



West Midlands Ambulance Service

University NHS Foundation Trust



Patient Experience Annual Report 2022/23

Trust us to care.

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Key Facts

The key themes for Patient Advice and Liaison Service (PALS) and formal complaints relate to:

- **Timeliness of 999 ambulance and Patient Transport Service Vehicles** - there is a delay or perceived delay in the arrival of a 999 ambulance or response vehicle, or there is a delay in the arrival of a Non-Emergency Ambulance to take a patient to and from their routine appointment.
- **Professional Conduct** - that the patient or their representative feels that the attitude or conduct of the attending ambulance staff, or call taker was not to the standard that they would expect.
- **Loss/Damaged**- the patient or their representative feels that they have lost personal belongings whilst in our care

Patient Advice and Liaison Service (PALS) Concerns -This year has seen a decrease in concerns with 2054 concerns raised in 2022/23 compared to 2494 in 2021/22. The main reason for a concern be raised is 'timeliness (response).'

Complaints -Complaints are an important source of information about patients' views regarding the quality of services and care provided by the Trust. All staff are encouraged to respond to complaints and concerns raised by patients and relatives in an effective, timely, and compassionate way

The Trust has received 630 complaints raised compared to 505 2021/22. The main reason relates to timeliness complaints raised.

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Key Facts

Breakdown of Complaints by Service Type YTD:

	2021/22	2022-2023	% Variance 21/22 – 22/23
EOC	181	264	45.9
EU	213	216	1.4
PTS	60	82	36.7
Air Ambulance	0	0	0
Other	4	8	100
IUC	47	60	27.7
Total	505	630	24.8



Responsibilities

The Chief Executive: Anthony Marsh is the Executive member of the Trust Board with overall accountability for the Patient Experience Team within the Trust.

Mohammed Fessal, Non-Executive Director is the responsible Non-Executive Director

Mark Docherty, Director of Nursing, Quality and Clinical Commissioning is the responsible Director

Marie Capper is the Head of Patient Experience and manages the department and team.



Professional Networks / External Stakeholders

The Head of Patient Experience attends the National Ambulance Service Patient Experience Group (NASPEG), due to the Pandemic this has been held monthly via Teams.

The Patient Experience Team where possible will also engage community groups, eg Healthwatch. Who are an independent national champion for people using health and social care services and also allow the local community to have their say about future care



General Overview

In total 99.5% of complaints were acknowledged within three working days of their receipt and 99.2% were responded to within 25 working days. 100% were responded to within the 6-month statutory requirement. All complainants are advised to contact us if they remain dissatisfied with their final resolution letter as we are willing to review their on-going concerns, or they can request an Independent Review of their complaint by the Parliamentary and Health Service Ombudsman after submitting their unresolved concerns. Therefore, it is important that investigations are carried out thoroughly and the Trust can evidence how the outcome of the investigation was concluded.

53 (8.4%) Complainants requested additional information or a further review by the Trust during 2022/23.

Joint Complaints

NHS Bodies in line with legislation promote joint working with other NHS and Social Care bodies. This allows a complainant the ability to contact one organisation to raise a concern involving numerous Trusts. The Trust dealt with 113 joint complaints during this period, compared to 111 the previous year. An increase of 2.

General Overview

Upheld Complaints

The table below indicates that of the 630 complaints, 215 were upheld & 161 part upheld. If a complaint is upheld or part upheld, learning will be noted and actioned locally and will also be reported to the Learning Review Group for regional learning to be identified and taken forward as appropriate.

National Reason	Justified	Part Justified	Not	TBC	Total
Attitude and Conduct	12	27	36	0	75
Call Management	20	25	30	0	75
Clinical	25	39	61	6	131
Driving/Sirens	1	1	6	0	8
Eligibility	1	2	8	0	11
Info Request	5	5	19	1	30
IUC - Appointments	0	2	1	0	3
IUC - Clinical	1	0	0	0	1
IUC - Inappropriate referrals	0	1	1	0	2
IUC - Operational	0	0	1	0	1
IUC - Pathway	1	1	5	0	7
IUC - Staff	1	0	1	0	2
Lost/Damaged	0	1	1	0	2
Other	1	1	2	1	5
Out of Hours	0	0	2	0	2
Patient Safety	3	3	3	0	9
Response	141	51	60	0	252
Safeguarding	3	2	9	0	14
WMAS	215	161	246	8	630

General Overview

Ombudsman Requests:

The majority of complaints were resolved through local resolution and therefore did not proceed to an independent review with the Parliamentary and Health Service Ombudsman. 2022/23, We have received 19 contacts from the Ombudsman in 2022/23. 5 cases have been taken to investigation. 2 have requested medication meetings, 11 not taken to investigation and 1 concluded part justified compared to 15 independent reviews, 6 taken to investigation stage in 2021/22.

Patient Advice and Liaison Service (PALS) Concerns

This year has seen a decrease in concerns with 2054 concerns raised in 2022/23 compared to 2502 in 2021/22. The main reason for a concern be raised is 'timeliness'

General Overview

Learning from complaints / PALS:

You said	We did
Concern raised around use of PPE and shoe covers	Article placed in weekly brief around use of shoe covers for staff
Concern around appropriate parking	Staff on hub remaindered and notes added to the computer aided dispatch system
Patients that use the Non Emergency Patient Transport who don't have a timely pick up or require a specific vehicle	Notes added to the computer system
Family raised a concern about attendance to family relatives with Vascular Ehlers-Danlos	Family sharing their experience of the condition to make staff aware which will be placed in the clinical times



General Overview

Compliments:

The Trust has received 2666 compliments in 2022/23 compared to 2070 in 2021/22. It is pleasing to note that the Trust has seen an increase in positive feedback if 596 contacts (28.8%)

Patient Feedback / Surveys

The Trust received 288 completed surveys via our website relating to Emergency 169 Services and 110 relating to the Patient Transport Service these surveys were completed via the Trust website.

Key Achievements in 2021/22

- In total 99.5% of complaints were acknowledged within three working days of their receipt and 99.2% were responded to within 25 working days.
- 100% were responded to within the 6-month statutory requirement.
- An increase of 596 compliments received



Priorities for 2023/24

- To continue to promote the Friends and Family (FFT) Guidance with the Non-Emergency Patient Transport Service with the re-introduction of face to face surveys at some sites
- To continue to maintain the key performance standards held within the Patient Experience Team
- To obtain feedback from complainants on the handing of their complaints
- To full implement the complaint standards introduced by the PHSO



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Quality Assurance

Governance

Patient Experience reports monthly to the Learning Review Group (LRG) and the Professional Standards Group which focuses on 'trend and theme' reports. The LRG reports to the Quality Governance Committee and reports any issues relating to assurance; any risks identified; and key points for escalation. The Trust Board receive monthly data on formal complaints and concerns through the Trust Information Pack.

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References to Guidance and Legislation

- Complaints Regulations April 2009
- Guidance released from the Parliamentary Health Service Ombudsman



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Contact Us

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