

## Annual Complaints Report – 2013/14

### Introduction

Feedback from patients, relatives and carers provides the Trust with a vital source of insight about people's experiences of healthcare at the Royal Free, and how our services can be improved. The ultimate aim of the trust and the key objective for the patient affairs team and the trust's complaints process is to listen and respond to the issues being raised and use the information received to improve our services and, in turn, the experience that patients have.

This report provides information on formal complaints received by the patient affairs department between April 2013 and March 2014. It seeks to provide a summary of the complaints received, the areas concerned, the main issues raised and trends identified, and the actions taken in response or those planned for future services.

### Background

The statutory instrument for complaints in the NHS is contained in the *Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*. The legislation expects that each responsible body has arrangements for dealing with complaints to ensure that:

1. complaints are dealt with efficiently;
2. complaints are properly investigated;
3. complainants are treated with respect and courtesy;
4. complainants receive, so far as is reasonably practical -
  - I. assistance to enable them to understand the procedure in relation to complaints; or
  - II. advice on where they may obtain such assistance;
5. complainants receive a timely and appropriate response;
6. complainants are told the outcome of the investigation of their complaint; and
7. action is taken if necessary in light of the outcome of a complaint.

The Department of Health issued *Listening, Responding, Improving: A guide to better customer care* in February 2009 to support organisations in responding to and learning from complainants.

The Parliamentary Health Service Ombudsman (PHSO) *Principles of Good Complaint Handling* has six principles:

1. getting it right
2. being customer focused
3. being open and accountable
4. acting fairly and proportionately
5. putting things right
6. seeking continuous improvement.

The Royal Free London NHS Foundation Trust Complaints Policy and Procedure takes into account the regulations and the PHSO principles.

## **Care Quality Commission**

The Care Quality Commission regulates complaints under Outcome 17 of the Essential Standards of Quality and Safety. The most recent unannounced inspection carried out in February 2014 found the trust to be compliant with this outcome.

The inspection found that the complaints and PALS processes were well advertised within the hospital and well known by staff. They were satisfied with the systems in place to manage complaints to ensure that action was taken in response and that trends were reported and triangulated within effective governance processes. They found the sample responses to be of a good standard and noted the reduced re-opened rate. However, reference was made to the poor response rate in October – December 2013 and the lack of systematic contact with those complainants' whose deadlines had been missed.

## **Complaints Data**

There were 653 complaints received between 1 April 2013 and 31 March 2014. This is less than the number received in 2012/13, when there were 710. The patient affairs team continue to process contacts in a flexible, negotiated way and this has resulted in an increase in the number of contacts that have been recorded as informal complaints in the last two financial years i.e. there were 92 informal complaints in 2012/13 and 90 in 2013/14.

The 653 complaints received is from 80,528 finished consultant episodes (FCE = the cumulative total of elective, non-elective and day-case attendances for this same time period), which equates to complaint ratio of 0.8%.

To date, 652 of the complaints have been responded to (the one case that remains open requires a statement from an additional member of staff who has been on long-term leave). Of the 652 complaints responded to, 103 have been upheld, 357 have been partially upheld and 192 have not been upheld.

There have been 713 response target dates in this time period, and we have met 508 of them, which equates to an overall response rate of 71%.

A breakdown of the complaints by primary subject follows below, along with a comparison table showing the primary subjects for 2012/13. The top 10 subjects are largely the same as 2012/13 but have changed order slightly.

Car park issues (the new parking arrangements introduced in October 2013) and concerns about procedures not being followed (e.g. cancellation procedures, appointment booking procedures) are new complaints about administration and discharge arrangements have dropped out of the top 10.

Clinical treatment complaints have decreased significantly but is again the top subject. Other changes of note are the decrease in transport and attitude complaints and the increase in nursing and midwifery complaints.

## Top 10 Subjects (primary)

2012/13

Clinical treatment	159
Attitude of staff	95
Delay	93
Communication	74
Administrative	45
Cancellation	35
Clinical diagnosis	33
Transport	32
Nursing and midwifery	30
Discharge	21

2013/14

Clinical treatment	117
Delay	104
Attitude of staff	81
Communication	66
Nursing and midwifery	53
Clinical diagnosis	39
Car park	34
Cancellation	26
Procedure	20
Transport	18

### Further analysis of the top 3 subjects

A more detailed analysis of the top three subjects received i.e. complaints regarding clinical treatment, delays and attitude of staff will follow below, along with examples of actions taken/changes implemented in response to these complaints. In addition, the same analysis will be undertaken for the nursing and midwifery care complaints received.

#### Clinical treatment

The table below breaks the clinical treatment complaints down by specialty and the sub-subject of the complaint for the 10 most complained about specialties.

	Poor Communication over Treatment	Delay in Treatment	Incorrect Treatment	No Treatment	Clinical Treatment	Unsuccessful Treatment	Total Number
<b>Emergency Department</b>	1	1	5	5	1	2	<b>15</b>
<b>Gynaecology</b>	-	-	4	1	2	2	<b>9</b>
<b>Ophthalmology</b>	2	2	-	-	2	1	<b>7</b>
<b>Trauma &amp; Orthopaedics</b>	-	1	2	1	-	3	<b>7</b>
<b>Obstetrics</b>	1	3	-	1	-	-	<b>5</b>
<b>Health Services for Elderly</b>	-	1	2	1	1	-	<b>5</b>
<b>General Surgery</b>	1	1	1	-	-	3	<b>5</b>
<b>Emergency Department - paed</b>	1	1	1	-	-	1	<b>4</b>
<b>Plastic Surgery</b>	1	-	1	-	1	-	<b>3</b>
<b>Vascular</b>	-	1	1	-	-	1	<b>3</b>
<b>Total</b>	<b>7</b>	<b>11</b>	<b>17</b>	<b>9</b>	<b>7</b>	<b>13</b>	<b>63</b>

The trust had 80,528 finished consultant episodes (FCE) in this time period. The 63 complaints about clinical treatment equate to 0.07% of FCEs. There is no identifiable theme in terms of staff member(s) involved.

Of these 63 complaints, 3 of them were fully upheld. They related to the Emergency department (x2) and gynaecology. The gynaecology complaint was escalated to a serious incident and actions are yet to be agreed. Actions taken in response to the two Emergency department complaints are listed below.

- Doctor cleaned the child's wound and, in line with recommended best practice, lay him on his back (with his eyes closed) flat on the trolley to avoid the glue dripping into his eye. Unfortunately, despite this, a small amount trickled onto his top eyelash resulting in it sticking to the bottom one. We plan to make every effort to prevent this from happening in future through staff education and training. This training will include, as an additional preventative measure, suggesting occluding the eye with damp gauze so that any glue that then trickles from the wound would come in contact with the gauze (and be absorbed) rather than the eye.
- Consultant has confirmed that x-rays must always be carried out for injuries involving glass in order to avoid glass being left behind following suturing. Unfortunately, the junior doctor mistakenly thought that she had some discretion regarding this and, following her assessment, decided not to arrange an x-ray. This decision was incorrect and led to the patient's injury not healing correctly and requiring further surgery. Her consultant has discussed this incident in detail with her and she fully understands the mistake she made and the consequences it had. She has learnt from this and will not make the same error again.

#### Nursing and midwifery care

There were 54 complaints where nursing/midwifery care was recorded as a subject of the complaint (in 53 of those complaints it was the primary subject).

The director of nursing reviews all complaints and signs off complaint responses, ensuring that appropriate explanations and apologies have been provided in each case and action taken in response to the points raised. The director of nursing also has escalated to her any issues that are raised regarding unsafe/uncaring practice or potential serious incidents.

The table below breaks the nursing complaints down by location and sub-subject.

	Inappropriate conduct	Delayed care	Substandard care	Nutrition and hydration	Total
<b>A&amp;E Majors</b>	0	0	1	0	<b>1</b>
<b>A&amp;E Minors</b>	0	0	1	0	<b>1</b>
<b>ICU 4 - West</b>	0	0	1	0	<b>1</b>
<b>ITU</b>	1	0	0	0	<b>1</b>
<b>Labour ward triage</b>	0	0	2	0	<b>2</b>
<b>George Quist</b>	0	0	1	0	<b>1</b>
<b>5 South</b>	0	0	1	0	<b>1</b>
<b>6 East</b>	0	1	3	0	<b>4</b>
<b>6 North</b>	0	0	1	0	<b>1</b>
<b>6 South</b>	0	0	4	0	<b>4</b>
<b>6 West B</b>	0	0	1	0	<b>1</b>

<b>7 East A</b>	0	0	4	0	<b>4</b>
<b>7 East B</b>	0	0	1	0	<b>1</b>
<b>7 West</b>	0	0	3	0	<b>3</b>
<b>7 North</b>	0	0	1	0	<b>1</b>
<b>8 East</b>	0	1	3	1	<b>5</b>
<b>8 North</b>	0	2	3	0	<b>5</b>
<b>8 West</b>	0	0	2	0	<b>2</b>
<b>9 North</b>	0	0	4	1	<b>5</b>
<b>9 West</b>	0	0	1	0	<b>1</b>
<b>10 North</b>	0	0	2	0	<b>2</b>
<b>10 South</b>	0	0	1	0	<b>1</b>
<b>10 South A</b>	0	0	1	0	<b>1</b>
<b>10 West</b>	0	0	2	0	<b>2</b>
<b>11 East</b>	0	0	1	0	<b>1</b>
<b>11 South</b>	0	0	1	0	<b>1</b>
<b>12 South</b>	0	0	1	0	<b>1</b>
<b>Totals:</b>	<b>1</b>	<b>4</b>	<b>47</b>	<b>2</b>	<b>54</b>

Of these 54 complaints, 10 were fully upheld and related to care received on 6 South (x2), 6 North, 7 East A, 8 East (x2), 9 West, 10 West, 11 East, A&E Majors, and ITU.

The data above highlights that the concerns raised about nursing care are spread across a number of wards, with no area receiving an alarmingly high number during the year. However, 8 East, 8 North and 9 North feature more times than other wards and issues with 8 East ward have been recognised by senior management and were reflected in the complaints received in this time period.

Example actions taken in response to the complaints are listed below:

- The Divisional Nurse Director is leading an improvement plan for 8 East ward nursing staff.
- The ITU matron reviewed the patient's records and, regrettably, advised that the instructions not to shave the patient were not documented by the nursing staff. Matron finds the agency nurse concerned to be a reliable and well-regarded member of agency staff, and believes that part of the responsibility for this error lies with other ward staff for not documenting in the record's the request not to shave the patient. Matron raised this matter at nursing team meetings to make sure all staff members were aware of the need to be sure about patients' preferences before undertaking personal care of this nature. He also fed the incident back to the agency, with a request that they ask the nurse identified to take more care in future.
- Regrettably, the staff on 6 South failed to follow the pain management policy. The clinical practice educator has discussed what happened with the nursing staff in detail to ensure learning takes place and avoid a similar situation occurring in the future. As a result of the complaint, all the nurses on 6 South ward are going to be retrained in relation to care of the dying patient.

- Regrettably, it would appear that due to the poor standard of initial assessment on admission to 8 East ward, it was not noted that the patient required extra assistance, such as the use of the 'red tray' system. Sister has discussed this with the nurse concerned and she has been made aware of her mistakes. Sister is starting a champion theme on the ward in the near future and the nurse concerned will be one of our documentation champions, which means she will ensure admissions are completed correctly and in a timely manner and will become involved with auditing the assessments.
- The patient should not have had such difficulty in calling for help on 8 West ward and, as a minimum, she should have received more frequent nurse rounding visits so that she was not left so frustrated and distressed. This complaint has highlighted the need to address this issue (patients who are unable to use a call bell to attract attention) so that future patients do not experience similar problems. The divisional nurse director is exploring, with our estates manager, whether there are different handsets that may be used in situations such as this, as they would also be useful on the stroke and neurology wards.
- The agency staff member working on 9 West was excluded by the trust and the agency conducted their own internal investigation.
- Poor practice on the part of the healthcare assistant working on 7 East A was identified during the course of the investigation. The healthcare assistant is now undergoing further training and a period of supervised practice.

### Delay

	Delay in Admission	Delay/length of wait in A&E	Length of wait in clinic	Delay in discharge	Delay in Providing ENT Equipment to Patient	Delay in receiving inpatient treatment	Delay in receiving outpatient appointment	Delay in Pharmacy Department	Delay in receiving test results	Delay in diagnosis	Delay in arranging diagnostic tests	Delay in provision of diagnostic test results	Total
<b>Breast Clinic</b>	0	0	0	0	0	0	0	0	0	0	0	2	2
<b>Orthopaedic/Fracture Clinic</b>	0	0	4	0	0	0	0	0	0	0	0	0	4
<b>Clinic 2</b>	0	0	2	0	0	0	0	0	0	0	0	0	2
<b>Clinic 3</b>	0	0	6	0	0	0	0	0	0	0	0	0	6
<b>Clinic 5</b>	0	0	1	0	1	0	0	0	0	0	0	0	2
<b>Clinic 6</b>	0	0	4	0	0	0	0	0	0	0	0	0	4
<b>Outpatients Dept/Clinic</b>	0	0	10	0	0	3	2	0	4	1	2	0	22
<b>A&amp;E - Minors</b>	1	1	0	0	0	0	0	0	0	0	0	0	2
<b>Totals:</b>	<b>1</b>	<b>1</b>	<b>27</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>44</b>

The evident trend from the data above is delays in clinic/outpatients, with clinic 3 being mentioned on 6 occasions. Clinic 3 is our ophthalmology clinic and also featured in last year's report.

It is necessary for patients attending the ophthalmology clinic to have a number of tests while at the hospital, typically seeing a nurse and an orthoptist before their consultation with the ophthalmologist. In the case of patients attending the macular clinic, nurses also carry out visual acuity tests and instil eye drops to enable further examination of the eye, and it can take up to 30 minutes for the iris to dilate following the administration of these drops. Before the surgeon administers the eye injection, it is also necessary to perform a special scan of the eye. It is not therefore unusual for patients to spend 3 to 4 hours in clinic and this information is included in the appointment letter. Tea and biscuits have also been made available for patients on the day.

However, in recognition of the ongoing delays in clinic the ophthalmology team now have in place a weekly forward review of clinic bookings to ensure capacity is available for anticipated patient numbers. Additionally, time was taken up while clinical staff waited to access rooms with the appropriate computers to review the results of various eye tests, and the clinic has now secured the IT resources to enable the remote viewing of eye images from all clinical rooms. This will result in reduced waiting times for patients, as clinicians will not be wasting time by walking between different clinic rooms to view eye images.

A lot of the issues with delays are interlinked with administration and communication issues and centre on the administration of outpatient clinics and appointment letters. Staff are constantly being reminded of the need to be proactive and keep patients updated about any delays in clinic.

The kiosks can also be used for self-check in, which should help to reduce waiting times in the outpatient environment, congestion at the reception desk and enable staff to focus more on communicating with patients, making accurate follow up appointments, as well as increased customer care.

#### Staff attitude

The table below breaks the primary attitude complaints down by staff group and whether the complaint was fully upheld or not.

	<b>Number received</b>	<b>Number fully upheld</b>
<b>Administrative</b>	18	2
<b>Medical</b>	31	1
<b>Nursing</b>	21	3
<b>Other</b>	10	2

The medical staff complaints related to doctors appearing to be rude, not taking concerns seriously, a lack of introduction to other staff present in the consultation room, or being brisk and dismissive. The nursing staff complaints relate to nursing staff appearing to be rude, lacking understanding/sympathy, or being unresponsive and unhelpful. The administrative staff complaints relate to staff appearing to be rude and unhelpful (predominantly over the phone) when dealing with enquiries.

Unfortunately, it is not always possible to identify the staff member(s) involved in an allegation of poor attitude, due to complainants not being aware of their name or the exact date, time and location of the interaction(s) concerned. Wherever possible, staff are identified during the investigation process by using descriptions and referring to rotas etc, and action is taken to follow the matter up.

51 members of staff were identified during the course of these investigations and two doctors accounted for two complaints each, but other than this there were no clearly identifiable trends. However, the two doctors' mentioned above have featured in previous complaints and the matter had already been escalated to their clinical directors, who met with the doctors concerned to discuss the complaints and the issues raised regarding their attitude. The fact that they had been referred to again in recent complaints was once again escalated.

Examples of other action taken in response to attitude complaints received are:

- The sonographer concerned was asked to attend a workshop in order to develop her communication skills and refresh herself with the trust's world class care values.
- The staff nurse's behaviour (10 North) was not found to meet the required trust standards and, consequently, her behaviour was dealt with internally by her senior team.
- As a result of a complaint raised about experiences on ITU, the trust commissioned a bespoke piece of work led by a National Patient Champion to raise awareness and understanding of the importance of the way in which care is delivered to patients.
- The A&E receptionist accepts that his behaviour was inappropriate and is aware that should there be any further concerns raised about his attitude, the matter will be taken forward via our HR procedures.
- The radiologist was asked to reflect on her attitude and the department as a whole undertook the liaison with the dementia care team in order to receive training on dealing with patients suffering from dementia.

Whilst there is evidence of action being taken to address staff attitude and communication of particular individuals identified in complaints, the difficulty with staff attitude and poor communication was identified as an issue of importance and informed the trust's World Class Care initiative. Complaints received about attitude have subsequently dropped every year since 2010/11.

### **Examples of actions taken in response to other complaints**

In addition to apologies and explanations, the majority of our complaint responses will include details of specific action(s) taken as a result of the complaint that has been received. Some general examples of actions taken/changes implemented are listed below:

- A patient's HIV status was mistakenly disclosed to his GP against his wishes. Since this incident, the ICDC team has revised its processes to ensure that GPs are only contacted when the following procedures have been met:
  - ✓ A consent form is completed stipulating whether the GP or other organisations may be contacted about the patient. The consent status is checked by the clinician at each clinic review. The consent form is attached inside the front cover of the patient's medical notes and must be checked by the reviewing doctor or nurse before writing to the GP.
  - ✓ Consent status is entered onto the ICDC electronic database.
  - ✓ The secretarial staff check consent status before sending out any written correspondence to the GPs.
  
- The paediatric allergy team will ensure that communication about tests is clearer; this will be done using a new information leaflet which will be given out to parents at the time the decision for testing is made. The team will also consider having play therapists present during the allergy clinic to help children who may be anxious. Additionally, staff will ask at the initial consultation if there are any issues that may affect the child's ability to tolerate the test, such as a needle phobia, so that the referral can be clear and the allergy nurses have awareness that they need to allow more time for that child's consultation.
  
- The stock of the two products involved in a potential prescribing error are now stored in different areas of the dispensary to prevent the potential of a further error occurring.
  
- The consultant will shortly be meeting with the matron to look at improvements to our inpatient angiography policy with the aim of introducing a limit of one day's wait when patients are kept nil by mouth.
  
- The emergency department matron has reiterated to the nurses in the department, during their recent daily safety briefings, that they must not use tubigrip for this type of wrist injury and a note has also been put on the plaster trolley to this effect.
  
- The nursing team in ITU recognise that they were not as familiar as they could have been in using a syringe driver to administer painkillers and have since sought further training and guidance on the use of this equipment.
  
- The MSL driver did not follow correct procedure and is being followed up by MSL internal disciplinary procedures.
  
- Under the existing lease arrangements we do not have a direct contractual route to influence the displays and offers within the WH Smith retail unit. However, the issues regarding the number of healthy foods on offer falls directly into our public health agenda. We have spoken to WH Smith about this and they have agreed to develop a pilot, in collaboration with the trust, whereby they will change the offerings in the retail unit and on the patient trolley to more healthy options for a period of 3 months. We will review with WH Smith staff the impact on their business, quantify the health benefits, gain feedback from trust patients, visitors and staff, and subsequently make a decision on future offerings.

### Complaints re-opened and referred to the PHSO

As demonstrated by the table below, the number of complainants that re-open their complaint following receipt of the first response is falling, as is the number of complaints being taken to the PHSO. There has been a recent increase in the number being referred back to the trust for further work and the number upheld by the PHSO.

However, this coincided with the PHSO indicating that there would be a change in the way that they record their case work i.e. any preliminary reviews of complaint files would be recorded as investigations in their annual figures, as opposed to only those cases that went on to be formally investigated. Since April 2013, there has been an increase in the number of cases formally investigated by the PHSO. In addition, the draft reports produced by the PHSO are increasingly making recommendations for financial payment in recognition of distress caused. This is something that we plan to monitor.

2010/11	2011/12	2012/13	2013/14
10% (87) of complaints were re-opened following receipt of the first response	9% (75) of complaints were re-opened following receipt of the first response	8% (57) of complaints were re-opened following receipt of the first response	7% (46) of complaints were re-opened following receipt of the first response
26 complaints received in 2010 went to the PHSO	16 complaints received in 2011 went to the PHSO	13 complaints received in 2012 went to the PHSO	11 complaints received in 2013 went to the PHSO
8 were sent back to us for further work	4 were sent back to us for further work	5 were sent back to us for further work	To date 0 cases have been referred back for further work. 2 case are still under initial review.
1 case was eventually upheld	1 case was eventually upheld	3 were upheld to some degree	0 cases have yet been upheld

### Complainant satisfaction questionnaire

We have introduced a complainant satisfaction questionnaire (sent via post) to be sent to a random selection of complainants at least three months after the completion of their complaint with the trust. The questionnaire is anonymous and the first batch was sent out in September 2013 (for complaints that were closed in March and April 2013). Pleasingly, 22 of 88 were returned.

Analysis from the first batch shows that complainants accessed the process through a variety of sources (staff, PALS, complaint leaflets, trust website etc).

Three complainants said that their disability was not taken into account in the process but one of those did not explain why (or if we knew about their disability during the process) and the other two, when explaining why, referred to the detail of their initial complaint and not the complaint process itself.

73% of the questionnaires were from White British patients, but Pakistani, African, mixed race and other ethnic group categories were also included in the returned batch. 66% were from female patients.

There was a mixture of positive and negative comments but overall the results were positive. 60% felt their concerns were taken seriously and handled sensitively. 64% said that their response addressed all points raised satisfactorily. 77% said that their response was clear and understandable. 27% felt that their complaint was handled poorly.

The next batch has been sent out. 94 were sent and to date 19 have been returned. Analysis of this batch will be undertaken shortly. The questionnaires will be analysed on an ongoing basis and the results used to inform future practice.

## **Conclusions**

The number of formal complaints received has reduced from 2011/12. This is partly due to the transfer of the RNTNE, which accounted for 73 complaints in 2011/12. It is also due to an increase in the number of complaints recorded as informal, which as a result of increased negotiation and greater flexibility at the point of registration.

The patients who are the subjects of our complaints are largely representative of the patient demographic for this time period. The majority of the complainants reported themselves as White British (55%); 12% reported themselves as other White; 4% reported themselves as other Asian and 13% did not state their ethnicity.

The primary subjects remain largely the same (clinical treatment, attitude, delay and communication) but the actions contained in this report demonstrate that trends are acted upon and the complaints received in the trust are used to inform pieces of work aimed at improving the patient experience.

The number of complaints being re-opened by complainants and escalated to the PHSO is reducing year on year, which would seem to indicate that the trust's investigations are more robust and the resultant responses more satisfactory. The response rate has averaged out at 71% for the last 12 months. This is an improvement on last year but, as a result of a poor performance in October to December 2013, not as much of an improvement as expected.

Analysis by the head of complaints & PALS following the CQC inspection in February 2014, revealed that the practice of negotiating deadlines with complainants and agreeing realistic deadlines/extensions beyond the agreed deadlines if it was felt necessary, or if delays were experienced during the course of the investigation, was not being undertaken as much as thought. Therefore, a new system has been implemented, whereby the patient affairs team automatically send a letter to the complainant if and when the initial response deadline is going to be missed. Any further updates and/or extensions that may be required should then come from the complaints manager, preferably by telephone, leading on the investigation.

This has so far resulted in a performance of 78% for January to March 2014 and 87% for April to June 2014.

In summary, the trust values the feedback obtained from the complaints received and responds to all concerns openly, thoroughly and efficiently. The ultimate aim of the trust and the key objective for the patient affairs team, as well as the trust's wider governance structures, is to listen and respond to the issues being raised and use the information received to improve trust services and, in turn, the patient experience.

We have systems in place to systematically review the complaints received and ensure that investigations are undertaken appropriately, in line with legislation, and escalated within the trust as necessary.

The responses provided invariably outline action(s) that have been taken in response to the concerns raised or explain what is planned as a result of issues identified during the investigation. The data collected is used to inform reports, is disseminated amongst divisional teams and taken to various committees to inform ongoing work within the trust.

The CQC deemed that the trust was meeting the complaint standards. The inspection found that the complaints and PALS processes were well advertised within the hospital and well known by staff. They were satisfied with the systems in place to manage complaints to ensure that action was taken in response and that trends were reported and triangulated within effective governance processes. They found the sample responses to be of a good standard and noted the reduced re-opened rate. However, reference was made to the poor response rate in October – December 2013 and the lack of systematic contact with those complainants' whose deadlines had been missed.