



Responding to Patient/ Public Concerns

1.0 Introduction

This paper outlines the way in which East Midlands Ambulance Service NHS Trust receives, acknowledges, investigates, responds to and learns from concerns raised by patients and the public.

Trust wide data relating to the number and nature of Formal Complaints (FCs) and Patient Advice and Liaison Service (PALS) concerns for the last 3 years is included along with a breakdown for the Leicester, Leicestershire and Rutland region.

Information relating to the number of cases referred to and upheld by the Ombudsman is also included for the last 3 years.

2.0 Policy

The Trust has in place a Complaints policy which outlines the duties, responsibilities, and process for managing both Formal Complaints (FCs) and PALS concerns. This underwent fundamental review in August 2013 in light of changes to the organisational structure and to ensure that recommendations from the Francis Report (February 2013) were adopted. Some of the changes made at this time included:

- Provision of a dedicated nhs.net email address to receive complaints via commissioners or other healthcare providers
- Process for escalating significant patient safety concerns to be reported and investigated as serious incidents
- Makes clear that PALS will where possible be resolved by the central team at first contact and not passed to Division unless required
- Inclusion of the revised flowchart for dealing with redress requests (making this a quicker and simpler process for claims under £1000)
- More robust process for monitoring completion of actions identified to address learning from complaints/ concerns
- Inclusion of requirement to seek clinical/ specialist advice in investigations where appropriate
- Change to advocacy arrangements
- Inclusion of requirement to consider reasonable adjustments in providing responses
- Quarterly Reports to be shared with stakeholders and made available on the public website

A further addition was made in October 2013 following concerns raised by the Derbyshire Heathwatch group regarding the Trust's lack of a defined process for dealing with anonymous patient feedback.

The nature of the concern and the complainant's wishes will determine whether the concern is dealt with through the FC process or the PALS process. The PALS process is a less formal process and is appropriate to address requests for information, explanation and less complex/ serious concerns. PALS cases are investigated by PALS Coordinators who are able to act as liaison with staff and managers in the Divisions to provide complainants with a response, usually verbally although written responses can be provided if required.

The FC process is used in more complex cases, where there are more serious concerns raised or where the complainant has requested at the outset that the formal process is followed. FCs are investigated by Investigation Officers who coordinate the investigation which may include formally interviewing staff, taking statements, reviewing clinical records and dispatch records. A written response from the Chief Executive is provided for all FCs.



On receipt of any concern an assessment is made against a risk matrix which identifies the most appropriate process for dealing with the concern. This is discussed and agreed with the complainant following an explanation of the routes available to them.

In either case the investigation is conducted by a member of the central team (a PALS Coordinator or an Investigation Officer) who works independently from the Divisions. They act as liaison with the complainant keeping them updated with investigation progress. Learning is identified along with any action required to prevent similar concerns in future.

If it is identified or suspected (either on receipt of a concern or during the course of the investigation) that there has been actual or potential serious harm as a result of failings on the part of EMAS the case will be escalated to serious incident status which means that the case must be reported to the commissioners and a full root cause analysis investigation undertaken to establish the cause, contributory factors and actions required to prevent a recurrence. If this is the case the complainant will be informed and if they wish can be involved in the investigation. They will receive feedback once the investigation has been concluded. The Trust has in place a Being Open policy which outlines when and how this should be done.

3.0 Process

3.1 Receipt

Complaints or concerns are received in a number of ways including by letter, email, telephone call and less frequently in person. Complaints or concerns may come directly from the patient or via a relative or advocate acting on their behalf. In addition complaints can be received via commissioners or other healthcare providers.

The table below shows the numbers of FCs and PALS received by the Trust as a whole and from Leicester, Leicestershire and Rutland during 2011/12 to 2013/14 year to date (to end November 2013).

Type of concern	2011/12		2012/13		2013/14 YTD	
	Trust	Leics	Trust	Leics	Trust	Leics
FC	255	67	229	43	118	23
PALS	1377	334	1393	238	883	177

3.2 Acknowledgement

Complaints fall under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 (hereafter referred to as the Regulations).

The Regulations state that complaints should be acknowledged no later than three working days after the day on which the complaint is received. The Trust has set a key performance indicator of 100% achievement of this target, which is monitored on a monthly basis. There is no national standard for acknowledging PALS concerns but the Trust has set an internal target for acknowledging 100% of PALS within 1 working day.

The table below shows the performance against these targets from 2011/12 to 2013/14 year to date (to end November 2013).



Target	2011/12	2012/13	2013/14 YTD
FCs acknowledged within 3 working days	98.9%	100%	98.3%
PALS acknowledged within 1 working day	92.6%	99.1%	97.5%

It is of course not possible to acknowledge or respond to anonymous concerns. These are however logged, investigated (within the limitations of having restricted information), triangulated with other sources of patient feedback and where appropriate action taken in response to learning.

In the last 3 years we have only received 1 anonymous concern. This was from the Derbyshire area and related to inappropriate comments made by a member of staff and alleged that the staff member took photographs of the patient's home without consent. A reminder was issued to staff regarding the need to gain patient's consent for photography and when this is appropriate clinically.

3.3 Themes

The tables below show the numbers of FCs and PALS received by theme by the Trust as a whole and from Leicester, Leicestershire and Rutland during 2011/12 to 2013/14 year to date (to end November 2013).

Timeliness	2011/12		2012/13		2013/14 YTD	
	Trust	Leics	Trust	Leics	Trust	Leics
FC	141	37	128	26	50	9
PALS	563	151	695	107	350	69

Timeliness complaints may include concerns regarding the time taken to send an initial response, to call back to undertake further assessment, delay in providing back up response capable of transporting the patient to a solo responder in a car or delay in undertaking a patient transport service planned journey.

Quality of care	2011/12		2012/13		2013/14 YTD	
	Trust	Leics	Trust	Leics	Trust	Leics
FC	63	19	60	9	38	10
PALS	174	43	160	24	111	33

Quality of care complaints may include concerns regarding the assessment and/or treatment of the patient. This could include not transporting a patient to hospital or signposting patients to other services e.g. out of hours/ GP practice or urgent care centres.

Staff attitude	2011/12		2012/13		2013/14 YTD	
	Trust	Leics	Trust	Leics	Trust	Leics
FC	22	3	21	5	18	3
PALS	141	31	185	32	96	18

Attitude complaints may include concerns about the behaviour and/or actions of a member of staff or the way in which they have communicated.

Other	2011/12		2012/13		2013/14 YTD	
	Trust	Leics	Trust	Leics	Trust	Leics
FC	29	8	20	3	12	1
PALS	499	109	353	74	326	57



Other complaints may include concerns relating to administrative arrangements, communications, confidentiality, damaged or lost property, driving, environment, information requests and PTS eligibility.

3.4 Response

The Regulations allow NHS Trusts a period of 6 months to investigate and respond to a complaint (or agree a longer period with the complainant). There is no national target for responding to PALS concerns. However as a Trust EMAS is committed to providing timely resolution to patient and public concerns and as a result has set an internal target of responding to all FCs and PALS within 20 working days.

The table below shows performance against these targets from 2011/12 to 2013/14 year to date (to end November 2013).

Target	2011/12	2012/13	2013/14 YTD
FCs responded to within 20 working days	66%	74.4%	68.3%
PALS responded to within 1 working day	50%	52.6%	45.0%

Please note that the 45% for PALS relates to data from 12 August (when we moved to Ulysses)

There have been significant improvements to the timeliness of responses in recent months following a review of the capacity and management of the patient experience team. The table below shows year to date performance.

We aim to resolve as many PALS concerns as we possibly can at first contact. This is not always possible but in order to ensure that these less complex concerns are addressed in a timely manner the team have a set of Key Performance Indicators (KPIs) that are monitored on a weekly basis. The table below shows performance against these KPIs year to date.

PALS	Target	April 2013	May 2013	June 2013	Jul 2013	Aug 2013	Sep 2013	Oct 2013	Nov 2013
% closed at first contact	50%	8.22%	18.28%	21.69%	45.6%	45.6%	50%	37.1%	53.3%
% closed by 48 hours	55%					39.1%	49.5%	40.2%	57.5%
% closed by the 5 th day	60%					57.1%	61.5%	43.9%	61.7%



3.5 Second Letters

EMAS aims to resolve all concerns to the complainants' satisfaction first time. This is however not always the case and some FCs and PALS will attract second letters. Sometimes this is because the response has prompted further questions or the complainant has identified new areas of concern. However sometimes this is because they are unhappy with the initial response. The number of and reason for second letters is therefore monitored as this can be an indicator of the quality of the service provided to complainants.

The table below shows the number of second letters received in relation to FCs from 2011/12 to 2013/14 year to date (to end November 2013). This data has only been collected for FCs this year.

Target	2011/12	2012/13	2013/14 YTD
FC second letters received	32 (13%)	33 (14%)	9 (14%)
PALS second letters received	not recorded	not recorded	not recorded

(5 PALS further letters in July/August recorded on Respond – We don't yet have further letters recorded on Ulysses)

The reasons for the 9 FC second letters received to date this year are as follows:

- because the original response raised further questions
- to identify new issues from the same incident
- because the complainant did not agree with the response
- for clarification of an issue in the original response

The Trust offers local resolution meetings as part of the complaints process. This enables complainants to meet with relevant staff, discuss their concerns and have face to face apologies and explanations. These can be arranged at a convenient time at the complainant's house or at any of the EMAS premises whichever the complainant prefers. We have as part of local resolution offered visits to our control room if appropriate so that complainants can see how the service works.

3.6 Redress

Complainants can make a claim for redress as a result of their complaint if they have suffered out of pocket expenses or feel that they are entitled to damages. All claims for redress are considered at a senior level and the rationale for approving or declining requests is shared with the complainant.

As at the end of November 2013 the Trust had received 13 claims for redress. These included: update below

- 4 x claims for damaged doors when crews gained access
- 2 x manholes damaged by ambulances
- 2 x due to delayed response
- 2 x due to clinical care
- 2 x lost property
- 1 x car damage sustained by a driver swerving to get out of the path of an ambulance on lights and sirens

Of the 13 claims 4 have been approved in full and 1 in part including 3 claims for broken doors and 2 claims for broken manholes (1 half payment approved due to condition of existing manhole).



1 was declined on the recommendation of the NHS Litigation Authority with a view to the complainant pursuing a clinical claim. The others were declined due to there being insufficient causal link between the loss or suffering experienced and the actions of EMAS.

3.7 Ombudsman

Any complainant who is dissatisfied with the Trust’s response can take their case to the Parliamentary Health Service Ombudsman (PHSO). The table below shows the number of cases referred and upheld from 2011/12 to 2013/14 year to date (to end November 2013).

	2011/12	2012/13	2013/14 YTD
Number of cases referred to the PHSO	6	4	6 FCs 4 PALS
Number of cases upheld by the PHSO	1	0 1 case is still under investigation	0 7 cases still under investigation

4.0 Lessons Learned and Action Taken

Each concern raised by a patient or a member of the public is an opportunity for learning. Following each individual complaint actions are identified aimed at preventing a recurrence. The actions will vary depending on the nature of the concern raised but may include:

- Reviewing and revising existing policies and procedures
- Providing education, training or communications to staff
- Reviewing and reallocating resources

A record of all actions identified through FCs and PALS are kept by the patient experience team and these are monitored until evidence of closure is provided.

FCs and PALS data is triangulated with other sources of patient feedback including patient surveys and actions are identified to address recurring themes. Quarterly Integrated Patient Experience Reports are produced and presented at Trust Board in the public session. These are also available on the Trust website.

Below are some examples of specific actions taken in the last year in response to the main themes arising from patient feedback:

Timeliness

- “Being the Best” consultation being implemented to reconfigure EMAS estate and redesign service delivery model to improve response to all call categories
- Independent Review undertaken to provide clear evidence base for workforce profile required
- Increase in Community First Responder Schemes and Public Access Defibrillators
- Use of Third Party Private Providers
- Development of Resource Management Centre to optimize resource utilization including use of third party providers to support timely response
- Proactive sickness absence management and recruitment of clinical staff to support ‘safe staffing’



- Guidance issued to frontline staff to support non-conveyance and reduce on-scene time where clinically indicated
- Ongoing work with Acute Trusts and Commissioners to address hospital turnaround delays. Welfare checks have been introduced for green call delays and where no contact can be made these calls are automatically upgraded as a safeguard

Quality of Care

- Revision of the Safe Carriage SOP to make staff responsibilities with regard to safely securing patients clear and clarify action to be taken if patients cannot be adequately secured.
- Introduction of a C Spine assessment and management training video podcast and flowchart.
- Third Party Quality Schedule Review process to monitor quality of services provided
- Spinal injury assessment and management being delivered face to face in Essential Education from 1 July 2013
- Maternity Update as part of Essential Education (EE) from 1 July 2013
- Development of Maternity SOP and red flags for use by Emergency Medical Dispatchers
- Regular audit of Patient Report Form completion undertaken with results fed back to individuals and themes identified with appropriate action plans to address these.
- Additional staff training in record completion and appropriate safety netting of non-conveyed patients.

Attitude

- Recruitment processes now include assessment of attitude/ behaviours
- EMAS is incorporating a behaviour and attitude module into its current Essential Education programme for 2013/14
- Introduction of a patient survey to be utilised following receipt of attitude related complaints with a random selection of patients attended by the relevant individual.

Other

- Improved process for ensuring relevant information regarding incidents shared with assisting emergency services.
- Introduced new process of testing communications with Community First Responders at the start of each shift.

5.0 Conclusion

EMAS values patient feedback and views every concern raised as an opportunity for learning and improvement. Significant progress has been made in the past year in both the quality and timeliness of investigating and responding to complaints. However, EMAS recognises that there is still room for improvement and is committed to further improving the quality of the service provided and responding sensitively and effectively when concerns are raised.