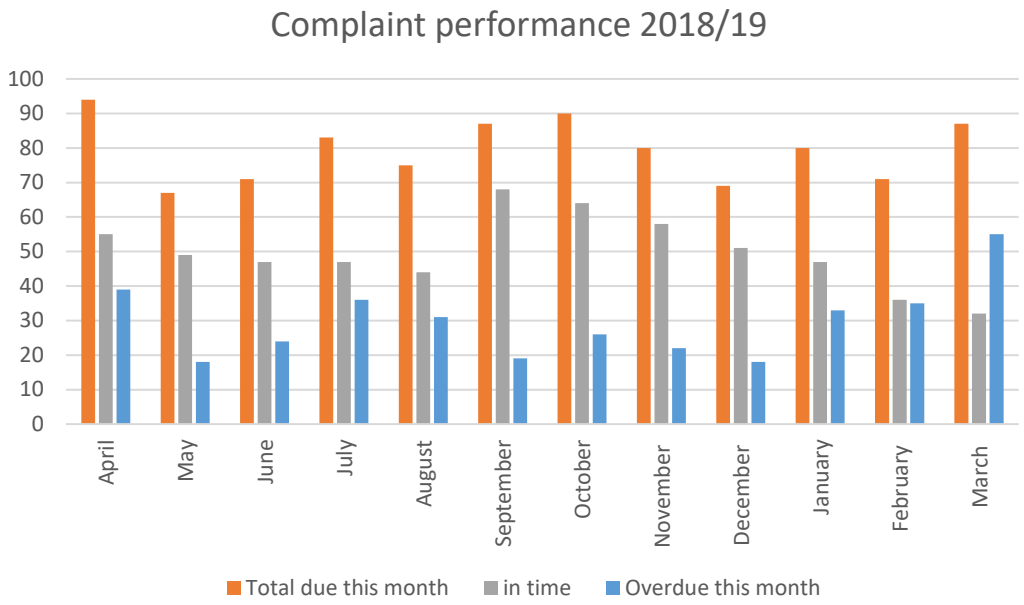


Table 3 Complaints by Department Area 2018/19

Complaint area	Data
Sector Services	491
Control Services	344
Not LAS / Other organisation	90
111 and Integrated Urgent Care Services	31
Central Operations	24
Non-Emergency Transport (NETS)	10
Other department	8
Insufficient information	6
HR & Workforce	4
Clinical Education and Standards	3
Finance and Performance	3
Total	**1014**

Table 4 Complaints by the top 5 subjects 2018/19

2018/2019	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Conduct and behaviour	20	25	20	31	21	19	28	28	23	31	23	33	302
Delay	18	17	11	18	14	15	12	11	13	19	19	18	185
Treatment	9	12	8	9	8	5	11	7	11	10	4	2	96
Road handling	5	8	7	14	17	6	6	3	10	7	4	7	94

Non-conveyance	6	4	9	7	8	6	8	6	11	5	5	7	82
Totals above	58	66	55	79	68	51	65	55	68	72	55	67	759
Annual totals	**77**	**77**	**69**	**103**	**94**	**70**	**89**	**75**	**80**	**91**	**89**	**100**	**1014**

Other themes include:

- Call management errors
- Damage to property – for example forced entry
- The patient being referred to an Alternative Care Pathway rather than being taken to hospital
- NHS 111 call management and delays in clinical call back

4. Analysis/Themes

The highest volume of complaints were about staff engagement and communication. This is a complex issue as the very nature of emergency care determines that misunderstanding can easily accrue. There is also anecdotal evidence that a delay in an ambulance response can affect the relationship between patients and staff from the outset.

5. Governance and Learning mechanisms

We provide summary activity reports to the Quality Oversight Group, Control Services Governance Group and the Serious Incident Assurance and Learning Group (which is an amalgamation of the previous Learning from Feedback Group with a new Serious Incident Assurance and Learning agenda). These forums review and bring together lessons learned from external sources, adverse incidents, litigation, comments, concerns, complaints, audits, major incidents, safeguarding and information governance issues.

Patient stories continue to be a powerful tool to describe patients' experiences and these and the learning that has resulted are presented to the Trust Board.

From a national perspective, we also report on quarterly basis to NHS Digital.

Our *'Talking with Us'* Complaints and '*Thanking our staff'* leaflets have been made available on all our vehicles and each complainant receives a '*Feedback on Complaints'* form with every complaint response. An on-line version of the latter is now available on the internet for complainants.
http://www.londonambulance.nhs.uk/talking_with_us/enquiries,_feedback_and_compla.aspx

Examples of learning/outcome

Complaints continue to be a powerful tool to describe patients' experiences and the learning is identified through analysis of themes of complaints, and is presented through the Trust governance processes and forums. The theme of staff attitude has been an area of focus, and below provides an overview of the theme and how we are learning and addressing the theme with clear actions:

Our practice when we receive a complaint about staff attitude and behaviour is to additionally review the care provided, which has often demonstrated a correlation. *In relation to staff attitude, whilst much learning from complaints outline specific examples of learning for individuals, from a systems perspective, this theme is being addressed via key works including:*

- *inclusion in key trust quality and performance reports to operational and executive management to raise awareness of – and to act upon - the theme*
- *engagement by the Head of Patient Experiences with the operational management teams*
- *engagement by the Quality Governance and Assurance Managers with operational staff in their areas both via their sector quality governance meetings and informal interactions*
- *HR led leadership development programmes.*

More broadly, we include examples of learning on the Trust website and disseminate these across the Trust via in our *Insight* magazine, *Clinical Update Bulletins and Control Services Bulletins.* To widen the learning in appropriate cases, we also share these with the National Ambulance Patient Experiences Group.

6. Changes to service provision/case examples

Operational concerns

Example one

The patient's daughter complained that the attending staff were reluctant to remove the breathing tube from her mother after she died at home.

The patient's death was treated as 'unexpected' as the attending staff were unaware that there was a CMC record in place and the wrong pathway was followed.

We were satisfied that the crew proceeded as they did based on the information they had available but advised the family that the Trust is undertaking a lot of work about CMC and end of life care to improve our practice, including workshops, a mapping exercise, preparing new guidance for staff teams and exploring their respective training needs.

Towards that objective, this incident raises a range of learning issues and an anonymised account of it will be used as illustrative of how opportunities to have regard for the patient's wishes and thus avoid the additional distress that can be caused to families and relatives.

The family were invited to meet with representatives of the Trust how they could become involved.

Example two

The patient complained that he was incorrectly given an increased dose of adrenalin intravenously when he suffered an allergic reaction.

The matter was simultaneously reported by the member of staff and the matter was considered by the Serious Incident Group (but not declared)

The member of staff had checked the clinical guidelines about adrenaline dosage but overlooked the indicated route. She later advised a Clinical Team Leader (CTL) that she should have considered the intramuscular route for adrenalin and the CTL in turn advised the hospital.

The staff member has been reminded of their responsibility to check all equipment as the stethoscope had become disassembled and the importance of verifying the use of adrenalin when treating anaphylaxis patients. The staff member has also been temporarily withdrawn

from working as a Fast Responder and will be fully supported by a CTL in their development until they are confident enough to return to the role.

The complaint was upheld.

Example three

We received a complaint from a member of the public that staff at Waterloo have been littering the street with cigarette stubs.

Arrangements were made in collaboration with our Estates department and cleaning contractors to remove these on a weekly basis.

The complainant was advised that we also promote non-smoking with support for staff who wish to give up. We will also remind them of their responsibility to dispose of cigarette stubs appropriately.

Example four

Complaint hosted by Acute Trust seeking why patient wasn't immobilised following a fall from height.

The crew omitted to clearly document any examination findings in relation to their assessment of the patient's cervical spine although they were able to determine the presence of midline thoracic spine tenderness. National clinical guidelines indicate that patients who are alert and have no abnormal neurological findings may be assisted to self-extricate where midline spinal tenderness is present, but a trolley bed should be placed as close to the incident scene as practicable; the patient was instead permitted to walk all the way to the ambulance. The crew

then omitted to immobilise the patient using a cervical collar and blocks which is not consistent with national clinical guidance.

Extensive feedback will be given to the crew with a particular focus on spinal assessment and immobilisation.

Example five

A complaint was made that the patient sustained an injury after the attending staff trapped his arm between the stretcher and the ambulance.

An apology was offered. The crew have reflected and learnt from the incident including checking 'pinch point' areas to ensure patients are in the correct position to be transferred; and to balance the risk when considering using trolley straps or blankets in order to maintain the patient's limbs in a safe position.

Example six

The patient complained that the attending staff were unsympathetic, had an aggressive attitude and did not convey her to hospital despite her symptoms.

From a clinical perspective, the standard of care fell below what is expected and there was minimal assessment documented and minimal exploration surrounding the causes of the patient's symptoms. No pain score was assessed, no analgesia s offered and no advice provided regarding what the patient should do if their condition worsened. The crew should also have considered using several clinical tools to help decide whether the patient should have been taken to hospital – there was no evidence that these had been applied. A Clinical Team Leader has been asked to arrange a bespoke programme for the staff as part of their personal development programme and that they are closely monitored for a set period

Health Partner Alert

Example seven

The patient's GP raised a quality alert that despite the DNAR being made available to the attending staff, chest compressions were undertaken on the patient.

This incident was referred to SIG and although not declared it was agreed that a clinical team leader should feedback familiarisation and support to the staff involved about the validity of a DNAR and where to get help with resuscitation decisions before they are made.

Feedback from the local CTL is that the crew undertook a reflective practice session and he is satisfied that learning has been understood. This incident has been flagged for consideration in the Insight Magazine.

A response was provided to the GP advising that this could be shared with the family.

Control Services

Example eight

The patient's mother complained that an ambulance was not sent for her son who had collapsed suddenly injuring his head.

The Quality Assurance review of the 999 call indicated that the call handler of the initial call should have applied the Traumatic injuries protocol to assess a head injury which would have achieved a higher priority outcome being determined. The EMD will receive extensive feedback

Example nine

We received a complaint that the call handler could have managed the 999 call more pro-actively when the caller found the patient wandering in the street.

We confirmed that the EMD should have attempted to do more to assess the patient's presentation as he was clearly very vulnerable. The EMD should also have considered seeking advice from a supervisor and contacted the police directly.

NHS111

Example ten

A patient complained that despite advising NHS111 that they intended to make their own way to hospital, this was not acted upon and an ambulance attended and arranged for a forced entry.

We have agreed to reimburse the family for the costs incurred in the repair.

Example eleven

The patient complained to NHS111 that they waited an exceptionally long time for a call back form the GP and that the attending ambulance staff were unhelpful.

It transpired that delays in call back could be partly attributed to technical problems at NHS111. During the complaint investigation it became evident that this patient was a frequent user of both 111, 999 and the out of hours GP services and was known to be verbally aggressive towards staff from all of these services. Our frequent caller team have been requested to arrange a meeting with all the providers involved towards establishing a care plan to manage the patient's needs.

Financial Remedy

Example twelve

The patient's daughter complained that the attending staff accidentally damaged the patient's stair lift when removing the patient from the property. The attending staff were a St John vehicle attending on our behalf. We have agreed that St John Ambulance would reimburse the family on receipt of an itemised invoice.

Example thirteen

The patient's son complained that due to confusion over the repatriation booking of his mother who was returning from abroad, resulted in the family booking a private ambulance which incurred substantial costs. We erroneously agreed to arrange the ambulance, unfortunately the booking did not meet the eligibility criteria for us to arrange an ambulance and the family had no option but to book a private vehicle. The other agencies involved declined to contribute. As the primary responsibility lay with our mistake, we agreed to compensate the family and are currently awaiting their confirmation of acceptance.

Positive Feedback from complainant

A colleague of the patient complained about the way in which their 999 call was managed. Following our response, the following comments were received:

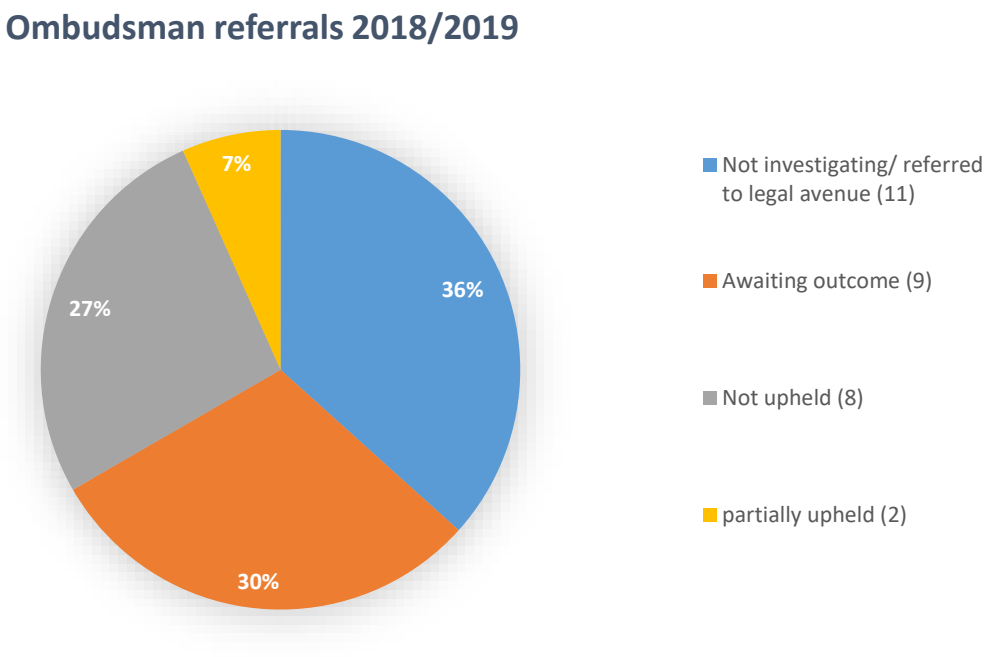
Thank you very much for your response to my complaint, I could not ask for more feedback than this and I am comfortable that it is being dealt with appropriately.

I just want to add that I have always had an exemplary service from the NHS Ambulance service and really appreciate the good work everyone does and also the seriousness that you take patient welfare into consideration

7. Ombudsman cases

The Ombudsman continues to investigate a high proportion of complaints across all NHS Trusts, especially where a death has occurred.

Pie chart 1 showing requests by the Ombudsman and outcomes:



8. PALS

PALS offer immediate assistance including liaising with other departments and agencies. During 2018/19 there were 4319 contacts from patients, carers, relatives and the public.

The most common subjects of enquiry are hospital destination, lost property and requests for medical records; policy and practice enquiries are also common from academics, students, other health and social care agencies and members of the public. Bereavement related enquiries are a further consistent theme.

9. Solicitor enquiries

The team includes a specialist who process all requests for medical records, including those made by a solicitor acting on behalf of the patient or relatives, where legal action is not intended against the Trust. Additionally, we facilitate requests for witness statements, which are obtained via a face-to-face interview with staff.

The provision of medical records no longer attracts a fee - 1651 requests were made by solicitors for medical records and requests to interview operational staff – see below

Table 5 Solicitor summary

	2016/17	2017/18	2018/19
April	93	115	133
May	113	147	139
June	114	139	116
July	125	133	127
August	103	123	133
September	109	98	125
October	111	129	172
November	103	139	116
December	84	121	148
January	106	125	123
February	124	166	141
March	136	133	178
Totals	1321	1568	1651