London Ambulance Service NHS Trust

Hillingdon Oversight and Scrutiny Committee Update on LAS Complaints

Background

The following information provides a breakdown of the total complaints received for the Hillingdon CCG area, and a like for like comparison against neighbouring (Brent and Harrow) CCG areas for the 2014/15 year.

The Brent, Harrow and Hillingdon CCG area accounted for 9.60% of the total LAS complaints (1403) received for this period:

Harrow = 2.1%
Brent = 3%
Hillingdon = 4.5%

Nature of complaint

Table 1 – Subject complaints by CCG area 2014/15

Borough	Conduct	conveyance	Delay	Non-conveyance	damage to property	Road handling	Treatment	Safeguarding	totals
Harrow	5	1	15	4	1	3	0	0	29
Hillingdon	11	4	45	0	0	1	1	1	63
Brent	7	0	30	1	0	1	3	0	42
Totals	**23**	**5**	**90**	**5**	**1**	**5**	**4**	**1**	**134**

Resolution of complaints

Table 2 – Complaints awaiting conclusion

	Number awaiting conclusion	Reason
Brent	9	
Harrow	2	
Hillingdon	6	3 awaiting QA report, 1 awaiting clinical opinion, 2 x draft response with PED

Table 3 – Complaint outcomes

Outcome	Hillingdon	Brent	Harrow
Explanation provided	51	26	24
Staff reflective practice and/or training	6	4	3
Complaint withdrawn	0	2	0
No further action	0	1	0

Learning from Complaints – Changes to Service Provision

999 Call Management

- We have implemented an initiative whereby an upgrade is made to the priority level in relation to any patient who is considered to be vulnerable where there is a delay exceeding 60 minutes in an ambulance being sent, irrespective of whether the patient's condition has changed (the usual criteria for an upgrade to be made) or not. This is typically pertinent to elderly patients who have experienced a fall and remain on the floor.

- Since the above, we have introduced a systematic way of ensuring that an automatic upgrade is made to the priority level at the scheduled 60 minute interval.

- Patients who have taken an overdose and now routinely determined at a C1 priority which attracts a target an ambulance response within 20 minutes.

- We have withdrawn the taped message that was historically used to explain what was happening and what a caller should do before an ambulance arrived. This was introduced as a means or releasing call handers to more quickly answer incoming 999 calls. However, complainants found it impersonal and said they wanted to speak to a human being. The initiative also proved counter-productive in that it prompted an increased number of calls seeking the estimated time of arrival, as callers did not necessarily take on board the information in the tape message given the duress that callers can experience at the time of making a 999 call. Callers are now given advice by a call hander.

- Callers to the 999 service complained that we could not offer an estimated time of arrival so that they could make an informed decision about whether to wait for an ambulance patient to or to take the patient to hospital or another care pathway by other means. We have therefore introduced a new facility so that at times of high demand, call handlers are advised of the likely duration before an ambulance is sent so they can pass this on to the caller.

Changes to clinical protocols

- We identified that the triage of seizures did not successfully isolate those 999 calls where the patient was known to have epilepsy but was experiencing a seizure that was atypical for them. Changes have been made to the clinical protocol, including the identification of incidents where the patient has been given benzodiazepine which could impact on their level of consciousness or breathing.

- It was identified that not all maternity units do not have dedicated facility to receive a pre-alert call; this has historically mainly been used to alert A&E departments that patient is being brought there as a high priority emergency, so that a doctor and medical team can be prepared for the patient's arrival. An audit was undertaken in collaboration with Maternity-Unit s pan-London towards improving provision and practice.

- Following several instance where a testicular torsion, presenting as abdominal pain, has resulted in a slow response and culminated in a life-changing event for the patient, we have agreed with the National Academy of International Dispatch to change the triage outcome of patients presenting with this condition. If mention is made of groin pain, call handers now record that so that our Clinical Hub clinicians can undertake an enhanced clinical assessment and re-grade the call, if appropriate.

- The triage of patients with known potentially life-threatening conditions such as Arteriovenous Malformation (AVM), in whom early and subtle symptoms could suggest impending rapid deterioration, has been improved.

- Following several case involving the care provided to patients who had used cocaine, a reminder was issued in a Clinical Update (disseminated across the Trust) that an ECG should be routinely taken as part of the assessment as cocaine can induce a heart attack.

Case Studies

1. Concerns were raised on behalf of the patient by his GP that the attending staff believed that the patient did not need to attend hospital.

   Outcome: Our clinical review concluded that the patient may have benefited from stronger analgesia and although the patient was taken to an appropriate facility, feedback was given to the crew about identification of cardiac chest pains in patients presenting with atypical symptoms and non-diagnostic ECG

2. Concerns were raised by a police officer who believed that she had incurred a needle-stick injury whilst assisting LAS staff with a patient in custody. It was ascertained that a lancet had been used and that it was highly unlikely that a needle-stick injury had occurred.

   Outcome: A full explanation was provided that the lancet has been tested, reviewed and used in trials in accordance with governance practice and that it is a safe system.

3. The relative of a patient who had suffered a fatal heart attack raised a number of issues including why medical apparatus and packaging were left at the scene.

   Outcome: We explained that in the context of an unexpected death it is a requirement that medical devices, such as airway devices and intravenous catheters, are left *in situ*. This is because the scene is regarded as a potential crime scene until the police decide otherwise. Matters were made more complicated in this case because of the property being suspected of being used as a cannabis farm.