



Patient Experience Annual Report

1st April 2016 – 31st March 2017

Complaints, Compliments, Concerns,
Health Care Professional Feedback (HCP)

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Date: May 2017

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South Central Ambulance Service NHS Foundation Trust

Annual Report of Complaints and Patient Experience Issues

2016 – 2017

1.0 Introduction

South Central Ambulance NHS Foundation Trust (SCAS) was formed in 2006, covering four counties, a population of four million residing in over 3,500 square miles - the same size as Cyprus. SCAS employs over 3,000 clinical and non-clinical staff and is supported by over 1,200 volunteers.

SCAS provides a range of services including emergency and non-emergency transport, through 999, the 111 telephone service and the Non-Emergency Patient Transport Service (PTS).

The Trust has a commitment and statutory requirement to respond to the Complaints, Concerns and Healthcare Professional Feedback it receives, from any source, seriously and in a timely way, within the framework of policies set out by the National Health Service and the Trust.

The CQC report for the inspection in May 2016 was published during Q2 16/17. The Trust overall rating was 'Good'. SCAS was proud to be the first ambulance Trust to be given this rating. An action plan has been developed for areas of improvement and this has been signed off externally by the CQC following a workshop with external stakeholders.

From 1st April 2017 SCAS will take over contracts to provide the Non-Emergency Patient Transport Service in Surrey, East Sussex and West Sussex.

PE contacts in 2016/17

Complaints, Concerns and Healthcare Professional feedback	2883
Compliments	1322
Total PE Contacts received	4205

Activity 2016/17

999	562,837 incidents
EOC	545,196 calls
111	1,222,111 calls
PTS	543,177 journeys
TOTAL	2,873,321 contacts

% Complaints, Concerns and HCP feedback compared with Trust activity = 0.10%

The number of Patient Experience concerns and issues raised when compared with activity across the Trust is significantly fewer than 1% of contacts. SCAS welcomes this feedback and continues to work in partnership with our patients, their representatives, the public and healthcare professionals to learn from their experiences. Patient feedback is used to inform our improvement activities.

SCAS uses its website and publically available Quality Accounts to promote our feedback/complaint process and contacts. We monitor NHS Choices as an additional source of feedback.

1.1 Monitoring and assurance.

Internally, patient experience issues, themes and learning are monitored through the Patient Experience Review Group (PERG) which reports via the Quality and Safety Committee to the Executive Management Group and to the Trust Board. The quarterly PERG meetings are chaired by the Chief Executive.

The Head of Patient Experience provides a bi-monthly update to the Trust Board to inform the Board of the current position on timeliness of responses (performance against agreed response times) and numbers of new complaints received by operational area and subject area.

Patient Stories are provided by the Head of PE to each Board Meeting, each PERG meeting and to quarterly Commissioners review meetings.

Complaints continue to be reported monthly in the integrated performance report (IPR) which is executive managed and reported publically to board.

Complaint numbers, analysis and feedback are monitored externally through the contractual quality schedules by our Commissioners on a monthly and quarterly basis.

SCAS is an active member of NASPEG (National Ambulance Service Patient Experience Group) which reports to QGARD (Quality, Governance and Risk Directors Group) for national benchmarking, initiatives and work streams.

The national return for complaints within the NHS is the KO41a return. This data is submitted on a quarterly basis to the Health & Social Care Information Centre (HSCIC) via their online portal.

1.2 Reporting

SCAS has continued to improve the incorporation of the electronic reporting system (DATIX) into the complaints process, improving communication, monitoring and allowing for a more streamlined audit process.

1.3 Quality Accounts

In our 2016/17 Quality Accounts SCAS identified areas for improvement in patient experience and reviewed the previous year's improvements.

"We believe that the SCAS Quality Account is an integral part of patient and public engagement by encouraging ongoing dialogue with our patients, the Board, managers, clinicians and staff about improving quality of care. It allows us as an organisation to assess our quality of care and show our commitment in driving forward improvements and learning from best practice evidence."

The Quality Accounts priorities identified for 2016/17 for Patient Experience were:

1.3d.	To improve the number of formal complaints responded to on time by the Trust
1.3e.	To increase support for patients in their own home/care home when they are reaching the end of life
1.3f.	To ensure the wide range of patient feedback including surveys is considered regularly. All reviews on NHS choices website relating the Trust will be responded to in 2 working days

Activities undertaken in 2016/17 were:

- 1.3d Partially achieved - During 2016/17 the Trust has significantly improved its performance for responding to complaints within agreed timescales. Data is provided later in this report. The Trust deems this priority to be partially achieved as there are further developments and improvements which are to be implemented.
- 1.3e Achieved - The End of Life pilot is currently running in the West Berkshire area of SCAS. This is a palliative care co-ordination service managed by qualified nurses and is a first point of contact for patients, families, carers and health and social care professionals who require 24 hour advice, care and support for patients in the last year of their life. The service has been designed to improve the overall experience and continuity of care, and to support health and social care professionals involved in caring for patients at the end of life. Qualified nurses, skilled in palliative care, triage calls to identify the most appropriate local provider to respond to the caller's needs.
- 1.3f Achieved - Patient Experience issues, themes and learning are considered through the Patient Experience Review Group (PERG) chaired by the Chief Executive, which reports via the Quality and Safety Committee to the Executive Management Group and to the Trust Board. Healthcare professional feedback for all service areas are now recorded on the Trust's reporting system (Datix) to allow clear sight of all PE issues raised.

The Quality Accounts priorities identified for 2017/18 for Patient Experience are:

3a	To report on the Friends and Family test (FFT), staff and patients, and actively demonstrate that we seek feedback and act on results.
3b	To evidence learning from HCP (Healthcare Professional) feedback in all services (NHS 111, NEPTS and 999)
3c	To develop systems that engages and seeks feedback from hard to reach groups

1.4 Training

The Head of Patient Experience has continued to review, redesign and embed new working practices, along with providing ongoing coaching and support to the PE Team to improve management and monitoring of complaints.

The Patient Experience Team continued to attend team meetings and delivered a number of training sessions across all service areas to improve quality and competency of complaint handling and Datix use. PE Team has provided support to individuals on a 1:1 basis where it was identified that individuals required focused support. These activities will continue into 2017/18.

Investigation training for PTS managers took place in June 2016.

Investigation training for Emergency Operations Centre (EOC) investigating officers is planned to take place in April 2017.

1.5 Key work streams/actions

- SCAS collected and submitted the patient Friends & Family Test (FFT)
- PE Team issued 10,000 NHS111 satisfaction surveys, collated and uploaded responses to Survey Monkey to enable NHS111 governance team to analyse and report on patient feedback to Commissioners

- Quality and timeliness of responses has been a continued focus of improvement
- Improved use of DATIX across the Trust for management and reporting of patient experience issues
- Head of Patient Experience and members of the Patient Experience Team attended a number of Patient Roadshows and Patient Forums across the SCAS footprint
- CQC monthly stakeholder engagement conference calls, six monthly face to face meetings

2.0 Patient Experience Team

The new Head of Patient Experience joined the Trust in February 2016, a new Senior Patient Experience Officer joined in March 2016. In the first week of July 2016 a new Patient Experience Officer joined the team to replace a previous team member who had been seconded into the role.

An extensive review of outstanding complaints was undertaken along with a comprehensive data cleanse to ensure Datix reflects the current position of each case as accurately as possible, in turn leading to increased accuracy of reporting. The PE Team were supported by all areas of the Trust with this comprehensive complaint review and data cleanse.

The Head of PE continued to implement new and revised working practices to increase efficiency. The PE Team 'go digital' was launched on 1st April 2016. From this date the PE Team adopted a much more extensive use of the Datix system in the management of complaints/concerns/HCP feedback to ensure the tracking and responses are completed in a more timely and efficient manner. No paper files are held in PE Team for new cases received after 1st April 2016. All updates and correspondence are now noted on Datix and held in a digital file with access restricted to appropriate staff. Acknowledgement and closure timeliness are now reported at Trust level in the public board paper. The improvement work continues.

The Trust has commissioned Datix to provide technical support days to ensure that enhanced training and essential changes are made to aid data capture and the reporting of complaints, concerns and HCP feedback. Many of the processes were manual, some of which were complex and time consuming. Datix provided training support in July 2016. PE Team, Risk Team and Clinical Governance Leads received enhanced Datix training. This enables the Trust to have a 'pool' of super users who can then cascade knowledge and expertise out to the wider Trust.

Following the Datix training the Trust set up a task and finish group to further review the use of Datix across the Trust. This group identified a number of further enhancements required to mature the system to meet the current needs of the Trust. This work is ongoing. The Trust has commissioned Datix to provide further training and technical support which is due to be delivered in June 2017.

Patient Experience Investigation Guidance Notes for Investigating Officers has been reviewed and revised. The revised guidance was re-launched in September 2016 and includes support and advice for Investigating Officers along with setting out the Trust's requirement for quality and timeliness. It is widely promoted by the PE Team and is available to all Investigating Officers via the Trust's intranet.

The Head of Patient Experience secured a slot at the Private Provider Training Day held on 20th September 2016. The session was used to deliver guidance on complaint handling regulations and processes.

3.0 Annual data

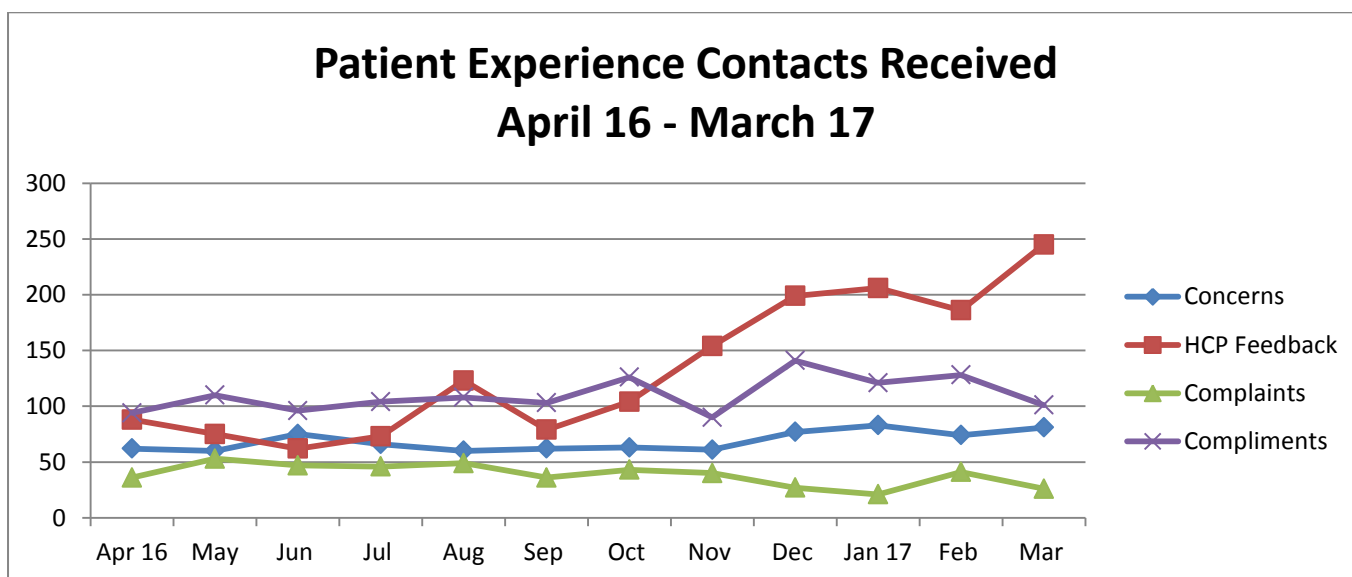
3.1 Complaints/Concerns/HCP received April 2016 to March 2017 (table)

	Raise concern	HCP Feedback	Raise a complaint	Total	Compliments
Apr 2016	62	88	36	186	94
May 2016	60	75	53	188	110
Jun 2016	75	62	47	184	96
Jul 2016	66	73	46	185	104
Aug 2016	60	123	49	232	108
Sep 2016	62	79	36	177	103
Oct 2016	63	104	43	210	126
Nov 2016	61	154	40	255	90
Dec 2016	77	199	27	303	141
Jan 2017	83	206	21	310	121
Feb 2017	74	186	41	301	128
Mar 2017	81	245	26	352	101
Total	824	1594	465	2883	1322

The increase in PE contacts reported from November 2016 is largely due to the increased numbers of Healthcare Professional (HCP) feedback now being recorded on the Trust’s Datix reporting system. The largest increase in Patient Experience issues received is seen in dissatisfaction raised by Healthcare Professionals regarding the Non-Emergency Patient Transport Service. HCP feedback had previously been recorded on separate spreadsheets held locally. Following the training and support provided by PE Team over the year, PTS are now recording and managing their HCP feedback using the Trust’s reporting system – Datix - which allows for clearer oversight of dissatisfaction against activity and clearer reporting and analysis of themes and trends.

The total number of formal complaints and informal concerns received over the previous 12 month period has remained consistent at around 100 per month.

3.2 Trend of Complaints/Concerns/HCP/Compliments received April 2016 - March 2017



3.3 Complaints/Concerns/HCP Feedback received 2016/17 against Activity

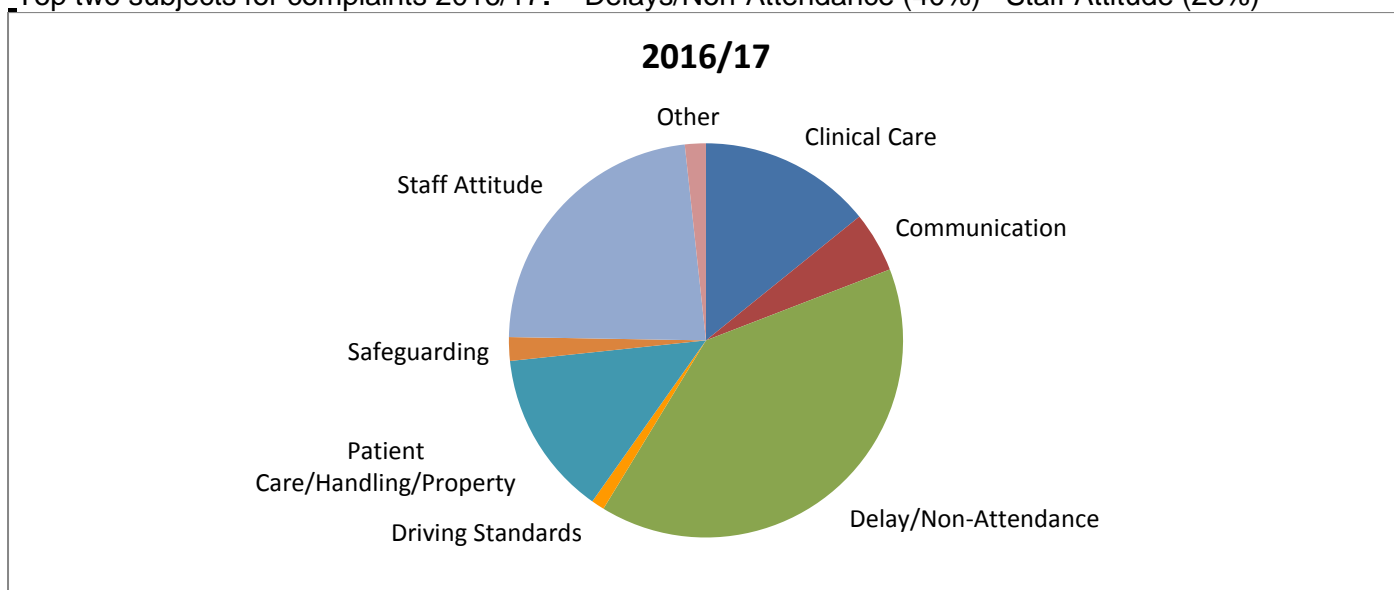
2016/17	PE Total	Activity	% Year	% Q4	% Q3	% Q2	% Q1
111	511	1,222,111	0.04	0.05	0.04	0.04	0.04
999 Operations	510	562,837	0.09	0.10	0.09	0.10	0.10
PTS	1460	543,177	0.27	0.42	0.33	0.18	0.13
EOC	399	545,196	0.07	0.06	0.06	0.08	0.09
SCAS wide	3	n/a	n/a	n/a	n/a	n/a	n/a
Trust Total	2883	2,873,321	0.10	0.14	0.11	0.08	0.08

% refers to Complaints + Concerns + HCP feedback compared with activity of each service

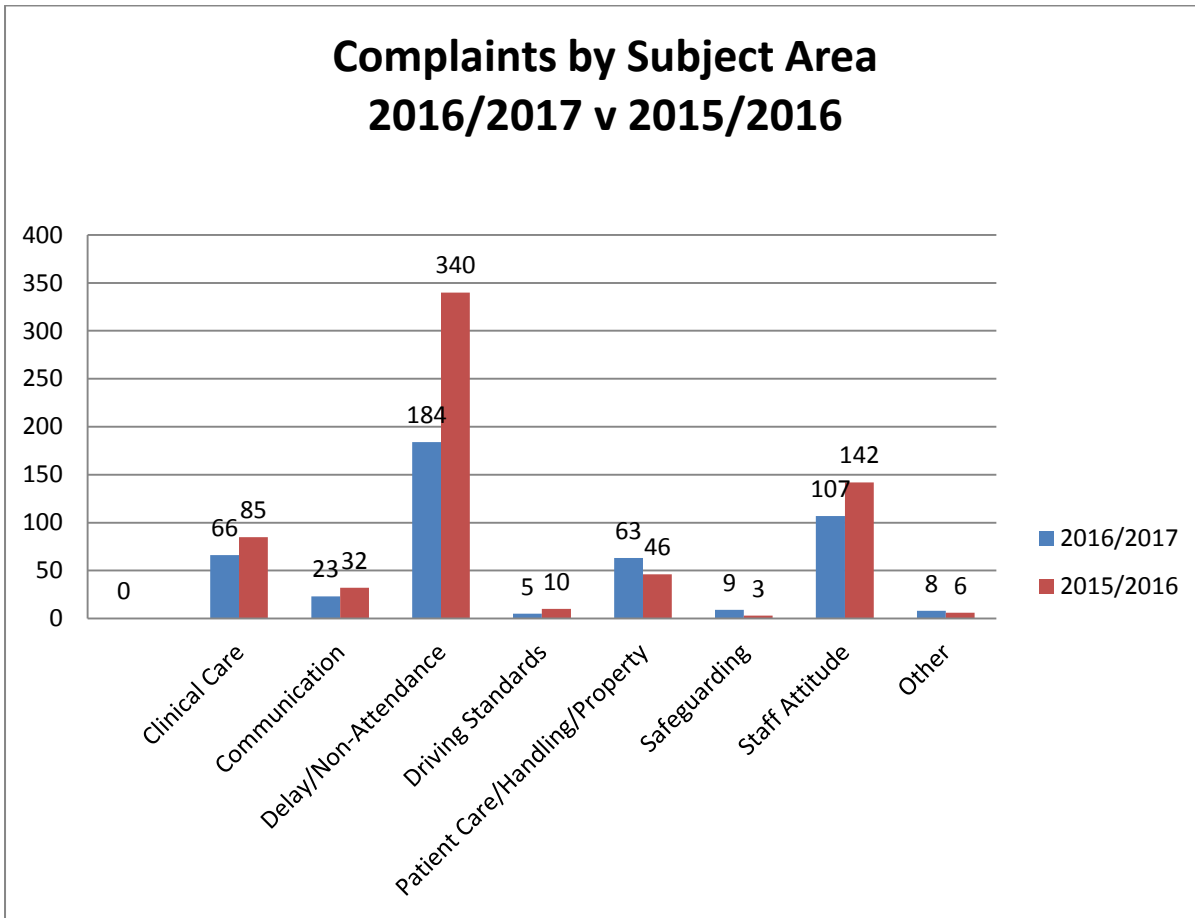
3.4 Complaints by Subject Area with comparison of previous two years

COMPLAINTS	2016/2017	2015/2016	2014/2015
Clinical Care	66	85	91
Communication	23	32	35
Delay/Non-Attendance	184	340	302
Driving Standards	5	10	7
Patient Care/Handling/Property	63	46	20
Safeguarding	9	3	6
Staff Attitude	107	142	134
Other	8	6	4
Total	465	664	599

Top two subjects for complaints 2016/17: Delays/Non-Attendance (40%) Staff Attitude (23%)



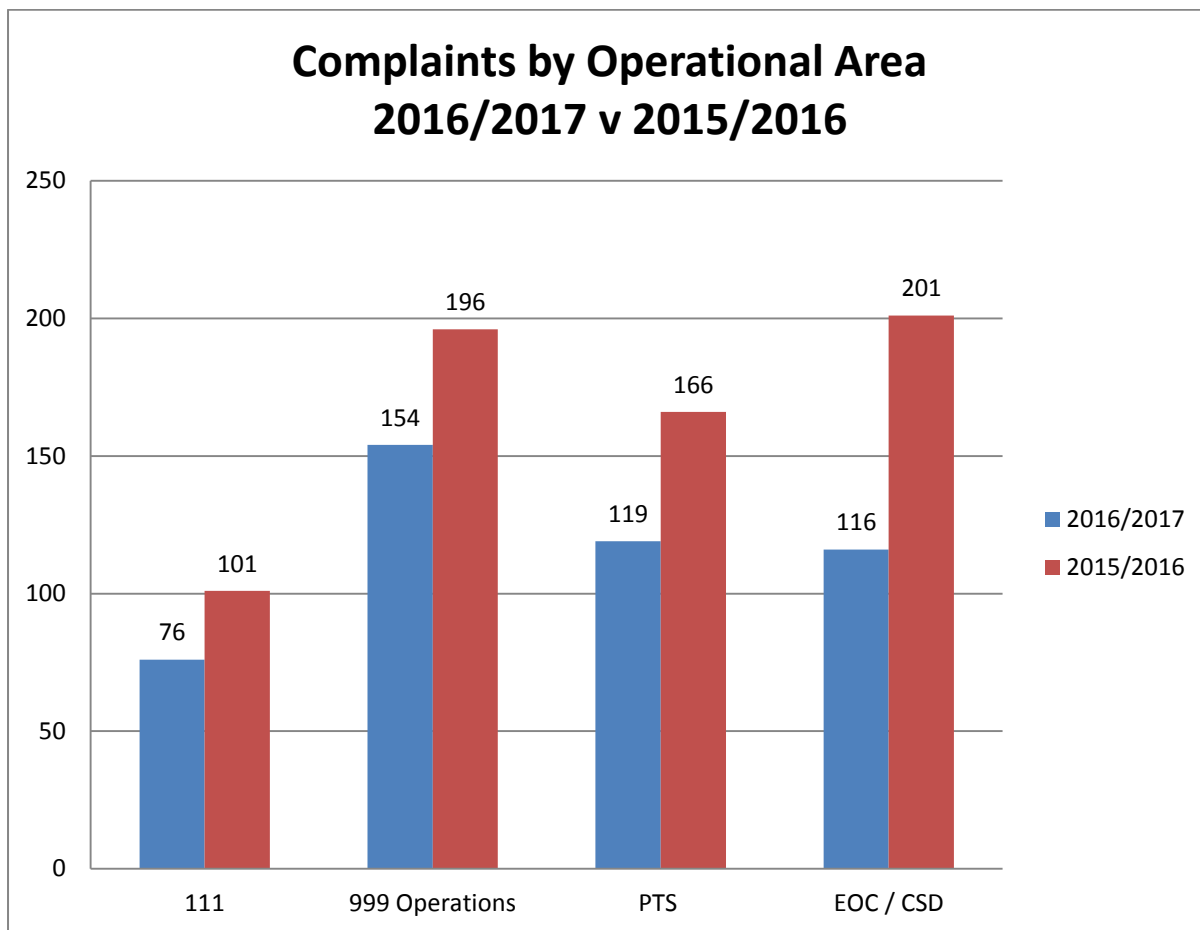
3.5 Complaints by Subject Area 2016/17 against 2015/16



3.6 Complaints by Operational Area (table)

COMPLAINTS	2016/2017	2015/2016	2014/2015
111	76	101	104
999 Operations	154	196	189
PTS	119	166	189
EOC / CSD	116	201	117
Total	465	664	599

3.7 Complaints by Operational Area (graph)

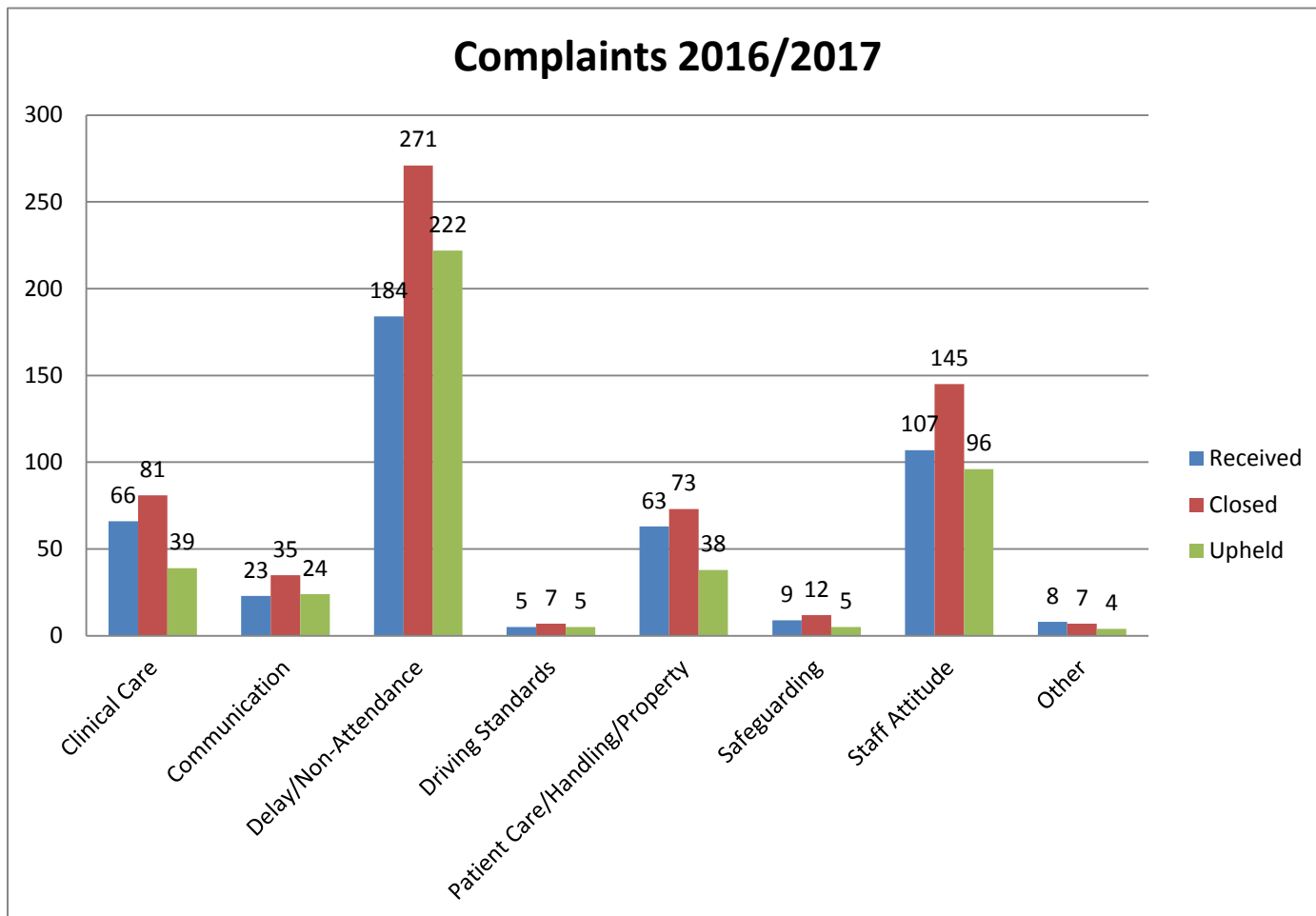


3.8 Complaints by number Received / Closed / Upheld / Upheld %

COMPLAINTS 2016/2017	Received	Closed	Upheld	Upheld %
Clinical Care	66	81	39	48
Communication	23	35	24	69
Delay/Non-Attendance	184	271	222	82
Driving Standards	5	7	5	71
Patient Care/Handling/Property	63	73	38	52
Safeguarding	9	12	5	42
Staff Attitude	107	145	96	66
Other	8	7	4	57
Total	465	631	433	69

From Complaint investigations closed in 2016/17, the Trust has upheld or partly upheld almost 70% of complaints, indicating that the Trust believes seven out of ten complaints were justified, at least in part.

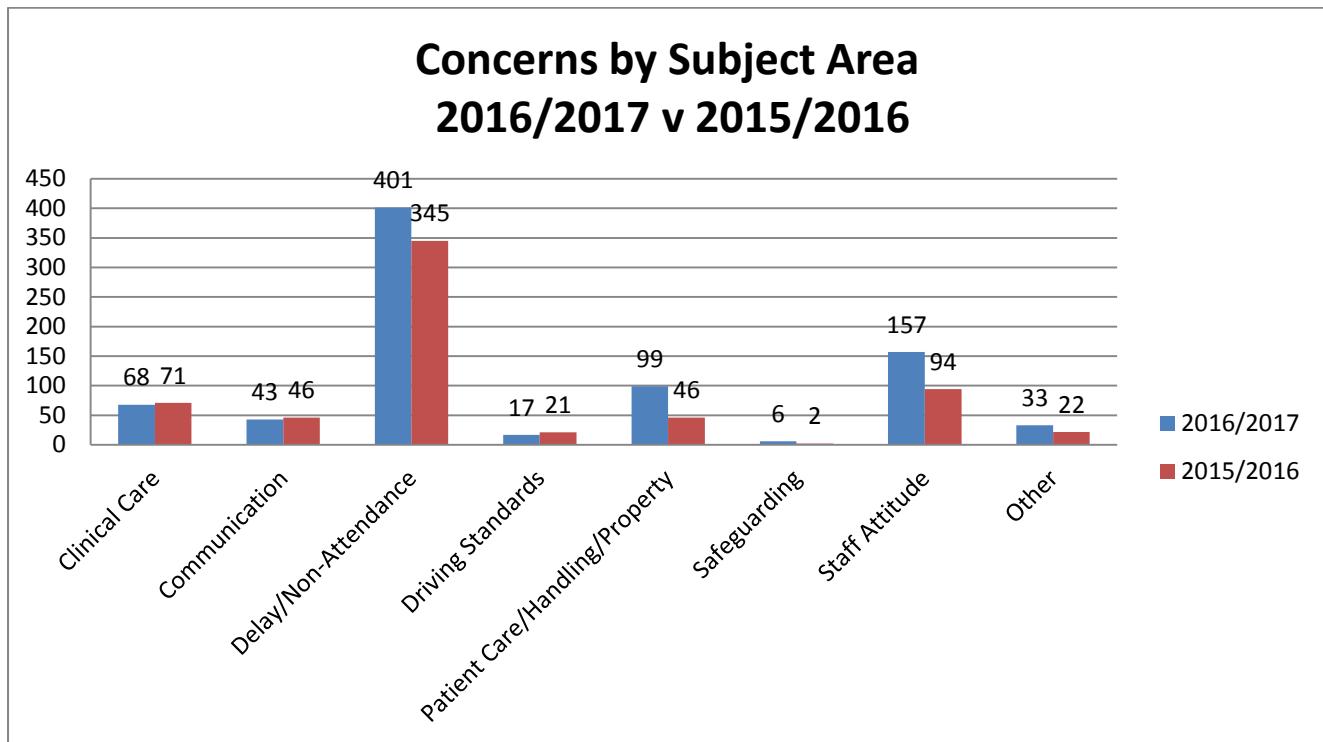
3.9 Complaints by number Received / Closed / Upheld



3.10 Concerns by Subject Area (table)

CONCERNS	2016/2017	2015/2016	2014/2015
Clinical Care	68	71	124
Communication	43	46	68
Delay/Non-Attendance	401	345	360
Driving Standards	17	21	60
Patient Care/Handling/Property	99	46	37
Safeguarding	6	2	3
Staff Attitude	157	94	121
Other	33	22	31
Total	824	647	804

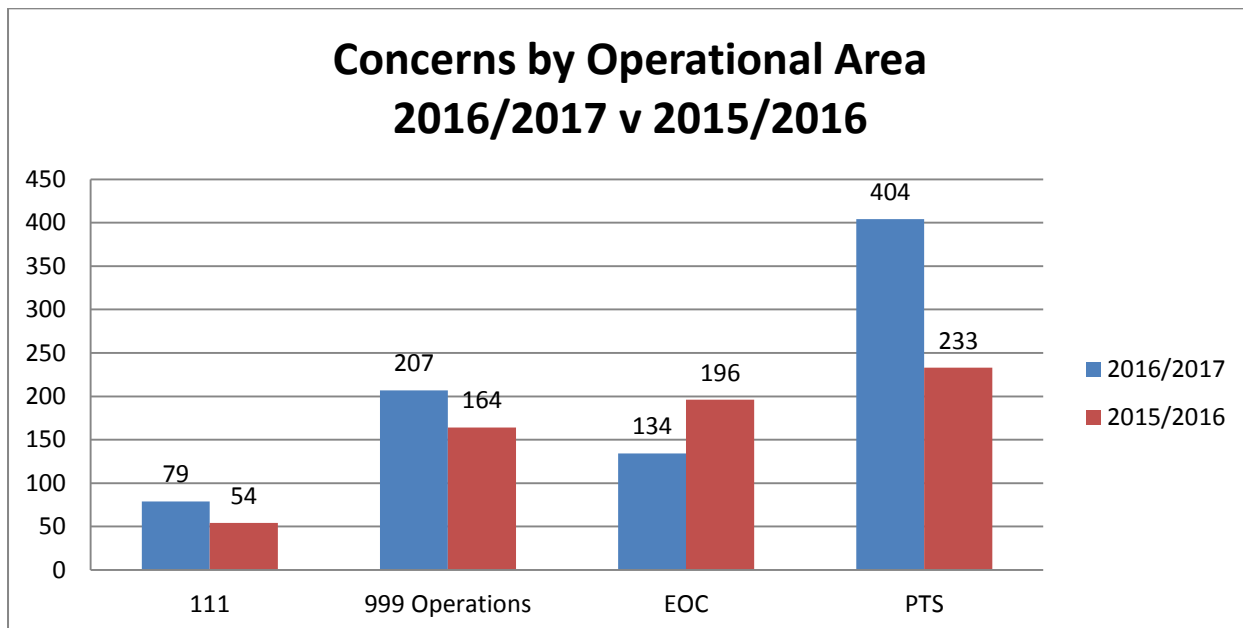
3.11 Concerns by Subject Area (graph)



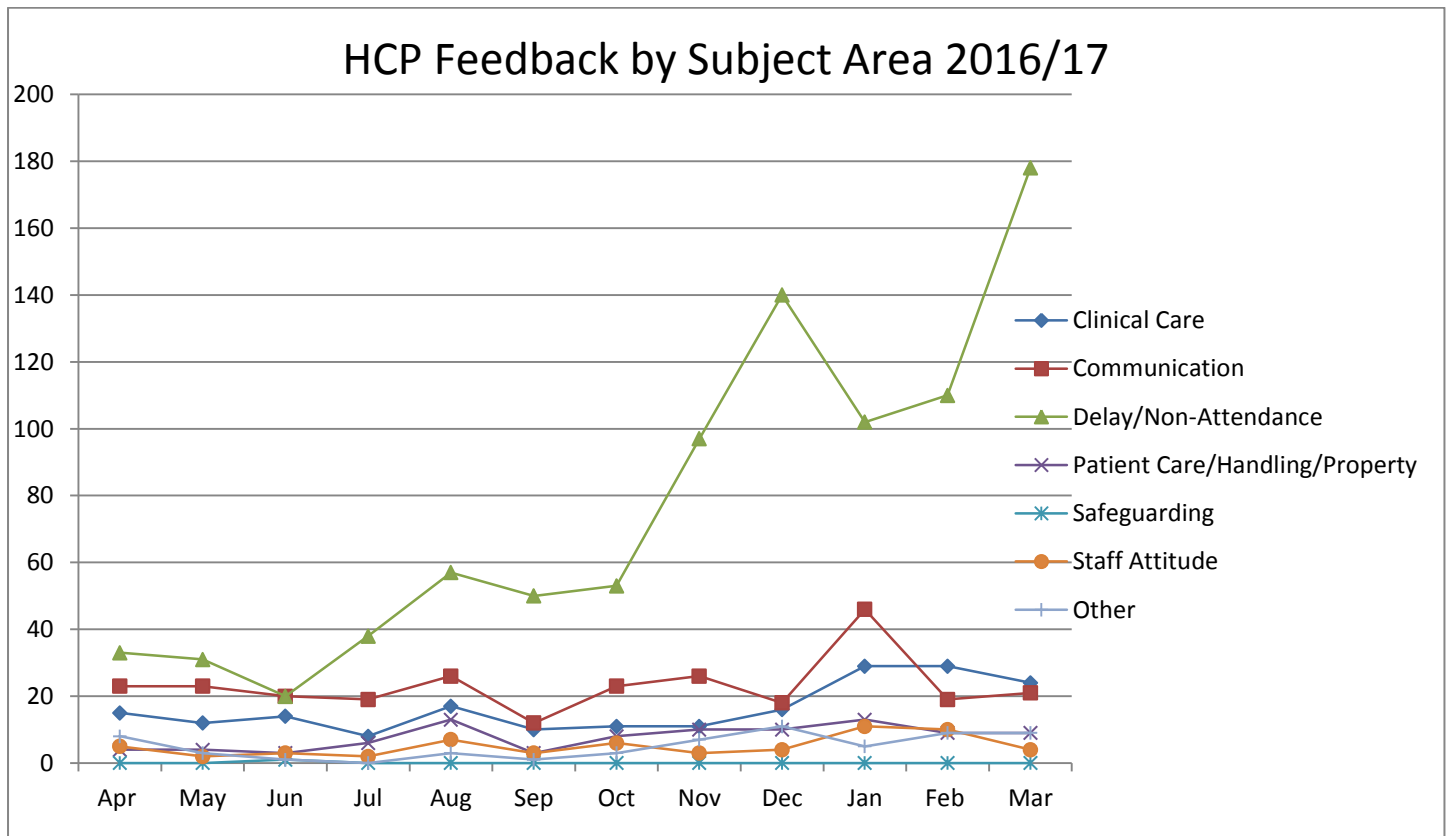
3.12 Concerns by Operational Area (table)

CONCERNS	2016/2017	2015/2016	2014/2015
111	79	54	125
999 Operations	207	164	290
EOC	134	196	180
PTS	404	233	209
Total	824	647	804

3.13 Concerns by Operational Area (graph)



3.14 Healthcare Professional Feedback by Subject Area



3.15 Healthcare Professional Feedback by Operational Area

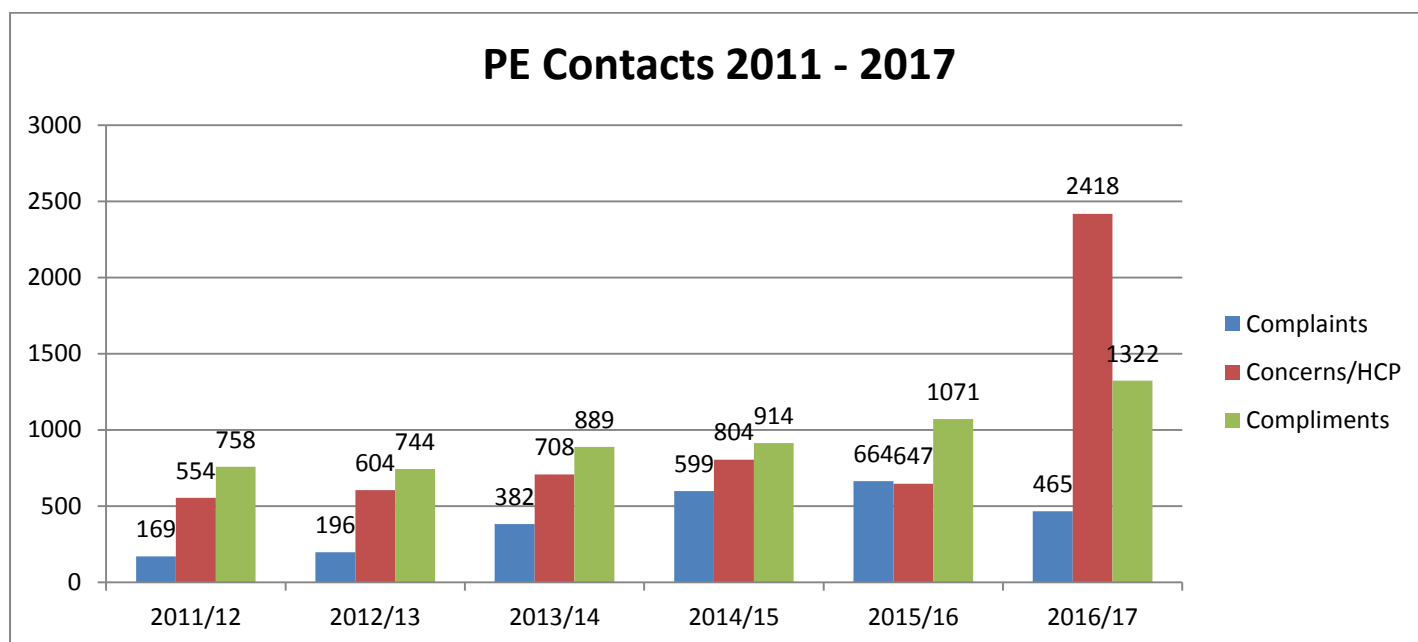
HCP Feedback	2016/17
111	358
999 Operations	164
EOC	133
PTS	939
Total	1594

4.0 Year on Year comparison

4.1 Comparison of PE contacts received 2011 - 2017

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Complaints	169	196	382	599	664	465
Concerns/HCP	554	604	708	804	647	2418
Compliments	758	744	889	914	1071	1322
Total PE Contacts	1481	1544	1979	2317	2382	4205

4.2 Comparison of PE contacts received 2011 – 2017



5.0 Patient Experience Complaint Responses – Performance to Target/Agreed Timescales

The number of complaints acknowledged within 3 days of receipt, in accordance with the NHS regulatory timescale, shows a sustained increased performance as a result of the new processes designed and embedded within Patient Experience Team.

Complaints acknowledged within 3 days:

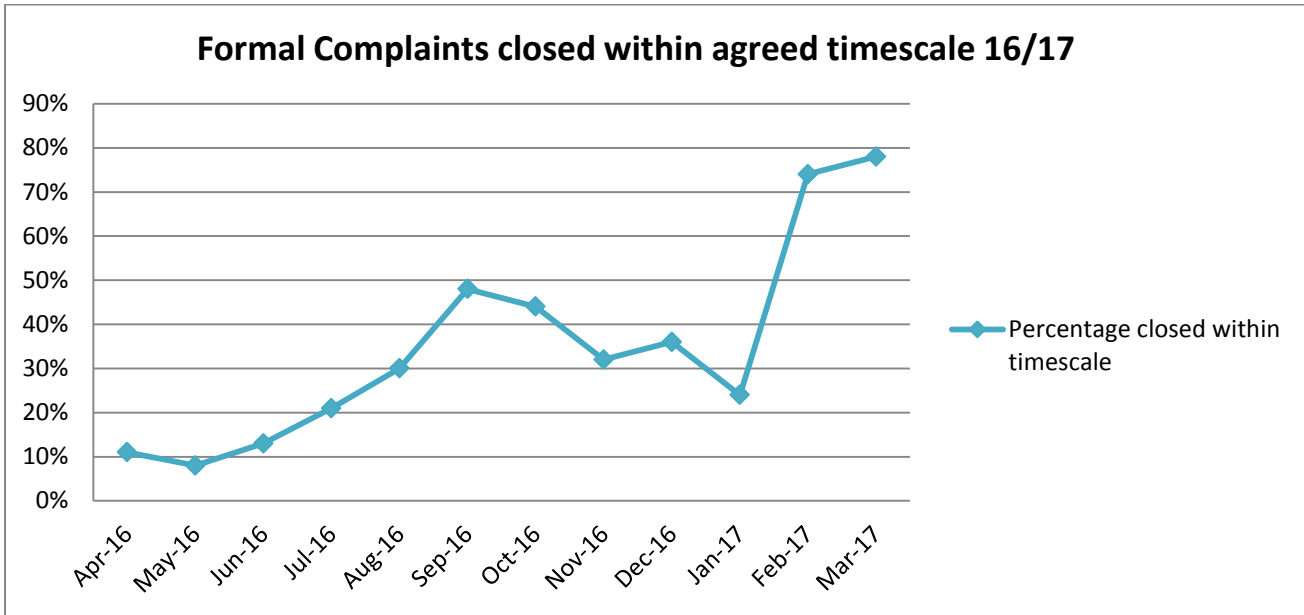
April	-	86%
May	-	95%
June	-	98%
July	-	97%
August	-	96%
September	-	100%
October	-	95%
November	-	100%
December	-	100%
January	-	100%
February	-	97.6% (1 case)
March	-	100%

Only one case exceeded the 3 day timescale in the last five months of the year. This delay was due to the PE Team waiting for more information from the CCG to be able to acknowledge receipt of the complaint.

Complaints closed within 25 days of receipt, or within agreed extended timescale:

April	-	11%
May	-	8.5%
June	-	13%
July	-	20%
August	-	29%
September	-	48%
October	-	44%
November	-	32%

December	-	36%
January	-	24%
February	-	74%
March	-	78%



Throughout the year the Patient Experience Team continued to work through the backlog of outstanding cases alongside managing the significantly increased number of PE contacts (HCP feedback) being received, at the same time as training and developing the new team. As a result of this work, the Trust is now much more up to date with responses to patient experience issues raised, as is evidenced by the performance to agreed timescales for February and March 2017.

Each complaint receives a full investigation undertaken by a manager in the relevant service area. Senior members of the PE Team review each draft response to ensure that all issues raised in the complaint are responded to clearly and comprehensively. PE Team will return a draft response to the Investigating Officer for further work if it does not meet Trust's quality requirements. Every formal complaint investigation and response is reviewed and signed by the relevant Director of Service.

PE team are collaborating with all service areas to improve quality and timeliness. PE Team delivered training sessions across the Trust during 2016/17, attended team meetings and worked from stations for the day.

Patient Experience Team are working hard to improve communication with complainants to agree timescales and to ensure complainants are kept updated with the progress of their investigation.

PE Team has embedded clear and regular weekly chase protocols within our processes. All service area managers receive an update each Friday which sets out all open cases under investigation within their areas, along with a reminder of due dates for responses. PE Team also carry out individual chase work with Investigating Officers for specific cases where we have concerns on the progress and timeliness of the investigation.

6.0 Patient Forums and Roadshows

Eight patient forums were held throughout the year across the SCAS footprint. Forums provide a stronger link between the trust and their members, and improve communication by keeping the local people informed of any changes and gather feedback on existing services. They also present an excellent opportunity to network with colleagues, health professionals, ambulance service users, representative of local organisations and members of the public. The agenda for each forum depends upon the local needs and interests of the participants, but their key role is to:

- Enable members and non-members, in particular those who have been/are patients to have a say on how the trust operates
- Support the trust in providing a high quality of care and service delivery by helping with various activities such as conducting patient surveys and offering views on proposed new services.

Each forum meets usually six months, equivalent to two meetings per year. Frequency may vary at members' request.

A total of 67 people attended which included representatives of GP surgery patient participation groups (PPGs), ethnic minority groups, county and parish councils, CCGs and NHS trusts. Attendees are also asked to distribute the forum details to their contact list and/or FT members and via their newsletter, website, Facebook and Twitter. Information about the forums is also sent to the media.

The Trust also held a number Community Engagement Roadshows throughout the year across the SCAS footprint. These are engagement events held in areas of high footfall where the Trust aims to engage with the public to promote the service and seek feedback. Roadshows were held in Bicester, Reading, Milton Keynes, High Wycombe, Southampton and Basingstoke.

7.0 Learning from Patient Experience

SCAS aims to provide high quality, safe care throughout all the services it provides. To ensure that this aim is met we constantly strive to provide a healthy, open culture that supports the reporting of incidents and the transparent investigation of these and complaints, concerns, claims and health care professional feedback. We acknowledge that improvements can only take place if the lessons learnt are shared and the recommendations and resulting actions are implemented across the organisation as well as departmentally and individually.

SCAS deploys a number of strategies for learning from complaints, incidents, near misses, claims and coroner's rulings; however this is a continuous learning process and one that is being embedded into the SCAS safety and learning culture. We are constantly looking for new and innovative ways to share learning.

During Q2 the CQC report for the inspection in May 2016 was published. The Trust overall rating was 'Good'. SCAS was the first ambulance Trust to be given this rating. An action plan has been developed for areas of improvement and this has been signed off externally by the CQC following a workshop with external stakeholders. Three areas where action must be taken are; staff in urgent and emergency care are supported with their development through supervision, response times for emergency and urgent care services are met and Governance arrangements in emergency and urgent care services must ensure that staff are aware of risks and safe practices are consistently applied.

Actions/learning by the Trust to improve the experience for patients as a result of feedback received from complaints, concerns and healthcare professional feedback during 2016 – 2017:

Action/Learning points
Staff across all areas of the Trust continue to be offered advice and guidance for future practice in the form of a formal action plan to ensure adherence to the required standards
Staff are asked to complete a reflective practice as a result of any issues identified through complaint investigation.
Staff continue to be reminded of the importance of maintaining professional conduct – individually where required and through communication to all patient facing staff
As an operational learning point for all staff, learnings identified as a result of complaint investigations are shared via SCAScade – the internal learning tool
As a result of two Parliamentary and Health Service Ombudsman decisions, the Trust has issued two specific Case Learning documents to all frontline staff to ensure that all learning points are cascaded across all SCAS staff in the hope that they are not repeated
For non-emergency Patient Transport Service home visits are routinely conducted to assess the patient's exact needs prior to transportation and a note added to patient's records
Discharge Advice Patient Information Leaflets continue to be distributed by frontline crews following feedback from patients around lack of clarity about worsening advice and follow on care when patients are cared for through the 'see and treat' service.
PE Team have adopted a more extensive use of the Datix system in the management of complaints/concerns/HCP feedback to ensure the tracking and responses are completed in a more timely and efficient manner
Investigating officers are encouraged to meet complainants face to face at the outset of the investigation to explore and fully understand the impact of the issues on the patient and to ensure the investigation is scoped appropriately
Where appropriate Investigating officers are encouraged to meet complainants face to face to deliver the outcome of their investigation and agree a resolution
Improvements made to HCP transport booking process
SCAS continues to demonstrate complete commitment to patient safety; undertaking long wait reviews, prioritising workload, undertaking independent and system wide escalation actions. There is continuing collaboration between operations, clinical directorate and business intelligence to understand and reduce long waits and impact. Long waits review groups continue to review cases monthly
A toolkit containing the Patient experience investigation guidance notes, Datix guides, SIRI flowchart and Duty of Candour Guidance has been developed to support Investigation Officers and to continue to build consistent quality in investigations across the Trust
The Safeguarding Team and Patient Experience team have worked together to produce a one page guidance note that is issued with all packs to assist the investigating managers with regard to safeguarding issues identified while undertaking the investigations
Monthly stakeholder engagement conference calls are held with the CQC in addition to six monthly face to face meetings

8.0 Surveys – Patient/Service User satisfaction.

8.1 Annual Survey Plan

SCAS has an annual survey plan reported through PERG for NHS111 surveys and Complaint Satisfaction surveys. The Head of Patient Experience plans to issue Complaint Satisfaction surveys quarterly during 17/18 and will review frequency for 18/19 based on feedback received this year.

The plan of satisfaction surveys is updated as the year develops to ensure that new initiatives and contracts are surveyed. Outcomes of satisfaction surveys are a standing agenda item for PERG.

8.2 NHS111 Surveys

NHS 111 undertakes two patient surveys per contract per year. A random sample of 1000 service users are selected per survey, taken from service users in the period two weeks prior to the survey being issued. This survey asks a specific question on satisfaction and this allows five answers. To determine satisfaction the Trust deems very satisfied and fairly satisfied as positive answers with the final three being negative. The following table sets out the figures for last year by contract as well as the overall SCAS percentage. This demonstrates that the overall SCAS level of satisfaction has increased.

Contract Area	First survey	Second Survey
<i>Berkshire</i>	<i>89.2% (Jun 16)</i>	<i>90.3% (Nov 16)</i>
<i>Buckinghamshire</i>	<i>94.4% (Mar 16)</i>	<i>92.5% (Oct 16)</i>
<i>Hampshire</i>	<i>86.5% (Apr 16)</i>	<i>88.6% (Nov 16)</i>
<i>Bedfordshire/Luton</i>	<i>89.2% (Jul 16)</i>	<i>93.2% (Jan 17)</i>
<i>Oxfordshire</i>	<i>90.% (Mar 16)</i>	<i>89.1% (Oct 16)</i>
SCAS	89.9%	90.7%

The results received from NHS111 surveys demonstrate that the vast majority of service users are very satisfied with the service and advice they received from SCAS.

As with previous surveys, positive comments refer to the speed of service, reassurance given by staff, their willingness to listen and their calmness, and the thoroughness of the assessment. There is evidence that users perceive a seamless service as many make comments about 999 crews, GP Out Of Hours services etc, when the survey question is asking about their NHS 111 experience. This means it is not possible to determine whether responses to other questions are directed solely at NHS 111 or one of the other services that may have been involved in the patient journey.

Negative comments conversely refer to the length of the assessments and irrelevant questions. Further evidence of a perception of a seamless service is seen by the dissatisfaction with GP Out Of Hours service delays, long waits in EDs and distances required to travel to access some services. Again, these comments were made in response to questions about the NHS 111 experience. This too indicates it is not possible to determine whether responses to other questions are directed at NHS 111 or one of the other services that may have been involved in the patient journey.

8.3 Friends and Family Test (FFT)

Surveys have been adapted to ensure that national guidelines are being followed in how the friends and family test (FFT) test is applied and delivered.

It is a continued challenge for emergency ambulance services to initiate real time surveys, which is the ideal for FFT. SCAS, in partnership with the Picker Institute, expanded the FFT to non-conveyed (See and Treat) patients from April 2015 - to comply with the mandatory requirements of NHS England – and continued to run FFT on this basis through 16/17. SCAS specific Freepost cards were placed inside discharge leaflets to be left with patients. Picker Institute collated the data in preparation for submission to NHS England's Unify2 database by SCAS.

The number of responses received was very low – a total of 11 from 170,708 non-conveyed see and treat activity. All of the 11 responses indicated it was 'Extremely Likely' they would recommend our service to their Friends and Family if they need similar treatment.

This response rate has been discussed at length at the National Ambulance Services Patient Experience Group (NASPEG), all of whom are also receiving very low numbers of responses. The London Ambulance Service (LAS) representative on the group has discussed these concerns with a representative from NHS England and feedback gained indicates that NHSE are now recognising that this is not an appropriate measure for Ambulance services. A coordinated response to raise concerns about the appropriateness of this question for emergency and urgent care patients was prepared by LAS on behalf of NASPEG and submitted to QGARD. NASPEG have yet to receive further comment from QGARD regarding the FFT paper.

PTS are more effective at collecting FFT data and the outcomes are being monitored by PERG; these surveys are being further developed.

The FFT question has been added to the electronic Patient survey accessed via the Trust's website. A filter question has been included to ensure that 'See and Treat' patients can be identified to ensure the validity of the data.

The Trust has been informed by Picker Institute, that it will not be renewing the contract to provide the administration service relating to the see and treat card returns in April 17. Therefore, from April the Trust will administer the Friends and Family test in-house. To enable this to be successful, changes will need to be made in the way we survey patients.

The Trust will have one standard Friends and Family Test card to be used in both PTS and see and treat. It will contain the minimum data set as required in the national guidance. One poster will be produced to be used in all areas of the Trust to inform patients that we would welcome their feedback and give methods on how to submit their comments. The Trust plans to run a campaign with staff and on social media to launch the refreshed survey. The data will be input into survey monkey and uploaded to UNIFY as per national guidance.

NHS111 surveys include the Friends and Family question as the first question and respondents tell us they were very likely/likely to recommend the service to family and friends with a similar problem.

The current patient survey which can be completed online has been made more prominent on the SCAS Website and feedback is welcomed via the patient zone in PTS.

The Trust's patient surveys are currently being reviewed so that they have the friends and family question as the first survey question. This allows the data to be included in the national data set.

8.4 Complaints Satisfaction Survey

The Trust aims to deliver excellence and quality across all of the services it provides, including the complaints process. To ensure we understand the effectiveness of the complaints process, we seek feedback from complainants who have raised formal issues for investigation. Additionally, it is a contract requirement for South Central Ambulance Service NHS Foundation Trust to periodically seek formal feedback from complainants regarding their experience of the Trust's complaints process. This valuable feedback is used to review and improve the Trust's complaints process.

Due to significant changes in personnel within the Patient Experience Team in Q3 and Q4 2015/16, complaints were not responded to within the Trust's target timescale of 25 days from receipt, which led to the accumulation of a backlog of complaints awaiting a response.

As noted in this report, the new Head of Patient Experienced has designed, tested and embedded a new range of processes and protocols to improve the Trust's complaints process. PE Team have worked closely with Investigating Officers from service areas around the Trust to provide guidance and support with the new protocols.

The Trust recognised and acknowledged that due to the need to review and close outstanding cases and embed new processes, a complaints satisfaction survey was not undertaken in Q1 and Q2 2016/17. The Trust supported the Head of Patient Experience with the decision to survey all complainants who were issued with a formal complaint response in Q3 2016/17, 1st October 2016 to 31st December 2016. It was agreed that to undertake the survey at this time would help us to understand the effectiveness of improvements being introduced to the complaints process.

101 surveys were issued in January 2017, 25 responses were received, a response rate of 24.75%.

Three response methods were offered:

- Paper form using a freepost envelope
- Online return
- Respond via telephone via the PET telephone number

The majority of respondents (19 out of 25) told us they felt it was easy to raise their complaint. The majority of respondents were satisfied with their initial contact with the Patient Experience Team and the Investigating Officer. This indicates that patients/complainants were generally satisfied with the beginning part of the complaints process.

77% of respondents told us they received contact from the Investigating Officer appointed to review their complaint, indicating the Trust's requirement for the Investigating Officer to make contact personally with the complainant is largely being followed.

54% of 24 respondents told us they felt we did not keep them sufficiently updated regarding the progress of the investigation. This response is likely to be due to the backlog of outstanding complaints being worked through by PET during Q3 16/17, which has meant that a number of responses were issued outside of target timescale. As noted in this report, this is an area of continued focused improvement within PE Team.

Complainants who were issued with a formal complaint response in Q4 2016/17 have been asked to complete a survey in May 2017, the responses to which are currently being received and analysed.

9.0 Parliamentary and Health Service Ombudsman (PHSO)

During 2016/17 there were eight cases referred to the Parliamentary Health Service Ombudsman, nine final decisions received and one case remains under review at 31st March 2017. Of the nine final decisions received:

- Two upheld
- One partly upheld
- Six not upheld

As a result of one upheld and one partly upheld decision, the Trust formed Action Plans from each and issued two PHSO case learning documents to all clinical staff in anonymised format to share the specific case learning trust wide.

The Trust has formed an Action Plan as a result of the second upheld final decision. The Action Plan includes the submission of a Request for Change (RfC) to NHS Pathways.

One outstanding case remains under investigation with the PHSO – no updates have been received.

10.0 Patient Experience Audit

The Trust's external auditors, BDO, carried out an audit of Patient Experience processes in November and December 2016. The outcome report was presented to the Trust's Audit Committee in April 2017. Audit Committee acknowledged the findings, noted the improvements achieved and accepted that further improvement work has been undertaken since the audit was carried out. The Committee has asked for a further progress update to be provided to them in September 2017.

11.0 Summary

SCAS continues to see a rise in service users feedback which we carefully consider to improve the future experience of our patients, their representatives and healthcare professional colleagues, and from which we aim to learn lessons.

The Patient Experience Team have had a challenging year establishing a new team, training new personnel, working through a significant backlog of outstanding cases and embedding new ways of working.

In 2016/17 the PE team has been working closely with the Head of Risk, Safeguarding Lead and Legal Claims Manager to ensure collaborative working in SIRI's, complaints, safeguarding referrals and claims. The Trust acknowledges that we can further develop the aggregation of incidents, safeguarding, claims and SIRIs going forward and use our IT reporting system (Datix) to assist with this.

Overall the Trust has a very low percentage of complaints, concerns and healthcare professional feedback per number of contacts (0.10%) and relatively few Ombudsman referrals.

SCAS continued to attend Community Engagement Forums and Community Engagement Roadshows alongside Healthwatch this year and will continue this into 2017/18.

The Trust recognises the improvements achieved in the timeliness of investigations and responses. The Patient Experience Team is driving further improvement in this area alongside managing the increased case load as a result of the new Surrey and Sussex PTS contracts.

The Trust recognises the positive collaborative improvement work undertaken by the Head of Patient Experience and the Patient Experience Team during 2016/17, the improvement work will continue in 2017/18.