

2021/22 Annual Complaints Report

1.0 Introduction

The Patient Advice & Liaison Service (PALS) and Complaints Teams have, as with the rest of the Trust, begun emerging from the COVID-19 pandemic over the last year with new challenges and pressures. However, we have continued to maintain a high standard of service and met key targets for timeliness and responsiveness of responses to patients. This was reflected in the low number of cases which were upheld or not upheld by the Parliamentary & Health Service Ombudsman (PHSO)

The headline performance figures for 2021/22 are:

- 885 formal complaints received, and 4521 PALS cases logged.
- 463 compliments were logged by the PALS team.
- 94% of complaints were responded to within their agreed deadlines. (The target set by NW London integrated care system quality schedule is 90%)
- 93% of acknowledgment letters were sent within 3 working days. (The target set by NW London integrated care system quality schedule is 90%)
- 808 complaints were closed during the year with an average response time of 40 days (this met the local target of ≤ 40).
- Three complaints that were referred to the PHSO proceeded to a full investigation, the lowest to date.
- 4 outcomes from the PHSO were reported to the Trust of which were all partly upheld. Further details about these are provided later in the report.
- 3% of complaints were re-opened, meaning we needed to provide a follow up written response. This was lower than the 4% rate achieved in 2020/21
- Members of the complaints and PALS team continue to offer expert support and training to colleagues around the Trust.

The Central Complaints Team and PALS continued to have a strong and collaborative working relationship and they support colleagues to resolve complaints as swiftly as possible. The Central Complaints Team and PALS have continued to work very closely with colleagues in the wider team, such as Patient Affairs, Patient Experience and Safeguarding and at the start of the year assisted each other during periods of pressure caused by COVID-19. The Central Complaints Team also built closer more robust links with the Patient Safety Team and Medical Director's Office during the year to strengthen collaboration in relation to clinical incidents.

Complaints are reviewed at divisional monthly and quarterly governance meetings, as well as some of the specialty meetings where trends are identified that need to be brought to their attention and there is a complaints presence at these meetings when required. This is supported by quarterly reports provided by the Complaints & Service Improvement Manager. A monthly tracker is sent out to key staff in key areas. This shows a summary of outstanding caseloads as well as breached cases, allowing delays to be dealt with promptly. In the interests of openness, the PALS & Complaints Service Improvement manager continues to make the quarterly reports available to the public via the Trust website.

The Central Complaints Team supports the Chief Executive's office by managing and preparing responses to "high profile" complaints such as those received from MPs and those that have been raised via social media.

The Central Complaints Team also supports Imperial Private Healthcare by responding to complaints on their behalf.

The Complaints & Service Improvement Manager has worked with the Outpatient Improvement Project Team on the development and launch of new options within Cerner to allow staff to systematically record patients' communication needs and to alert the clinical staff when these needs are recorded. This will ensure we communicate effectively with patients who have disability related needs, for example those who require British Sign Language (BSL), braille, large print or those who need extra support because they have Learning Disabilities.

The Complaints & Service Improvement Manager has been engaging with Strategy, Research & Innovation team on developing ways to collect more data on the Protected Characteristics of patients who make complaints, starting with ethnicity. This will allow us to ensure that we are receiving feedback from all parts of the community.

The Central Complaints Team keeps track of all actions and learning arising from complaints investigations to make sure they are delivered, and evidence is collected to ensure they take place. Towards the end of the year, the Complaints & Service Improvement Manager has restarted delivering training sessions to colleagues such as Preceptorship Nurses on complaints handling.

During the COVID-19 pandemic, PALS closed all front-line offices and moved to a new 'call centre' PALS service. This enabled us to answer all PALS enquiries in a timely manner without the need to leave a message and wait for a call back. The majority of the PALS contacts continue to be through telephone calls. We have had 10,600 calls over the past year, this is a significant increase on previous years.

PALS frontline services have recently re-opened following the pandemic. We are currently operating a limited walk-in service, one day a week per site and are continuing to operate the now embedded call centre system.

We will continue to develop and expand our PALS volunteer services over the next year. We now have a small number of PALS volunteers returning to work at St Mary's Hospital site. To date they are volunteering in the Emergency department (ED), some of the surgical wards and working with our learning disabilities and autism team.

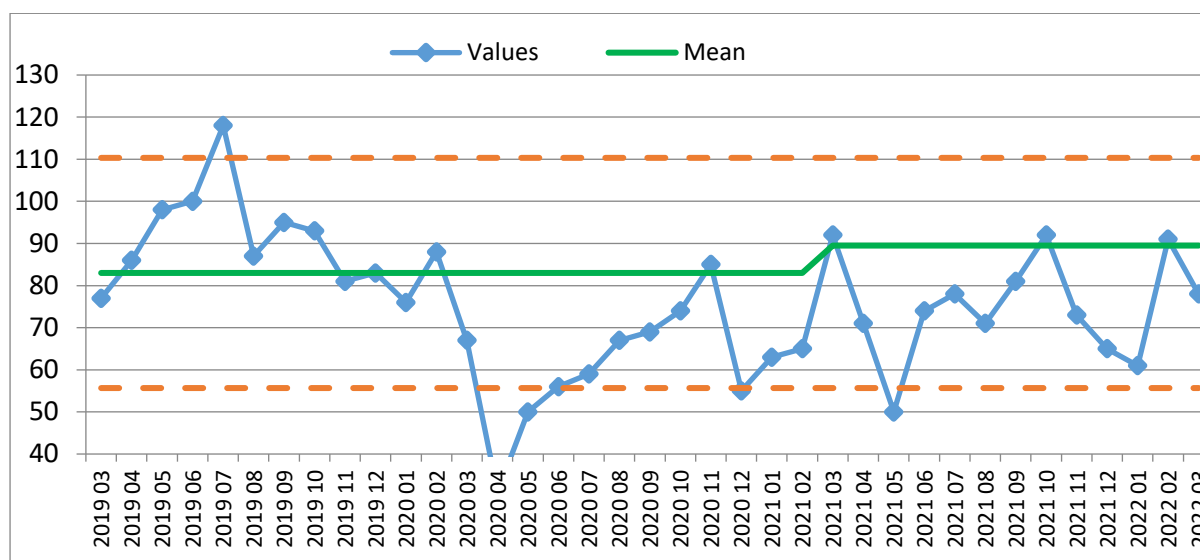
The PALS team has been working closely with patient affairs, cashiers and security teams to update the Patient Property Policy and processes. The PALS team is leading on the management of Lost property.

2.0 Numbers of Formal Complaints Received

Last year the Trust received 885 formal complaints. This was a 13% increase on the 768 received in the previous year. However, this increase was to be expected when compared against the drop in complaints observed across the NHS in 2020/21 when the COVID-19 pandemic and lockdowns led to a drop in people raising complaints.

The effect of the pandemic has made it harder to analyse year on year trends in overall complaints numbers but as the pandemic recedes, a clearer picture will emerge. The graph below shows the trend in the number of formal complaints raised over the last three financial years. We can observe that the numbers have fluctuated more in the last two years, as a result of COVID-19. There appears to be some correlation between a reduction in complaints being received and COVID-19 “waves”. However, it seems likely that numbers will increase significantly as the effect of COVID-19 wanes and concerns which people have previously been hesitant to raise are brought to us.

Graph 1: Numbers of formal complaints received for the last three years



3.0 Complaints cases

We report the subject of complaints using standardised categories, set by NHS Digital, which allow for benchmarking across NHS Trusts. Table 1 highlights the top 5 categories of formal complaints received in the year in comparison with the previous year (for reporting purposes Clinical Treatment and Patient Care have been combined as they are similar).

Table 1: Formal complaints by category

Category	2021/22	% of total	2020/21	% of total
Clinical treatment/patient care	219	25%	217	29%
Values and Behaviours (Staff)	164	19%	111	15%
Appointments	102	12%	94	12%
Communications	114	13%	81	11%
Trust admin/policies/procedures including patient record management	55	6%	59	8%
TOTAL	654	74%	562	74%

It is interesting to note how the proportion of formal complaints across the subject areas has remained similar in 2020/21 compared with the previous years. However, there are a few changes to note. The proportion of formal complaints about *appointments* has stayed the same. However,

the management of outpatient appointments remains an area of concern for our patients, and it is noted later in the report that the fall in formal cases is probably due to an increasing proportion of these issues being dealt with informally by PALS before they escalate to the formal stage. Patients have complained about delays to elective appointments and procedures, and short notice, and sometimes repeated cancellations. Whereas in 2020/21 there were a number of complaints made about the move towards remote appointments and a lack of clarity in communication about this, this has improved, and the issues are not primarily about delays and cancellations to scheduled appointments, mainly due to pressure on services.

It is reassuring to note that despite the unprecedented pressures colleagues have been under the proportion of complaints about *clinical treatment/patient care* has remained unchanged, and in fact has remained unchanged for the last three years. This demonstrates that on the whole, patients are satisfied with the overall standard of clinical and nursing care they are receiving when in our hospitals.

More concerning is the increase in complaints relating to *values & behaviours*. As mentioned previously, staff are under enormous pressures at present, and it seems likely that this pressure is contributing to some examples of behaviour and attitudes that are not in line with Trust values. However, this should be considered alongside increasing reports of challenging and sometimes violent and aggressive behavior from patients and/or their families which has presented significant challenges in some service areas.

The issue of *trust admin/policies/procedures including patient record management* has continued to be a concern, after being identified as an emerging trend in 2020/21. We continue to receive of complaints about the accuracy of health records and breaches relating to the inappropriate disclosure of patients' confidential health information.

Table 2 provides a breakdown by service area. During 2020/21 there were more complaints received concerning outpatients than inpatients. This was likely due to the aforementioned capacity issues which resulted in complaints about delays and cancellations to elective outpatient appointments and procedures. There was also a marked increase in the proportion of complaints related to A&E services. This again, is likely due to the unprecedented demand on A&E and Urgent Care departments which has led to increased waiting times.

Table 2: Complaints by service area

Service area	2021/22	% of total	2020/21	% of total
Outpatients	390	44%	316	41%
Inpatients	312	40%	320	41%
A&E	124	14%	66	9%
Maternity	59	6%	66	9%
Total	885	100%	768	100%

Table 3 shows the number of complaints received by Division compared with the previous year. Table 4 shows the directorates that have attracted the most complaints.

Table 3: Complaints by division

Division	2021/22	% of total	2020/21	% of total
Medicine & Integrated Care	330	37%	260	34%
Surgery, Cancer & Cardiovascular	296	33%	264	34.5%
Women's, Children's & Clinical Support	149	17%	150	19.5%
Corporate (including IPH and Transport)	106	12%	91	12%
NWL Pathology	4	1%	3	<1
Total	885	100	768	100%

Table 4: Complaints by Directorate with the largest overall numbers of complaints

Directorate	2022/23	% of total	2020/2021	% of total	Year on year change
Urgent Care & Emergency Medicine	123	14%	62	8%	+6%
Maternity	58	7%	66	9%	-2%
General Surgery & Vascular	53	6%	52	7%	-1%
Acute and Specialist Medicine (CXH)	57	6.5%	51	7%	-0.5%
Specialist Surgery	60	7%	43	6%	+1%
Trauma	57	6.5%	45	6%	+0.5%

The largest increase in complaints during the year was for Urgent Care & Emergency Medicine as mentioned previously. The main theme for Urgent Care & Emergency Medicine complaints was *values & behaviours of staff* which formed 29% of complaints about the Directorate. The Patient Complaints Investigator allocated to the Emergency Departments has flagged this with the services involved and will support them to use this feedback to achieve a reduction in the number of complaints they are receiving.

For Maternity, the main theme in complaints was *clinical treatment* which formed 49% of cases. Encouragingly only 7% of maternity cases related to *values & behaviours of staff* which was an issue in previous report. This reflects local efforts to improve standards.

For *specialist surgery*, the main theme in complaints was *appointments*, a reflection of the demand for treatment and increase in post COVID-19 waiting times.

All complaints are risk assessed upon receipt by the Complaints & Service Improvement Manager. They are assigned a risk grade which informs the timescale for completing the investigation as well as who approves and signs off the final response. Table 5 shows the number of complaints per division by risk grade. Although there was only one high risk complaint

investigated under the complaints procedure, the complaints team flagged a number of issues with the Clinical Governance Teams which were declared SIs (Serious Incidents) and went on to be investigated and responded to via the Duty of Candour process.

Table 5: Risk grade by division

Division	LOW	MEDIUM	HIGH
Medicine & Integrated Care	311	19	0
Surgery, Cancer & Cardiovascular	280	15	1
Women, Children & Clinical Support	143	6	0
Corporate (including) IPH	105	1	0
NWL Pathology	4	0	0
Total	843	41	1

The outcome of Trust complaint investigations is that the complaint can be “not upheld”, “partly upheld” or “upheld”. For those cases that are partly upheld or upheld, actions and learning are extracted and recorded on the complaints action tracker for follow-up. Table 6 shows the outcomes of the 806 complaints investigations completed in 2021/22. This number is lower than the cases received because some of the cases received towards the end of the financial year were carried over into 2022/23.

A slightly higher proportion of complaints were upheld/partly upheld than not upheld during the year, which continues a trend first noted in 2020/21. Prior to this, the proportions had been more evenly split.

Table 6: Outcome by division

	Not Upheld	Partly upheld	Upheld	Total
Medicine and Integrated Care	139	120	46	305
Surgery, Cancer and Cardiovascular	115	82	50	247
Women's, Children's and Clinical Support	82	36	30	148
NWL Pathology	1	1	2	4
Corporate (Inc. IPH)	28	35	39	102
Total	365	274	167	806
Percentage	45%	34%	21%	

5.0 Parliamentary & Health Service Ombudsman (PHSO) Cases

Table 7 provides a breakdown of all the PHSO decisions last year. The PHSO shared the outcome of four cases. All were partly upheld, and the outcomes were as follows:

Cardiology: The PHSO report found that the Trust failed to deliver timely treatment in 2018 and the family were left not knowing if things could have been different for the patient. The PHSO also found that the Trust did not keep the family updated properly while the patient was on the waiting list for surgery.

The Trust has paid a financial remedy of £750. In addition, we wrote explain when steps we have taken to provide care in a timely and safe manner in future. We also wrote to explain what we

have done, to ensure that we respond to concerns raised by patients and their families about their clinical condition and give them clear information about what will happen next and when surgery will take place.

Urgent Care & Emergency Medicine: The PHSO partly upheld a complaint from a patient with a learning disability who was a high intensity user of ED and a frequent attender. They found that the Trust should have included their psychiatrist and involved them in developing his care plans. In addition, they found that the complaints team had failed to consider new issues the patient raised with them, once the patient had been deemed unreasonably persistent. This led to additional worry for the patient. The Trust was asked to pay a small financial remedy and devise an action plan to address to shortcomings identified.

Critical Care: The PHSO partly upheld a complaint about the management of a patient at the end of their life. The Trust did not put a formal end-of-life care plan in place after it identified the patient was dying. Had it done so, the patient may have undergone fewer investigations. It is unclear why the Trust prescribed oxygen. It appears the Trust stopped the oxygen abruptly and the patient was not monitored afterwards. This may have had a clinical impact. The structured judgement review did not involve the family and did not identify any problems with the oxygen therapy. This may have prolonged the complaints process for the family. An action plan was devised to address these issues which was shared with the family.

Finance: This complaint was in relation to an overseas patient. The PHSO identified a failing in in the Trust not including all the available relevant information in the initial estimate of the charges and they think this resulted in a missed opportunity to make a fully informed decision about paying for treatment. However, the charge itself was calculated correctly. The Trust has been asked to pay a small financial remedy.

Table 7: Decisions the PHSO made last year by division

Division	Upheld	Partly Upheld	Not Upheld
Medicine & Integrated Care	0	1	0
Surgery, Cancer & Cardiovascular	0	2	0
Women's, Children's & Clinical Support	0	0	0
Corporate	0	1	0
TOTAL	0	4	0

In cases where there has been a financial loss, we are required to put a complainant back to the same financial position they would have been in had the problem not occurred.

The Trust made monetary payments totaling £4579 last year to help remedy complaints where a service failure occurred. This was a reduction on the £5039 paid in 2020/21. £640 came from the complaints team budget and the remainder £4399 came from the relevant services' budgets.

The complaints team arranged some payments for valuables that were lost while patients were in the hospital, and the hospital was found to be at fault. Property loss was a theme for PALS and Complaints over the year partly, and as mentioned above, PALS have taken steps to improve the management of loss property so that we incur less financial loss in future.

6.0 Learning and Service Improvements following a formal complaint investigation

The Complaints & Service Improvement Manager works with the wider complaints team to ensure that learning and actions are recorded when complaints are closed. The list is reviewed regularly, and any outstanding actions are reviewed and flagged with the Divisional Governance Lead on a quarterly basis, at their Divisional Quality and Safety Committee meeting, until they are completed. There were intermittent pauses to this process during the last year while services were dealing with the continued pressures of the pandemic and staff were redeployed. The Complaints & Service Improvement Manager will restart the systematic checking of compliance with these during 2022/2023.

On a quarterly basis, the Complaints & Service Improvement Manager produces the Complaint & PALS Service Improvement report. This provides a regular update on numbers, themes and learning from formal complaints and PALS feedback. A summary of significant learning and actions is presented. This is presented at the Divisional Quality & Safety Committee meetings so that staff are able to see how we have learned and improved because of a complaint investigation. It is also shared with Healthwatch and the Trust Executive and made available to the public via the Trust's website.

As well as immediate improvements, the Complaints & Service Improvement Manager uses complaints data to identify and make significant service improvements. Below are some examples where changes and improvements have been made as a direct result of complaints:

- We received a complaint from a deaf patient which revealed that the fact that the patient was able to converse freely with the consultant also served to disguise the effect of their hearing loss. The extent of any individual's impairment, and their specific communication needs will vary, and it is therefore important that in the introductory part of a consultation, a brief conversation is had to check if the patient requires any adjustment made to meet their needs. This is a learning point for the doctors, to remember to check at the start of a conversation whether any adjustments need to be made. This also highlighted the importance of the work which has been done during the year to ensure the Trust is compliant with the CQCs Accessible Information Standard.
- An ENT patient was not contacted as agreed for their first telephone appointment. For the second appointment, they waited 1.5 hours in hospital to then be told that appointment was not going ahead. As a result of this the ENT department has updated their Cerner booking templates are up to date to ensure that they are sending out accurate and up to date appointment information out.
- A patient was unhappy with the information provided by the Ophthalmology team, as it did not make it sufficiently clear that patients cannot travel by public transport after undergoing their pre-admission COVID-19 test. We discovered that COVID-19 self-isolating patient literature needed to be clearer in its instructions: in this example the surgical self-isolation leaflet original stated "try to avoid public transport" as opposed to "do not use" public transport. This created confusion and resulted in surgery being cancelled. As a result of this feedback, the required changes have been made to this patient leaflet.
- A patient had an upsetting birth experience. They complained about a lack of privacy and dignity during examinations, lack of respect from staff, lack of pain relief. Our investigation found that we could and should have made sure that the patient was comfortable during and that this should have been a consideration in addition to the focus was on the forthcoming caesarean. We found that the staff behaviour did not always reflect the Trust's

Values and we apologised for this. We explained that there is work in train across the maternity service to ensure that all women are treated with kindness, courtesy, and compassion, at all times, no matter how busy we are. This work will continue, and we will monitor our complaints to ensure that concerns about these issues start to fall.

- A Vascular Surgery patient complained that there was a lack of help and instruction to find their appointment location. No map was provided in the letter to help. As a result of this the letter is to be changed to include correct details and a map.

7.0 The year ahead for the Central Complaints Team

As with every part of the Trust, the work of the complaints team continued to be significantly affected by the COVID-19 pandemic. The number of complaints about appointments reflects the well-known increase in the backlog of patients waiting for elective procedures, particular in surgical areas and this is likely to continue until pressures on services abates. The Complaints & Service Improvement Manager has been working closely with the Outpatient team on their transformation work to ensure that feedback received via complaints leads to long term improvements to the service.

Communication remains a key theme in complaints and was a particular issue while visiting on wards was restricted and it was challenging for staff to give updates to loved-ones due to the pressure caused by COVID-19. PALS and Complaints continued to support efforts around the Trust to improve communication between patients and their loved ones during the pandemic and we welcomed the phased return of visiting on the wards over the course of the year.

The Complaints & Service Improvement Manager has also worked with the Outpatients Improvement Programme on implementing the CQC Accessible Information Standard (AIS). The standard sets out our standards for communicating with patients who have disability related needs, for example BSL, braille, large print. The new AIS options have now been built into Cerner and this went live in May 2022.

The Complaints & Service Improvement Manager will continue to support the team to collect information about complainants with Protected Characteristics. We have identified a way to identify the ethnicity of all patients who have complained or been complained about, and this will help us to take steps to ensure our process is accessible to all parts of our community.

We will maintain the current high standard of our complaints handling, both in terms of timeliness, and most importantly, on providing high quality responses that reflect the Trust's values whilst being mindful of the pressures that our staff currently face. We will continue to work hard to 'get it right' the first time, leading to fewer complaints being reopened, and ensuring that those that are escalated by patients to the PHSO are not upheld. We have set ourselves a target of five or fewer upheld PHSO cases for the year ahead.

Last year we set a target of reopening just 2% of cases in 2021/22 which unfortunately, we narrowly missed, reopening 3% of cases. However, this was an improvement on the 4% of cases reopened in 2020/21. In 2022/23 we have again set a target of 2% and the Complaints & Service Manager is supporting the Complaints Investigators to reduce their reopened case rates. Although we set targets for each case according to the 'risk grade' to ensure overall timeliness, we will respond to all complaints received in 40 working days or fewer.

We keep a log of actions from complaints and in 2022/23 as we return to 'business as usual' we will follow them up systematically with the Divisions to ensure they provide confirmation and evidence that agreed actions have happened.

We introduced a new key performance measure of "overall satisfaction" with the handling of patients' complaints, for which we have set ourselves a target of 70%. This is measured via an online feedback questionnaire that we are sending to complainants six weeks after conclusion of their complaint. During 2021/22 the score for overall satisfaction in the handling of complaints was 68% which was slightly below target. Feedback gained via the questionnaire is given by the Complaints and Service Improvement Manager during regular meetings with the Patient Complaints Investigators and some improvements to processes have also been made, for example by ensuring the investigators send tailored acknowledgment letters to complainants so that they have a point of contact throughout the process. Investigators will also be providing more frequent updates to people who have made complaints and we will do more to involve them in our investigations.

Finally, the Complaints & Service Improvement Manager will continue to offer expert advice to colleagues across the Trust and will continue to provide scheduled training sessions, such as supporting the nursing Preceptorship programme.

8.0 PALS cases

The PALS team resolved 4521 informal concerns and enquiries during 2020/21. Table 11 displays a breakdown of the cases received by Division.

Table 8: PALS cases by Division

Division	2021/22	% of total	2020/21	% of total
Medicine & Integrated Care	1548	34%	1161	34%
Surgery, Cancer & Cardiovascular	1909	42%	1451	43%
Women's, Children's & Clinical Support	685	15%	590	17%
NWL Pathology	11	<1%	11	<1%
Corporate (including Transport)	267	6%	188	6%
No Division Recorded/NA	101	3%	N/A	N/A
Total	4521	100%	3401	100%

This year has seen a PALS deal with a large increase in cases compared with 2020/21 although the proportion of cases by Division has stayed broadly the same. PALS continue to offer a proactive service, supported by PALS Volunteers, which aims to resolve issues before they have the chance to escalate unnecessarily. Looking at the breakdown by Specialty below, it is evident that PALS are dealing with a greater proportion of cases

Table 9 shows the breakdown of PALS cases by specialty (for those specialties receiving more than 150 concerns in the year). Neurology and Neurosurgery have been the specialties receiving the highest number of cases and these are primarily related to *Appointments*. The other services in the list below are also experiencing unprecedented demand for appointments.

Table 9: PALS cases by specialty

Speciality	Number of cases	% of all PALS cases
Neurosurgery	297	7%
Neurology	270	6%
Ophthalmology	267	6%
Urology	265	6%
Orthopaedics	242	6%
Transport	220	5%
Ear, Nose & Throat	194	4%
Gynaecology	183	4%
Emergency Medicine	151	3%

Table 10 shows a breakdown of PALS cases by category (top 5 categories only)

Table 10: PALS cases by category

Subject	2021/22	% of total	2021/21	% of total
Appointments	1709	38%	1208	36%
Communications	925	21%	584	17%
Clinical Treatment	352	7%	247	7%
Transport	224	5%	170	5%
Values & Behaviours (Staff)	206	5%	162	5%
TOTAL	3416	76%	2371	70%

The main themes we are seeing relate to appointments and specifically appointments being delayed, cancelled or rescheduled. This has been compounded by the impact of the COVID-19 pandemic on our services with many planned operations being cancelled over the past year.

A concerning new trend is the emergence of Values & Behaviours as a new theme in the Top 5 categories. The reasons for this are likely to be similar to those discussed above in the complaints section but will need attention during the coming year.

Table 11 shows a breakdown of compliments received by Specialty during the year for those areas that recorded 10 or more compliments:

Table 11: Compliments

Specialty	Number
Emergency Medicine	51
Maternity	45
Ophthalmology	32
Ambulatory Emergency Medicine	19
Gynaecology	18
Cardiology	16
Endoscopy	13
Urology	13
Acute Medicine	12
Orthopaedics	11
Ear, Nose & Throat	10

9.0 The year ahead for PALS

The PALS Service Manager will continue to work closely with The Deputy Divisional Director of Nursing for Outpatients & Patient Access, to improve the effectiveness of the process of handling Trust wide PALS concerns raised within the Outpatient Service, leading to improved concern resolution and better implementation of learnings to drive service improvement.

The PALS Service Manager will continue to expand and develop the PALS Volunteer services over the next year. The aim is to increase the number of PALS Volunteers and expand the remit of the volunteers as well as relaunching the library trolley service.

PALS officers will continue to attend Big Rooms and also each PALS Officer has assigned themselves to work in collaboration with a specific speciality where feedback received indicates that patient experience needs improvement. The purpose of PALS Officer's role is to support staff and provide guidance on best practices so that all concerns are resolved in a timely manner.

Additionally, the PALS Service Manager will establish and maintain the management of lost property across the Trust. This will involve visiting each ward across the trust and working with staff to ensure all patient property is managed effectively.

PALS will continue to maintain the one day a week walk-in frontline service for across all sites as well as PALS Officers continuing to attend clinical areas to support patients/relatives/carers/staff etc. as required.

10.0 Conclusion

The COVID-19 pandemic continued to impact on the complaints and PALS teams during 2021/22, which required them to be flexible in their ways of working, such as home/office hybrid working (for complaints) and email/telephone support for PALS. We experienced a steady increase in PALS and Complaints activity during the year as delayed demand for elective procedures continued to put pressure on services. An increase in complaints about values & behaviours has been observed and the reasons for this appear to be multi-faceted; however, they primarily appear to be a reflection of the pressures on staff as well as the frustrations that the impact of delays to treatment are causing to our patients.

The complaints team continue maintaining the high quality of its responses and have reduced the “re-open” rate further. We will also aim to bring down our average response times by increasing the complaints presence at Divisional and Directorate meetings now that COVID-19 appears to be receding. This will ensure that delays and potential breaches to deadlines are managed pro-actively.

The complaints team will focus on ensuring that actions and learning from complaints are implemented and follow up with patients to provide assurance that agreed actions have taken place.

PALS will continue to provide support to clinical teams and patients, develop the volunteer service and ensure that the new patient property policy is implemented and is effective.