

Annual Complaints Report – 2014/15

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 London NHS Foundation Trust, and how our services can be improved. The ultimate aim of 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 of our patients.

This report provides information on the complaints received in the trust between 1 April 2014 and 31 March 2015. It provides 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 the future.

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.

Patient Association review

The Royal Free London NHS Foundation Trust Complaints Policy and Procedure takes into account the regulations and the PHSO principles. However, following the acquisition in July

2014, we reviewed the complaints processes from both the Royal Free and Barnet and Chase Farm Hospitals. We have since revised our complaints policy and aligned practice so that there is one unified approach to dealing with complaints across the new organisation.

The Patients Association is an independent healthcare charity, which campaigns for improvements in health and social care and has produced recognised best practice advice documents for complaints handling – some of which were referenced in the Francis Report. We engaged the Patient Association in our review process and asked that they make suggestions for improved practice and highlight areas of good work that should be adopted by the new trust.

Their findings demonstrated a number of areas of good practice at each trust, together with areas for improvement. Noteworthy good practice at the Royal Free was the comprehensive analysis and reporting of complaints data, and they felt the complaints training programmes stood out at Barnet and Chase Farm. In terms of the policies themselves, the general Barnet and Chase Farm language was praised as were the appendices from the Royal Free.

The key changes made/actions implemented to date are:

- Revision of our deadlines; specifically, we have increased the default response deadline from 25 working days to 35 working days.
- Standardisation of Datix subject and sub-subject codes.
- Production of new easy-read leaflets for each site (also available on the website).
- Earlier use of local resolution meetings.
- Adoption of the Royal Free style response letter.
- Adoption of the Royal Free reporting structures and report templates.
- Adoption of the Royal Free use of Datix to record the complaint chronology i.e. all letters, statements, file notes, e-mails etc are to be attached to the Datix record.
- Adoption of the Royal Free policy appendices.

Complaints

Including data from Barnet & Chase Farm Hospitals NHS Trust prior to the acquisition in July 2014, there were 1,159 complaints received between 1 April 2014 and 31 March 2015. 698 of those were complaints regarding Royal Free Hospital services and 461 were regarding Barnet Hospital and Chase Farm Hospital services. This is more than the combined total of 990 complaints received by the previous organisations in 2013/14 – 653 for the Royal Free London NHS Foundation Trust and 337 for Barnet & Chase Farm Hospitals NHS Trust.

The increase in number for the Royal Free Hospital is not significant in number. The significant increase for Barnet and Chase Farm Hospitals is predominantly due to less issues being sent to PALS for resolution and a clearer separation between what is a PALS issue and what is a complaint. In addition, car parking complaints were not previously a regularly reported issue but they have been since the introduction of the new number plate recognition car parking system in October 2014.

The 1,159 complaints received are from 1,071,599 in-patient and outpatient episodes, which equates to complaint ratio of 0.1%.

To date, 1,116 of the complaints have been responded to. Of those, 171 have been upheld, 644 have been partially upheld and 301 have not been upheld.

There have been 1,139 response target dates in this time period and we have met 786 of them, which equates to an overall response rate of 69%. This is ultimately disappointing and less than the 71% achieved by the Royal Free London NHS Foundation trust in 2013/14. The table below breaks the performance down in detail. If it wasn't for a very poor first quarter performance from Barnet and Chase Farm Hospital and a poor second quarter performance from the Royal Free Hospital, the overall performance would have been closer to a much more acceptable 80%.

	Royal Free Hospital	Barnet Hospital & Chase Farm Hospital	Trust
April - June 2014	87%	10%	62%
July - September 2014	56%	67%	60%
October - December 2014	85%	83%	84%
January - March 2015	72%	68%	70%
Overall Performance	74%	61%	69%

Complaints re-opened following receipt of their first response

As demonstrated by the table below, the number of complainants who have re-opened their complaint regarding services provided by the Royal Free Hospital, following receipt of their first response letter, has fallen gradually since 2010/11. There has also been a recent decrease in the number re-opened regarding services provided by Barnet & Chase Farm Hospitals. This would appear to indicate that, although the timeliness of our complaint responses needs to improve, complainants are satisfied with the response received.

	2010/11	2011/12	2012/13	2013/14	2014/15
Royal Free Hospital	86 of 877 (10%)	75 of 797 (9%)	57 of 709 (8%)	50 of 653 (8%)	51 of 698 (7%)
Barnet Hospital & Chase Farm Hospitals	53 of 225 (24%)	59 of 207 (29%)	53 of 295 (18%)	31 of 337 (9%)	24 of 461 (5%)

Top 10 Subjects (primary)

A breakdown of the complaints by primary subject follows below, along with a comparison of the primary subjects reported in the Royal Free Hospital's annual report for 2013/14.

2013/14		2014/15	
Clinical treatment	117	Clinical treatment	304
Delay	104	Communications	223
Attitude of staff	81	Values and behaviours (attitude)	137
Communication	66	Delay	129
Nursing and midwifery	53	Clinical diagnosis	74
Clinical diagnosis	39	Car parking	61
Car parking	34	Cancellation	41
Cancellation	26	Discharge	32
Procedure	20	Nursing and midwifery	24
Transport	18	Transport	20

Our subject and sub-subject codes have been unified since 1 January 2015 and because of differences in coding, culture and practice, direct comparisons are difficult prior to this time. The subject and sub-subject codes were further adapted as of 1 May 2015 in order to comply with new reporting requirements from the Health and Social Care Information Centre. The codes are now much more detailed and will make comparison and analysis of the complaints received much easier for 2015/16.

The top 10 subjects are largely the same as 2013/14 but have changed order slightly. The new subject to feature is 'discharge' i.e. concerns about poorly communicated discharges, lack of involvement of the relatives in the discharge process or concerns over the care packages that were put in place.

Clinical treatment complaints are again the most common primary subject of a complaint but the number has increased significantly. This is mostly due to the subject codes that were in use at Barnet and Chase Farm Hospitals throughout 2014 which, due to limited coding options, meant that the vast majority of complaints were recorded as clinical treatment. This is also a contributory factor in the large increase in communication complaints. The other change of note is the decrease in nursing and midwifery complaints as a primary subject.

Further analysis of the top 3 subjects

A more detailed analysis of the top three subjects received i.e. complaints regarding clinical treatment, communication 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 304 complaints received from the 1,071,599 inpatient and outpatient episodes equates to a complaint ratio of 0.02%. There is no identifiable trend in terms of staff member.

Of the 304 complaints received, 26 have been upheld. Detailed explanations have been provided to each complainant along with apologies and information regarding the action taken as a result. There has been escalation to the serious incident process whenever appropriate and/or the involvement of human resources for further investigation.

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 diagnosis	No Diagnosis	Delay in treatment	Incorrect treatment	No treatment	Clinical Treatment	Unsuccessful treatment	Total
Emergency Dept - Adults	0	1	1	0	2	1	12	0	17
Emergency Medicine	0	0	0	0	0	0	11	0	11
General Medicine	0	0	0	1	1	0	5	0	7
General Surgery	1	0	0	1	0	2	11	1	16
Gynaecology	3	0	0	0	1	0	4	0	8

Health Services for the Elderly	1	0	0	0	0	1	11	0	13
Obstetrics/Maternity	0	0	0	0	0	0	17	0	17
Orthopaedics and Trauma	0	0	0	1	3	2	10	1	17
Paediatrics	1	0	0	0	1	0	6	0	8
Totals:	6	1	1	3	8	6	87	2	114

Example actions are listed below:

- Upon reviewing the medical records, the emergency department consultant has doubts that the patient's pain was satisfactorily controlled prior to discharge. He believes that a better reassessment of her condition should have been carried out and that she should have been offered admission to the hospital for further investigations and pain relief.

He is also disappointed that a full neurological examination was not undertaken and, in particular, that her reflexes were not tested as this could have, potentially, picked up a more severe condition. He notes in the discharge summary from UCLH that their examination elicited a diminished (ankle jerk) reflex on the left side. If our doctor had noticed this, she would have arranged an MRI scan in the next 24 hours (as happened at UCLH).

The ED consultant personally discussed these matters with the doctors concerned and highlighted his findings to ensure that learning took place.

- Following review of a complaint at the February ENT audit and governance meeting, there was agreement that any patient presenting with a traumatic perforation should be followed up by the team until the perforation has healed and there should be early referral for formal hearing testing via an audiologist. This should not be left for the GP to action.
- The clinical director for the emergency department at Barnet Hospital will be ensuring that the agency and the locum A&E doctor who saw the patient are informed of the complaint so that they are aware of the missed fracture. The clinical director will also request that the doctor concerned be reminded that any fall can cause a fracture and it was incorrect to have assumed that the mechanism would not be consistent with a broken bone.
- The doctor concerned is fully aware that, although Colchicine is used for much longer durations as preventative treatment for gout, the guidance for treatment of acute attacks is to not exceed 12 tablets at a time and not be repeated for 3 days after. The doctor did not realise that he had mistakenly asked the patient to take it for seven days. He has since taken steps to prevent this happening again. He now has an electronic copy of the British National Formulary on his phone, which is easily accessible, and has also made sure that he is able to access it from the desk top at the Chase Farm urgent care centre. He has also refreshed his knowledge about the condition itself and is now more knowledgeable regarding alternative treatments when anti-inflammatories fail.

Communication

The complaints related to a wide range of departments and specialties and there is no obvious trend in terms of numbers received department or staff member(s) involved. The

table over the page below breaks the communication complaints down by specialty and the sub-subject of the complaint for the 10 most complained about specialties.

	Breakdown in communication regarding appointments	Poor communication both written and oral	Poor Communication in writing	Poor Communication orally	Total
Colorectal Surgery	2	5	1	0	8
Dermatology	0	5	0	1	6
Emergency Dept - Adults	0	3	1	4	8
Neurology	0	1	1	3	5
Obstetrics/Maternity	0	2	0	8	10
Outpatient Appointment Centre	0	1	3	3	7
Orthopaedics and Trauma	0	3	0	3	6
Paediatrics	0	1	0	3	4
Urgent Care Centre	0	1	0	6	7
Urology	0	1	3	1	5
Total	2	23	9	32	66

Whilst there is no clearly identifiable trend, communication issues did form part of a wider piece of improvement work that was undertaken on Victoria ward (maternity), and the detail of this is outlined in the actions listed below.

Example actions are listed below:

- There has recently been a staff shortage in the nuclear medicine department and consequently, at busy periods, the phones have gone unanswered while staff members have been attending to patients at the reception desk. As a result, while the staffing issues are being resolved, the department are setting up a generic email address for enquiries and an answerphone number will be included on the appointment letter shortly.
- The pain management physiotherapy department had their own record of the patient's contact details, which incorrectly had his home telephone number listed as opposed to his mobile telephone number. Consequently, when the patient was contacted by the department by telephone to cancel his appointment at short notice, he was contacted via his home telephone number and a voicemail was left for him that he could not listen to (the patient is deaf). The department have now updated their information system to record the patient's mobile telephone number as the contact number to use and a process has been implemented within the department to send the patient text messages about future appointment changes.

- Due to breakdowns in communication a patient's MRI scan was not ordered in a timely manner and there was then a delay in her undergoing the scan and treatment plans being decided upon. The root cause of this issue was found to be problems with continuity of care, where different gynaecology consultant teams are on-call each day. In response to this issue, the gynaecology team have recently introduced a system called 'hot weeks', in which the same consultant and junior team cover the whole week. It is hoped that this will improve ownership of patients and their management plan, and lead to improvements in communication that should make experiences like the one above less likely to occur.
- Blood samples are processed in the pathology department at Chase Farm Hospital once a test has been undertaken. When a result is available, it is communicated to the anticoagulation nurses at Barnet Hospital, where the dosing and next appointment date and time are allocated. Following this, the new slip is printed and posted from Barnet Hospital. The old slip, which includes patient comments regarding availability for appointments, is delivered from Chase Farm Hospital via a regular courier the next day. Consequently, new slips may have already been posted before the old slip is received by the anticoagulation office. This delay in receiving the slips has impacted on our service delivery and, to improve the patients' experience, the department are taking immediate steps to ensure that the slips arrive at Barnet Hospital in a timelier manner. In addition, as a result of receiving your concerns, the nurses will now check the old slips first, as they arrive from Chase Farm Hospital, and if there are any messages from patients, they will telephone the patient with the appropriate adjustments. The anticoagulation service has grown considerably in recent months and this has caused some delays in clinic. The service is looking to expand its capacity over the coming months, which we hope will avoid such delays in future, but in the interim an extra list has been booked.
- The head of midwifery is leading on a piece of work on Victoria ward to address the issues of attitude of staff, appropriate support and sympathetic communication and explanation. The Victoria ward task and finish group are overseeing progress on this action plan and the patient involved has agreed to attend upcoming meetings as a user representative and share her experiences. She has also agreed to be a user representative for the Labour ward forum. As part of this work, the head of midwifery moved his office on to Victoria ward and began undertaking spot checks to ensure that expected standards were being met.

Values and behaviour – staff attitude

The majority of attitude complaints relate to doctors, followed by nursing staff and administration staff. The complaints regarding doctors refer to them appearing to be rude, abrupt, dismissive, or a lack of introduction to other staff present in the consultation room. The nursing staff complaints relate to nursing staff appearing to be rude, unresponsive or unhelpful or lacking understanding/sympathy. The administrative staff complaints relate to staff appearing to be rude and unhelpful (predominantly over the telephone) 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 and the medical records etc, and action is taken to follow the matter up.

33 members of staff have been identified during the course of these investigations and one locum A&E doctor who featured in two complaints of similar nature is no longer being used by the department. Other than this there were no clearly identifiable trends in terms of staff members involved.

However, in each response apologies were provided for the fact that the complainant's had been left unhappy by the actions of the staff concerned and all staff identified have discussed the complaint with colleagues and, as a minimum, reflected on their actions, whilst others have resulted in further action being taken. Examples of other action taken in response to the attitude complaints received are:

- Matron discussed the findings of the investigation with the complainant and offered our apologies. Given the nature of the language used, matron does not believe that the nurse referred to was trying to assist appropriately and has notified the agency that the nurse will no longer be required to work at the trust.
- The nurse referred to in the complaint is being investigated under the trust's performance and conduct procedures.
- One transport service driver was followed up under our transport contractor's HR processes.
- Following the concerns raised regarding the care and attitude of a staff nurse, the member of staff is working under supervised practice while we carry out an investigation under our performance and conduct procedures.
- The aforementioned work being led by the head of midwifery on Victoria ward is also relevant to this subject.

Whilst there is evidence of action being taken to address staff attitude and communication of particular individuals identified in complaints, attitude complaints have risen for the first time since the introduction of the trust's World Class Care initiative.

Nursing and midwifery care

There were 42 complaints received where nursing/midwifery care was recorded as a subject of the complaint (in 24 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 is also informed of any issues raised regarding unsafe practice or potential serious incidents.

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

	Lack of response to call bell	Discharge arrangements	Nutrition and hydration	Substandard care	Pressure sore care	Total
A&E Minors	0	0	0	1	0	1
Day Treatment Centre	0	0	0	1	0	1
ICU 4 - East	0	0	0	1	0	1
10 North	0	0	0	1	0	2
10 South A	0	0	0	2	0	2
10 West	0	0	0	1	0	1
2 North A	0	0	0	1	0	1
5 West B, Labour Ward/Delivery Suite	0	0	0	1	0	1
6 East	0	0	0	1	0	1
6 South	0	0	0	1	0	1
7 North	0	0	0	2	0	2
7 East A	0	0	0	1	0	1
8 East	0	0	0	3	0	3
8 North (MAU)	0	0	0	3	0	3
8 West	1	2	0	1	0	4
9 North	0	0	0	2	0	2
9 West	0	1	0	0	0	1
Adelaide Ward	0	1	0	0	0	1
Emergency Department	0	3	0	0	0	3
Clinical Decisions Unit	0	2	1	1	0	4
Larch Ward	0	0	1	0	0	1
Olive Ward	0	1	0	0	0	1
Palm Ward	0	0	1	0	0	1
Rowan Ward	0	1	0	0	0	1
Toronto Ward	0	0	0	0	1	1
Wellington Ward	0	1	0	0	0	1
Total	1	12	3	24	1	42

The data above highlights that the concerns raised about nursing care are spread across a number of wards, with no area receiving a high number during the year. Example actions taken in response to the complaints are listed below:

- A patient on the ward suffered blockages of her PICC line and the family raised concerns with the nursing staffs' management of her PICC line and the documentation of the management in the medical records. The staff concerned underwent additional training on PICC line care and were monitored for a period afterwards.
- The A&E department is able to administer pain medication to patients after assessing them but, unfortunately, the nursing assessment carried out by the triage nurse in A&E did not document a pain assessment. This has been raised with the nurse concerned.

- The patient did not miss any of her Parkinson's medication but it is possible that nurses may not have given this medication in line with the patient's usual timings. Our clinical nurse specialist - Parkinson's disease, has advised that ideally patients should take their Parkinson's medication at set times, as this helps control their symptoms. However, it is not always possible or practicable to do so in a hospital environment for a number of valid reasons, and it is unsafe for nurses to leave medication with patients so that they can self-administer at the correct time. Our clinical nurse specialist believes that nurses on ward 7 East A have a good general awareness on the needs and management of patients with Parkinson's disease but has offered to meet with the complainant to discuss the matter further.
- It usually takes approximately two days from the point of referral for a care package to be in place for a patient. Although the patient concerned had informed pre-assessment staff and the ward of the need for a care package, the ward staff were unable to complete the form until the patient arrived on the ward. Consequently, it was not possible for the ward to arrange her care at home within the 1½ days she was on the ward. As a result of this complaint, we are implementing a new process whereby the pre-assessment clinic staff will ensure that they contact the discharge team (when necessary) following the patient's visit to pre-assessment. The appropriate arrangements will therefore be facilitated by the discharge team and will be in place once the patient is ready for discharge.
- A patient's cannula was inserted incorrectly by the emergency department assistant (EDA) and the nurse working with her did not check it correctly. Matron has also arranged for both the EDA and the nurse to go for further cannula training.
- Matron has since checked the practice of completing the check-list on the ward and has found that it is not being done consistently, which can lead to errors. She has spoken to the ward staff about this issue and made the expected standard of cleaning and completion of the check list very clear. Matron does monitor the cleaning regularly on the ward and, if cleaning is not of an acceptable standard, she raises the issue with the nursing staff and domestics concerned. Matron is increasing her monitoring on the ward and is doing spot checks to ensure that there is a consistently high standard of cleaning.

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:

- There are currently delays to be seen in the pain clinic. Therefore, we are currently reviewing patient pathways in conjunction with the roles of the multidisciplinary team that are involved in treating patients under the pain service. We are looking at ways of ensuring that patients are referred to the most appropriate clinician early on in their treatment pathway, and our musculoskeletal department is looking at ways of advising patients of actions to take to minimise their pain whilst they wait to be seen. Additionally, we are in the process of looking at putting in place additional clinics to bring down the waiting lists and are working with local clinical commissioning groups and GPs to work out ways in which more patients can be treated in the community.

- There is now weekend MRI provision at Barnet and Chase Farm Hospitals between the hours of 8.00am and 8.00pm for patients who do not require sedation. Outside these times and for those who do need sedation (mostly children) there is an agreed pathway for transfer to the Royal Free Hospital for an MRI to be carried out. Regrettably, it would appear that this information was not adequately disseminated through parts of Barnet and Chase Farm Hospital. Consequently, the Royal Free site's practice for dissemination of future alerts is being rolled out across the Barnet and Chase Farm paediatric areas, whereby the paediatric pharmacist issues alerts to the clinical teams.

The medical team involved were reassured by the clinical signs and the recent normal MRI scan. However, in retrospect, the prolonged duration of pain should have made them consider repeating the MRI scan. As a result, training for the team in relation to action required in prolonged severe headache has been arranged through anonymised case-based discussion.

- A referral was incorrectly directed to the shoulder clinic and caused delay in the patient being seen. This incorrect triage and subsequent allocation to our shoulder clinic was the result of human error as a result of overlooking the information provided in the latter part of the referral. We have since switched to a new e-triage system, which provides a better audit trail and an easier and quicker way of directing referrals to the correct consultant. This system also allows the management team to track who has triaged the referral, when it was done and where they sent it to and, if human error occurs in future, the matter can be discussed directly with the consultant involved. However, because this system is more efficient and easier to track, we feel it will minimise these types of errors and enable us to take proactive action.

Complaints referred to the Parliamentary & Health Service Ombudsman (PHSO)

As outlined in last year's report, there was a change in the way that the PHSO record their case work and any preliminary reviews of complaint files are now recorded as investigations in their annual figures, as opposed to only those cases that went on to be formally investigated. 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 continue to monitor.

Of the complaints opened in this financial year, 10 have so far been escalated to the PHSO by the complainant. 4 of those were complaints regarding services provided by Barnet & Chase Farm Hospitals and 6 were regarding services provided by the Royal Free Hospital. 1 Royal Free case has been closed and not upheld and the other 9 cases are currently under investigation.

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 two batches have so far been sent out for complaints made regarding the Royal Free Hospital. The questionnaire is yet to be rolled out at Barnet & Chase Farm. Analysis of the last batch showed that:

- 61% of people felt they were given enough information about the complaints process in the trust (22% felt they were not and 17% felt this was not applicable to them).

- 67% felt that their complaint was taken seriously and handled sensitively.
- 67% said that we answered all or most of their questions satisfactorily (17% felt we did not answer any of their questions satisfactorily).
- 83% said the response was clear and understandable.
- In 73% of the cases where there was a delay, the complainant said they were updated appropriately.
- 48% felt the overall management of their complaint was good or very good. 27% felt it was average, 20% poor and 5% very poor.
- 100% of patients who had a disability said that it/their requests for assistance were taken into account during the process.

Summary

There has been a lot of work undertaken to align practice and procedure and to harmonise the recording of complaints to enable comparative analysis going forward.

The overall response rate of 69% for this period is disappointing but could have been significantly better if it wasn't for a very poor first quarter performance from Barnet and Chase Farm Hospital and a poor second quarter performance from the Royal Free Hospital. However, the figures demonstrate that the number of complaints being re-opened following receipt of their first response letter is reducing and would appear to indicate that, although the timeliness of our complaint responses needs to improve, complainants are satisfied with the response received.

The primary subjects remain largely the same as the last financial year, and the most common subjects of clinical treatment, communication, attitude and delays are the same across the enlarged organisation. However, the actions outlined 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 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.

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 data collected is used to inform reports, is disseminated amongst divisional teams and taken to various committees to inform ongoing work within the trust.